| Form | 8868 |
|------|---------------|
| (Rev | January 2022) |

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

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

File a separate application for each 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 or | Name of exempt organization or other filer, see instruct | Taxpayer identification number (TIN) | | | | | | | |
|--|--|--|---|---------------------------|---|----------------------------------|--|--|--|
| print | JON BON JOVI SOUL FOUNDATIO | | 20-50 | 36346 | | | | | |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, se | | | | | | | | |
| | return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103 | | | | | | | | |
| Enter th | e Return Code for the return that this application is for (file | a separat | e application for each return) | | | 01 | | | |
| Applica | tion | Return | Application | | | Return | | | |
| ls For | | Code | Is For | | | Code | | | |
| Form 99 | 00 or Form 990-EZ | 01 | Form 1041-A | | | 08 | | | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | | |
| Form 99 | 90-PF | 04 | Form 5227 | | | 10 | | | |
| Form 99 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | |
| Form 99 | 00-T (trust other than above) | 06 | Form 8870 | | | 12 | | | |
| Form 99 | 00-T (corporation) HEATHER GOLDFAR | 07 | | | | | | | |
| • If the • If this box 1 Ir th 2 If [| the tax year entered in line 1 is for less than 12 months, ch | Aroup Exe and atta NOVEN anization's , an neck reasc | mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023</u> , to file return for: d ending on: Initial return | f this is fo all membe | r the whole g ers the exten npt organizat | roup, check this sion is for. | | | |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. | | | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ | | | | | | 0. | | | |
| us | alance due. Subtract line 3b from line 3a. Include your pay sing EFTPS (Electronic Federal Tax Payment System). See | instructio | ns. | 3c | \$ | 0. | | | |
| Cautior instructi | If you are going to make an electronic funds withdrawal ions. | (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 instru | ctions. | | Form 8 | 868 (Rev. 1-2022) | | | |

Form **99(**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

| Dep | partmen | t of the Tre | easury | | | | - | s on this form a structions and | - | • | | | Open to F Inspect | |
|-------------------------|----------------------------|----------------|---|-----------------|------------------|----------------|-------------------|---|-----------------|------------|----------------------|-----------|----------------------|------------------------|
| - | | venue Serv | | lar vear, or ta | ax year begii | • | | | d ending | | | | пэрсск | |
| _ | Check | if C | C Name of organization D Employer identificat | | | | | | | | tificati | on number | | |
| Г | Add | ress | TON | | | FOUNT | | | | | | | | |
| | chai Nan | ne | | | VI SOUL | I FOON | DAILON | | | 2 | 0-5036 | 5316 | | |
| | chai Initia | | | usiness as | or D.O. how if n | nail in nat da | livered to etreet | addraaa) | Deem/auite | | | | | |
| | retu Fina | al | | | T STREE | | livered to street | address) | Room/suite 2600 | | phone num 15–636 | | 20 | |
| | retu | nin- | | | | | ZIP or foreign | postal anda | 2000 | | receipts \$ | . 07 | <u>1,600,</u> | 163 |
| Г | atec Ame | ended | | | IA, PA | | | postal code | | | this a grou | n rotur | | 105. |
| | retu App | | | | | | CARLIN | .TR | | | r subordina | | | XNo |
| L | tion pen | alia a | | AS C A | | | CHILLIN | , 01. | | 1 | | | Tes | No |
| - | Tay.o | | | X 501(c)(3) | | ·) (| (insert no. |) 4947(a)(1) | or 527 | | | | See instructi | |
| | Webs | | | | LFOUNDA | | | <u>, </u> | | 1 | oup exemp | | | 0113 |
| | | | | X Corporati | | | ssociation | Other | I Year | | | | ate of legal don | nicile [.] PA |
| | art I | | nmary | | | | | | | oriornatio | • • • | | ato of logal doll | 1010 |
| | 1 | | | | zation's missi | ion or most | significant ac | tivities: BREA | KING T | HE CY | CLE C | F P | OVERTY. | |
| 0 | 3 | | | | | | | UNITIES A | | | | | - 1 | |
| Activitios & Governance | 2 | - | k this bo | | | | | erations or dispo | | | | assets | | |
| Jon V | 3 | | | | - | | (Part VI, line 1 | - | | | 1 | 3 | - | 7 |
| č | 8 4 | | | • | • | • • | | Part VI, line 1b) | | | | 4 | | 7 |
| ġ | 8 0 5 | | | | | | | t V, line 2a) | | | | 5 | | 16 |
| itio | 6 | | | | s (estimate if r | | | , , , | | | | 6 | | 4795 |
| ž | 3 7 | | | | | • • | lumn (C), line | | | | | 7a | | 0. |
| < | ۱ ۲ | b Net u | inrelated | business tax | able income | from Form | 990-T, Part I, I | line 11 | | | | 7b | | 0. |
| | | | | | | | | | | | r Year | | Current Ye | ear |
| | 8 | Contr | ributions | and grants (I | Part VIII, line | 1h) | | | | 1,01 | 10,196 | 5. | , 997 | 781. |
| | 9 | Progr | ram servi | ice revenue (I | Part VIII, line | | | | | 33 | 35,272 | 2. | 347, | 457. |
| Devenue | 8 10 | Invest | tment inc | come (Part V | III, column (A | | | | | 1: | 11,080 |). | 50, | 783. |
| à | ² 11 | | | | | | | 11e) | | | (|). | | 0. |
| | 12 | | | | | | | mn (A), line 12) | | 1,45 | 56,548 | 3. | 1,396, | 021. |
| | 13 | Grant | ts and sir | milar amount | s paid (Part I) | X, column (| A), lines 1-3) | | | 13 | 32,000 |). | 333, | 200. |
| | 14 | | | | nbers (Part IX | | | | | | |). | | 0. |
| ų | , 15 | Salari | ies, other | r compensati | ion, employee | e benefits (l | Part IX, colum | n (A), lines 5-10) | | 71 | 71,932 | 2. | 889, | 250. |
| 000 | 15 16 16 16 16 | a Profe | ssional fu | undraising fe | es (Part IX, c | olumn (A), I | ine 11e) | n (A), lines 5-10) 70,1 | | | (|). | | 0. |
| 90 | <u> </u> | b Total | fundraisi | ing expenses | s (Part IX, colu | umn (D), lin | e 25) _ | 70,1 | .89. | | | | | |
| ú | | | | | olumn (A), line | | | | | | 98,610 | | | 069. |
| | 18 | Total | expense | es. Add lines | 13-17 (must e | equal Part I | X, column (A), | line 25) | | | 02,542 | | 1,809, | |
| _ | 19 | Rever | nue less (| expenses. S | ubtract line 1 | 8 from line | 12 | | | | 54,000 | | -413, | |
| Net Assets or | Ces | | | | | | | | Be | | Current Ye | | End of Ye | |
| sets | प्रह्न 20 | Total | assets (F | Part X, line 16 | 6) | | | | | | 27,076 | | 2,723, | |
| tAs | ਸ਼ੂ 21 | Total | liabilities | s (Part X, line | 26) | | | | | | 21,875 | | | 861. |
| | | | | | es. Subtract li | ine 21 from | line 20 | | | 3,40 | 05,201 | - • | 2,655, | 590. |
| | art I | | - | e Block | | | | | | | | | | |
| | | | | | | | | mpanying schedule | | | | f my kno | wledge and bel | ief, it is |
| tru | e, corr | eqt, and | - r - r | | f preparer (oth | er than office | er) is based on a | all information of w | hich preparer/ | has any kr | 10wledge. 11/2/20 | 23 | | |
| | | | | <u>in jr</u> | | | | | | | | | | |
| Sig | | | 84W2205PA | | | | - | | | | Date | | | |
| He | ere | | | | R., PRE | SIDEN | Ľ | | | | | | | |
| | | | • | name and title | | | 1 | | | Data | | | DTIN | |
| - | | | | parer's name | | | Preparer's sig | | | | Check | | | |
| Pai | | | | A. LO | | | WILLIAM | A. LOUG | нвку 1 | | /23 self-er | | P016039 | |
| | eparer | | 's name | | ONLARSC | | | 210 | | | Firm's EIN | 4⊥- | 0746749 | |
| US | e Only | Firm' | 's address | | | | , SUITE | | | | | / ว 1 ୮ | 1 642 7 | 000 |
| | | | | | | | PA 1940 | | | | Phone no. | (ZT2) |) 643-3 | |
| Ma | ay the | IRS dis | scuss this | s return with | the preparer | shown abo | ve? See instru | uctions | | | | | X Yes | No |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2022) JON BON JOVI SOUL FOUNDATION | 20-5036346 Page 2 |
|--------|---|--------------------------|
| Par | t 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: | |
| | THE MISSION IS TO BREAK THE CYCLE OF POVERTY, HUNGER AN | |
| | THROUGH DEVELOPING PARTNERSHIPS, CREATING PROGRAMS AND | |
| | FUNDING TO SUPPORT INNOVATIVE COMMUNITY BENEFIT ORGANIZ | ATIONS. |
| | - | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | Yes X No |
| | prior Form 990 or 990-EZ? | |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services | ? Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | is measured by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$1, 354, 622. including grants of \$0.) (Rev | venue \$ 347,457.) |
| | IN OCTOBER 2011, THE FOUNDATION OPENED ITS FIRST JBJ SO | |
| | RED BANK, NEW JERSEY, TO ADDRESS LOCAL ISSUES OF FOOD I | NSECURITY. A |
| | SECOND JBJ SOUL KITCHEN OPENED IN MAY 2016 IN TOMS RIVE | R, NEW JERSEY, |
| | AS PART OF THE B.E.A.T. CENTER, A UNIQUE, COLLABORATIVE | |
| | OTHER NONPROFITS. A THIRD LOCATION OPENED IN JANUARY 20 | |
| | OF RUTGERS UNIVERSITY - NEWARK, NEW JERSEY TO ADDRESS T | |
| | HUNGER ON COLLEGE CAMPUSES. THE COMMUNITY KITCHENS HAVE | |
| | 156,900 NUTRITIOUS, DELICIOUS MEALS SINCE THEIR INCEPTI | |
| | SERVED 54% OF THEIR MEALS TO IN-NEED DINERS. PAYING DIN | |
| | CHANGE BY PAYING MORE THAN THE SUGGESTED MINIMUM DONATI | |
| | FORWARD". FOR THOSE WHO ARE UNABLE TO MAKE A DONATION F THEY ARE INVITED TO COME IN, ENJOY A MEAL AND LEARN HOW | - |
| 46 | | |
| 4b | (Code:) (Expenses \$ including grants of \$ (Rev PROGRAM GRANTS AND EXPENSES FOR AFFORDABLE HOUSING AND | |
| | INSECURITY ASSOCIATED WITH THE ORGANIZATION'S MISSION O | |
| | SUPPORT THOSE EXPERIENCING HOMELESSNESS. THIS YEAR A FO | |
| | TOWARD PROVIDING FUNDING FOR THE CREATION OF AFFORDABLE | HOUSING AND |
| | SHELTER FOR ELDERLY, VETERANS, AND THOSE SUFFERING FROM | ADDICTION. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$) (Rev | enue \$) |
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| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses1,687,822. | - 000 - |
| | SEE SCHEDULE O FOR CONTINUATION(| Form 990 (2022) |
| 232002 | 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION (| |
| | J | |

2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

Form 990 (2022) JON BON JOVI Part IV Checklist of Required Schedules JON BON JOVI SOUL FOUNDATION

| | | | Yes | No |
|--------|--|------------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| ~ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | Х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the exception receive or held a conservation eccement, including eccements to pressure open space | 6 | | <u></u> |
| ' | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| Ŭ | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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 | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | 444 | | х |
| • | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | x | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| ' | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 1Lu | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | | |
| | 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | x | |
| 10 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 18 | <u>^</u> | |
| 19 | | 19 | | Х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| - | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | x | |
| 232003 | 12-13-22 | | | 2022) |

232003 12-13-22

15521024 131839 A451089

| Form | JON BON JOVI SOUL FOUNDATION 20-5036 | 5346 | P | age 4 |
|--------|--|------------|-----|--------------|
| Fai | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | х |
| 04- | Schedule J | 23 | | |
| 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 | 240 | | х |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | - 23 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| C | | 24c | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2-10 | | |
| zJa | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 254 | | |
| D D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 250 | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | 26 | | х |
| 27 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| 21 | 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 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| ~ | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | | 28a | | х |
| h | "Yes," complete Schedule L, Part IV 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> | 200 | | |
| U | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 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 | | | |
| 02 | | 32 | | х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 57 | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| 5 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 0. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | _ | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | _ | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| - | (gambling) winnings to prize winners? | 1c | | |
| 232004 | 4 12-13-22 | | 990 | (2022) |
| | E | | | , |

5 2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

| Form | 990 (2022) JON BON JOVI SOUL FOUNDATION 20-5036 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 346 | P | _{age} 5 | | | | |
|--------|--|-----------|-----|------------------|--|--|--|--|
| | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 165 | | | | | |
| Lu | filed for the calendar year ending with or within the year covered by this return 2a 16 | | | | | | | |
| b | | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 2b 3a | Х | X | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| | 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? | 5a | | 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? | 5c | | <u> </u> | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | 37 | | | | |
| - | 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). | 7- | | x | | | | |
| a L | 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 7b | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| С | to file Form 8282? | 7c | | x | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 10 | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| a L | Gross income from members or shareholders 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| 10- | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| a | 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 | | | | | | | |
| с | Enter the amount of reserves on hand | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | |
| | 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 4953? | 17 | | | | | | |
| 222000 | If "Yes," complete Form 6069. | Form | 990 | (2022) | | | | |
| 232005 | 12-13-22 | | | (LULL) | | | | |

6 2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

| Form 990 (2022) | | | | | FOUNDATION | 20-5036346 |
|---------------------|--------|-------|----------|---------|-----------------------|---|
| Part VI Governance, | Manage | ment, | , and Di | sclosur | e. For each "Yes" res | ponse to lines 2 through 7b below, and for a "No" r |
| | | | | | | es on Schedule O. See instructions. |

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

| Sec | tion A. Governing Body and Management | | | | | |
|------------|---|-----------|----------------------|---------------|-----------|----------|
| | | 1 | I | 7 | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | - | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | _1b | | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | 37 | |
| _ | officer, director, trustee, or key employee? | | | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | | | | | _ | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | | _ | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asso | | | | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | - | | | | |
| | more members of the governing body? | | | <u>7a</u> | _ | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste | | | | | |
| _ | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | • | | 37 | |
| а | The governing body? | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | <u>8b</u> | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac | | | | | |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | . 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue | Code.) | | 1 | |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | • | | 1.00 | | |
| | | | - (1), - (1, - (-,)) | 10b | | <u> </u> |
| 11a | | / befor | e filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 10 | v | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | . 12 b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , - | | | v | |
| | on Schedule O how this was done | | | 120 | X | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | | | | | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | i by inc | dependent | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 45 | x | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | | x |
| a | Other officers or key employees of the organization | | | 15b | | |
| 40- | 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 arrangem | | | 10- | | x |
| | taxable entity during the year? | | | <u>16a</u> | | |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | • | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | | | 10 | | |
| 800 | exempt status with respect to such arrangements? | | | 16b | | |
| | | | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed PA , NY , NJ | 4 000 | T (aportion 501/-)/ | | ا ا ا د | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | ia 990 | - 1 (section 501(c)(| ojs only |) availal | bie |
| | for public inspection. Indicate how you made these available. Check all that apply. | _ | | | | |
| 40 | X Own website Another's website X Upon request Other (explain | | , | nd f | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | ITIICT C | n interest policy, a | na tinai | icial | |
| 00 | statements available to the public during the tax year. | l.a | l us s suds | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo μ μ μ μ μ μ μ μ μ μ | ks and | a records | | | |

| HEATI | HER GOLI | JFARB - | (212)03 | 30-0420 | J | | | |
|-----------------|----------|---------|---------|---------|---------------|----|-------|------------------------|
| 1600 | MARKET | STREET, | SUITE | 2600, | PHILADELPHIA, | PA | 19103 | |
| 232006 12-13-22 | | | | | | | | Form 990 (2022) |

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232006 12-13-22

2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

Page 6

X

" response

| Form 990 (2022) JON BON JOVI SOUL FOUNDATION | 20-5036346 | Page 7 |
|---|---------------|--------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe | ensated | |
| Employees, and Independent Contractors | | |
| Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with c List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid. | 0 | |
| 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 k who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NI \$100,000 from the organization and any related organizations. | key employee) | |
| List all of the organization's former officers, key employees, and highest compensated employees who receive 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 more than \$10,000 of reportable compensation from the organization and any related 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 | (do | not c | heck | Position neck more than one | | | Reportable | Reportable | Estimated |
| | hours per | box offi | , unles cer an | ss per d a d | rson i irecto | s both r/trus | n an tee) | compensation | compensation | amount of |
| | week (list any | or | | | | | | from the | from related organizations | other compensation |
| | hours for | direct | | | | 5 | | organization | (W-2/1099-MISC/ | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | ial tru | | oyee | ompe | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | Cer | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) HEATHER GOLDFARB | 40.00 | | | | | | | | | |
| EXEC. DIR, ASST. TREASURER | 0.00 | | | Х | | | | 95,192. | 0. | 0. |
| (2) JON BON JOVI | 5.00 | | | | | | | | | |
| BOARD CHAIR | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) CRAIG SPENCER | 5.00 | | | | | | | | | |
| BOARD VICE-CHAIR | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) LEO CARLIN, JR. | 5.00 | | | | | | | | | |
| BOARD PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) MIMI BOX | 5.00 | | | | | | | | | |
| BOARD VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) STEVE PERNA | 5.00 | | | | | | | | | |
| BOARD VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (7) PAUL KORZILIUS | 5.00 | | | | | | | | | |
| BOARD TREASURER | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) SR. MARY SCULLION | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (9) SARA PETERS | 5.00 | | | | | | | | | |
| BOARD SECRETARY | 0.00 | | | Х | | | | 0. | 0. | 0. |
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232007 12-13-22

Form 990 (2022)

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| | <u>990 (2022)</u> JON BON J | IOVI SOU | ГL | FO | JNI | DA | TIC | ΟN | | 20-503 | <u>363</u> | 46 F | Page 8 |
|-----|---|------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------------|----------------------------|-------------------|---------------|-----------|---------------|
| Par | VII Section A. Officers, Directors, Trust | tees, Key Emp | oloy | ees, a | and | Hig | hest | t C | ompensated Employee | s (continued) | | | |
| | (A) | (B) | | | (C | | | | (D) | (E) | | (F) | |
| | Name and title | Average | | | Posit | tion | | | Reportable | Reportable | | Estimat | ed |
| | | hours per | | not che | | | | | compensation | compensation | | amount | |
| | | week | | cer and | | | | | from | from related | | other | |
| | | (list any | ctor | | | | | | the | organizations | | compens | ation |
| | | hours for | Individual trustee or director | | | | eq | | organization | (W-2/1099-MISC | ;/ | from th | ne |
| | | related | 66.01 | Institutional trustee | | · | insati | | (W-2/1099-MISC/ | 1099-NEC) | | organiza | tion |
| | | organizations | trus | lal tri | | oyee | ad mo | | 1099-NEC) | | | and rela | ted |
| | | below | ridual | tutio | er | d ug | est c loyee | ıer | | | | organizat | ions |
| | | line) | Indiv | Insti | Officer | Key employee | Highest compensated employee | Former | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 95,192. | (| 0. | | 0. |
| | Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | | 0. |
| | | | | | | | | | 95,192. | | 0. | | 0. |
| - | Total (add lines 1b and 1c) | | | | | | | | | | . | | •• |
| 2 | Total number of individuals (including but no | ot limited to th | ose | listed | abo | ove) | who | o re | eceived more than \$100, | UUU of reportable | | | 0 |
| | compensation from the organization | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | res | NO |
| 3 | Did the organization list any former officer, | - | | - | • | • | | Ŭ | • • • | | | | l |
| | line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| | and related organizations greater than \$150 | ,000? If "Yes, | " со | mplet | te So | chec | dule | J f | or such individual | | L | 4 | X |
| 5 | Did any person listed on line 1a receive or a | ccrue compen | Isati | on fro | om a | any ι | unrel | ate | ed organization or individ | lual for services | | | |
| | rendered to the organization? If "Yes," com | plete Schedule | e J fo | or suc | ch p | erso | on | | | | | 5 | X |
| Sec | ion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor | npensated ind | lepe | nden | t coi | ntra | ctors | s th | nat received more than \$ | 100,000 of compe | nsatio | n from | |
| | the organization. Report compensation for t | he calendar ye | ear e | nding | g wit | th or | r witł | hin | the organization's tax y | ear. | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business | address | NC | ONE | | | | | Description of s | ervices | Cor | npensatio | on |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | ncluding but no | ot lin | nited | to tł | - | | ed | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the organiz | ation | | | | 0 | | | | | | | |
| | | | | | | | | | | | | orm 990 | (2022) |

| | | | | | | VI | SOUL FOU | NDATION | | 20-5036 | 346 Page 9 |
|---|---|------|---|------------|-------------|--------------|--------------------|----------------------|-------------------|---------|--|
| Pa | rt V | /111 | Statement of Re | even | ue | | | | | | |
| | | | Check if Schedule O | conta | lins a resp | onse | or note to any lir | (| (B) | (C) | |
| | | | | | | | | (A) Total revenue | Related or exempt | | (D) Revenue excluded from tax under sections 512 - 514 |
| s ts | 1 | а | Federated campaigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | •• • • • • | | | | | | | | |
| s, G | | с | Fundraising events | | 1c | | 63,490. | | | | |
| Gift Iar J | | d | Related organizations | | <u>1d</u> | | | - | | | |
| ns, (| | | Government grants (contr | | | | | 4 | | | |
| er S | | f | All other contributions, gifts, | - | | | 004 004 | | | | |
| Offici Offici Offici | | _ | similar amounts not included | | | | 934,291. | - | | | |
| ont | | - | Noncash contributions included in | | | | 233,650. | 997,781. | | | |
| <u>0</u> a | | n | Total. Add lines 1a-1f | | | <u></u> | Business Code | 557,701. | | | |
| n. | 2 | а | KITCHEN PROGRAM INC | OME | | | 900099 | 347,457. | 347,457. | | |
| Program Service Revenue | 2 | b | | | | | | | | | |
| Ser | c | | | | | | | | | | |
| am | | d | | | | | | | | | |
| ogr | | е | | | | | | | | | |
| Ł | | f | All other program service | rever | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 347,457. | | | |
| | 3 | | Investment income (inclue | | | | | 50.000 | | | |
| | - | | | | | | | 59,099. | | | 59,099. |
| | 4 Income from investment of tax-exempt bond proc 5 Royalties | | | | | | | | | | |
| | 5 | | Royalties | | (i) Re | al | (ii) Personal | | | | |
| | 6 | a | Gross rents | 6a | () 110 | | | 1 | | | |
| | | | Less: rental expenses | 6b | | | | 1 | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss | s) <u></u> | | | | | | | |
| | | | Gross amount from sales of | | (i) Secu | | (ii) Other | _ | | | |
| | | | assets other than inventory | 7a | 162 | ,696. | | - | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| venue | | | and sales expenses | | | ,012. | | - | | | |
| | | | Gain or (loss) | | | ,316. | | -8,316. | | | -8,316. |
| r R | | | Net gain or (loss) Gross income from fundraisi | | | ···· | | 0,510. | | | 0,510. |
| Other Re | 0 | a | including \$ | | | | | | | | |
| Ŭ | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | , | . 8a | 33,130. | | | | |
| | | b | Less: direct expenses | | | | 33,130. | | | | |
| | | с | Net income or (loss) from | fundı | raising ev | ent <u>s</u> | | 0. | | | |
| | 9 | а | Gross income from gamir | | | | | | | | |
| | | | Part IV, line 19 | | | | | - | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from Gross sales of inventory, | | | es | | | | | |
| | 10 | a | and allowances | | | 10a | 3 | | | | |
| | | b | Less: cost of goods sold | | | | | 1 | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | | | • | | | | Business Code | | | | |
| e | 11 | а | | | | | | | | | |
| ane | | b | | | | | | | | | |
| Miscellaneous Revenue | | с | | | | | | | | | |
| Mis | | | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | 1 306 001 | 347 457 | 0. | 50 702 |
| | 12 | | Total revenue. See instruction | UNS | | | | 1,396,021. | 347,457. | I 0. | 50,783. |

232009 12-13-22

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2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

10

Form **990** (2022)

JON BON JOVI SOUL FOUNDATION Form 990 (2022) Part IX Statement of Functional Expenses

| Secu | ion 501(c)(3) and 501(c)(4) organizations must compl | | | plete column (A). | |
|------|--|----------------------------|-----------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a respons | e or note to any line in t | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 333,200. | 333,200. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 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, | | 45 005 | 4 = 0.00 | ~~ ~~ |
| | trustees, and key employees | 95,192. | 47,025. | 15,802. | 32,365. |
| 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 | 627,557. | 613,579. | 1,704. | 12,274. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 36,171. | 34,512. | 471. | 1,188. |
| 10 | Payroll taxes | 130,330. | 117,673. | 3,562. | 9,095. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 708. | 426. | 80. | 202. |
| С | Accounting | 13,735. | | 13,735. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 11,539. | | 11,539. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 6,874. | 6,874. | | |
| 12 | Advertising and promotion | 11,385. | 11,385. | | |
| 13 | Office expenses | 24,059. | 16,590. | 523. | 6,946. |
| 14 | Information technology | 18,896. | 11,362. | 2,139. | 5,395. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 92,322. | 92,322. | | |
| 17 | Travel | 11,042. | 11,002. | 40. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 12,106. | 12,106. | | |
| 23 | Insurance | 30,676. | 27,067. | 1,025. | 2,584. |
| 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 | WINGHIN DDOGDAM | 228,890. | 228,890. | | |
| b | FOOD AND SUPPLIES | 81,358. | 81,271. | | 87. |
| c | REPAIRS AND MAINTENANCE | 18,488. | 18,488. | | |
| d | EVENT EXPENSES | 5,073. | 5,073. | | |
| | All other expenses | 19,918. | 18,977. | 888. | 53. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,809,519. | 1,687,822. | 51,508. | 70,189. |
| 26 | Joint costs. Complete this line only if the organization | _,, | _,,. | | ,200 |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| |) 12-13-22 | | | | Form 990 (2022 |

11

JON BON JOVI SOUL FOUNDATION

| | n 990 (/ rt X | 2022) JON BON JOVI S Balance Sheet | OUL | FOUNDATION | | 20- | 5036346 Page 11 | |
|-----------------------------|------------------|--|--|---------------------|---------------------------------|---------|---------------------------|--|
| | | Check if Schedule O contains a response or not | e to anv | line in this Part X | | | | |
| | | | <u></u> | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash - non-interest-bearing | | | 357,915. | 1 | 224,272. | |
| | 2 | Savings and temporary cash investments | | | 794,735. | 2 | 400,723. | |
| | 3 | Pledges and grants receivable, net | | | 26,791. | 3 | 85,432. | |
| | 4 | Accounts receivable, net | | | • | 4 | · · · · | |
| | 5 | Loans and other receivables from any current or | | - | | | | |
| | | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | | |
| | 6 | Loans and other receivables from other disquali | | _ | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | | |
| 6 | 7 | Notes and loans receivable, net | | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | 8 | | | |
| As | 9 | Prepaid expenses and deferred charges | | 25,512. | 9 | 25,167. | | |
| | | Land, buildings, and equipment: cost or other | I I | | • | _ | | |
| | | basis. Complete Part VI of Schedule D | 10a | 501,525. | | | | |
| | b | | 10b | 485,766. | 25,997. | 10c | 15,759. | |
| | 11 | Investments - publicly traded securities | | | 2,182,840. | 11 | 1,904,606. | |
| | 12 | Investments - other securities. See Part IV, line | | · · · | 12 | · · · | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | | |
| | 14 | Intangible assets | 8,873. | 14 | 7,005. | | | |
| | 15 | Other assets. See Part IV, line 11 | 4,413. | 15 | 60,487. | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 3,427,076. | 16 | 2,723,451. | |
| | 17 | Accounts payable and accrued expenses | | | 21,875. | 17 | 11,787. | |
| | 18 | Grants payable | | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | | |
| s | 22 | Loans and other payables to any current or form | ner office | er, director, | | | | |
| litie | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | | |
| Liabilities | | controlled entity or family member of any of the | se perso | ns | | 22 | | |
| 1 | 23 | Secured mortgages and notes payable to unrela | ated thire | d parties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated | d third p | arties | | 24 | | |
| | 25 | Other liabilities (including federal income tax, pa | yables t | o related third | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). | Complete Part X | | | | |
| | | of Schedule D | | | 0. | 25 | 56,074. | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 21,875. | 26 | 67,861. | |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | | |
| lan | 27 | Net assets without donor restrictions | | | 3,375,754. | 27 | 2,554,960. | |
| Ba | 28 | Net assets with donor restrictions | | L | 29,447. | 28 | 100,630. | |
| pun | | Organizations that do not follow FASB ASC 9 | ck here | | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | | |
| s S | 29 | Capital stock or trust principal, or current funds | | | | 29 | | |
| sei | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | | |
| t As | 31 | Retained earnings, endowment, accumulated in | | | 0 405 001 | 31 | | |
| Ne | 32 | Total net assets or fund balances | | | 3,405,201. | 32 | 2,655,590. | |
| | 33 | Total liabilities and net assets/fund balances | | | 3,427,076. | 33 | 2,723,451. | |

Form 990 (2022)

232011 12-13-22

| Form | JON BON JOVI SOUL FOUNDATION | 20-503 | 36346 | Pag | _{ge} 12 |
|------|--|-----------|---------|------|------------------|
| | 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 | 1,390 | 5,02 | 21. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,809 | 9,5 | 19. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -413 | 3,4 | 98. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,40 | 5,2 | 01. |
| 5 | Net unrealized gains (losses) on investments | 5 | -330 | 5,1 | 13. |
| 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 | 2,65 | 5,5 | 90. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | 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 | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | 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 | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | <u> </u> |
| | 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? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | | |

Form **990** (2022)

| (Form 99 | | | 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. | | | | | | | | | |
|--------------------------------|---|-----------------|---|--|-------------------------------------|------------------|-----------------|---------------|------------------------------|--|--|--|
| Department o Internal Rever | of the Treasury nue Service | | | ttach to Form 990 or Fo Form990 for instructior | | | ormation. | | Open to Public Inspection | | | |
| Name of t | the organization | | <u> </u> | | | | | Employer | identification number | | | |
| | | JON | BON JOVI S | OUL FOUNDATIC | ON | | | 2 | 0-5036346 | | | |
| Part I | Reason 1 | or Public C | Charity Status. | (All organizations must c | omplete 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, cl | heck only o | one box.) | | | | | | |
| 1 | | | | n of churches described | | n 170(b)(1 | l)(A)(i). | | | | | |
| 2 | | | | Attach Schedule E (Form | | | | | | | | |
| 3 | - | - | | anization described in se | | | - | | the beautitely a second | | | |
| 4 | | + | ation operated in cor | njunction with a hospital | described | in sectio | n 170(d)(1)(A |)(III). Enter | the hospital's name, | | | |
| 5 | | on operated fo | | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | | | |
| 6 | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 X | | - | - | | | | | ne general r | oublic described in | | | |
| | 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | A community | trust describe | d in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | | |
| 9 | An agricultura | al research org | anization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college | | | |
| | or university o | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or | | | |
| | university: | | | | | | | | | | | |
| 10 | | | | than 33 1/3% of its supp | | | | | | | | |
| | | | | t to certain exceptions; a (less section 511 tax) fro | | | | | - | | | |
| | | | mplete Part III.) | | | oco doqui | | Janization | | | | |
| 11 | | | | vely to test for public sat | fety. See | section 50 |)9(a)(4). | | | | | |
| 12 | - | • | - | vely for the benefit of, to | • | | | rry out the | purposes of one or | | | |
| | more publicly | supported org | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section | 509(a)(3). (| Check the box on | | | |
| | _lines 12a thro | ugh 12d that o | describes the type o | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | | | | |
| a | | | - | upervised, or controlled | • • • • | - | | | | | | |
| | | • | ., . | gularly appoint or elect a | majority o | f the direc | tors or truste | es of the su | ipporting | | | |
| ь Г | ¬ - | | complete Part IV, Se | | | | | n (n) huuhau | | | | |
| b | | | - | or controlled in connect anization vested in the sa | | | - | | - | | | |
| | | 0 | t complete Part IV, | | | | | ge the supp | bonted | | | |
| c | ¬ ~ | . , | • | q organization operated | in connect | ion with, a | and functional | ly integrate | d with, | | | |
| | its supporte | d organizatior | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | · | | | |
| d 🗌 | Type III noi | n-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | | | |
| | that is not f | unctionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | /eness | | | |
| | - | | | nplete Part IV, Sections | | | | | | | | |
| e | | • | | written determination from | | | Туре I, Туре | II, Type III | | | | |
| f Ent | | | | nally integrated supporti | | ation. | | | | | | |
| | er the number of wide the followi | | about the supporte | d organization(s) | | | | | | | | |
| | (i) Name of suppo | | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount o | fmonetary | (vi) Amount of other | | | |
| | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

20-5036346 Page 2 JON BON JOVI SOUL FOUNDATION Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2020 (d) 2021 (e) 2022 (a) 2018 (b) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not

| | membership lees leceived. (Do not | | | | | | |
|---|--|----------|----------|----------|----------|----------|----------|
| | include any "unusual grants.") | 639,244. | 767,834. | 787,591. | 1010196. | 997,781. | 4202646. |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 639,244. | 767,834. | 787,591. | 1010196. | 997,781. | 4202646. |
| 5 | 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) | | | | | | 1381175. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2821471. |

Section B. Total Support

| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|------|--|-----------------------|----------------------|--------------------------|-------------------------------|----------------------|------------------|
| 7 | Amounts from line 4 | 639,244. | 767,834. | 787,591. | 1010196. | 997,781. | 4202646. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 76,570. | 94,838. | 76,035. | 90,020. | 59,099. | 396,562. |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4599208. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 1 | <u>,668,006.</u> |
| 13 | First 5 years. If the Form 990 is for th | e 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 | here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (li | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 61.35 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 76.41 % |
| 16a | 33 1/3% support test - 2022. If the c | organization did no | t check the box or | line 13, and line 1 | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the c | organization did no | t check a box on li | ne 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 | tion | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop her | r e. Explain in Part ' | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 10% or |
| | more, and if the organization meets th | ne facts-and-circum | stances test, cheo | k this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | lifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organizatio | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | |

Schedule A (Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 JON BON JOVI SOUL FOUNDATION 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.)

| Sec | ction A. Public Support | | - | | 1 | | |
|-------------|--|----------------------------|-----------------------|----------------------|---------------------|-----------------|-----------------------|
| 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.") | | | | | | |
| 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 disgualified 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 | - | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 <i>a</i> | 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 acquired after June 30, 1975 | | | | | | |
| | 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 | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organ | ization, |
| _ | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2021 Schedule A, | , Part III, line 17 _ | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 33 1/3%, and li | ne 17 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | e organization qual | ifies as a publicly | supported organiza | ation | |
| b | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anization qualifies | as a publicly suppo | orted organizat | ion |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | | |
| 23202 | 3 12-09-22 | | | | | Sched | ule A (Form 990) 2022 |

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JON BON JOVI SOUL FOUNDATION

Yes No

 Part IV
 Supporting Organizations

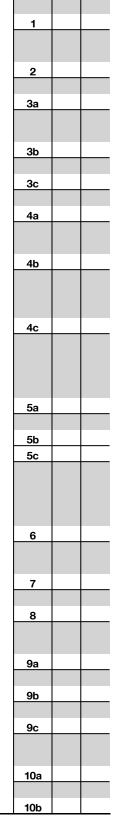
 (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

Schedule A (Form 990) 2022

- 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.)

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 JON BON JOVI SOUL FOUNDATION 20-5036346 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a 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? 11a 11a b A family member of a person described on line 11a above? 11b 11b

c 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.

Section B. Type I Supporting Organizations

| 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 organization. Section C. Type II Supporting Organizations

| | | | 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 | | | |
| | the supported organization(s) | 1 | | |

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) |). |
|---|---|--------------------|----|
| | O | 1000 11104 4040110 | , |

- 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 you supported a governmental entity (see instructions). | |
|---|---|---|---|
| • | The organization supported a governmental oracly. | Describe in the throw you supported a governmental 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

11c

1

2

Yes

No

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| | dule A (Form 990) 2022 JON BON JOVI SOUL FOUNDA | | <u></u> 2 | 20-5036346 Page 6 |
|------|---|----------------|--------------------------------|--------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | • | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must c | omplet | e Sections A through E. | 1 |
| 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 | | |
| Sect | ion 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 | | |
| Sect | ion 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

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| Sche Par | | SOUL FOUNDATION | | | 0-5036346 | Page 7 |
|--------------|---|------------------------------|---------------------------------------|----|--------------------------------------|---------------|
| | on D - Distributions | <u></u> | | | Current Yea | ar |
| 1 | Amounts paid to supported organizations to accomplish exer | mot purposes | | 1 | Ourient ret | |
| | 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 | | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 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 | e 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 | | | 10 | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | s | (iii) Distributab Amount for 2 | |
| _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 | | | | | |
| a | From 2017 | | | | | |
| b | From 2018 | | | | | |
| C | From 2019 | | | | | |
| d | From 2020 | | | | | |
| e | From 2021 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2022 distributable amount | | | | | |
| <u> i</u> | Carryover from 2017 not applied (see instructions) | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2022 distributable amount | | | | | |
| C | 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 | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 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 | | | | | |
| e | Excess from 2022 | | | | | |

Schedule A (Form 990) 2022

| Schedule A (| Form 990) 2022 | JON | BON | JOVI | SOUL | FOUNDATION | 20-503634 | 6 Page 8 |
|-----------------|--|------------|-----------|-------------|-------------|---------------------------------|---|-------------|
| Part VI | Supplemental Infor | mation | Provid | le the exp | lanations | required by Part II, line 10; I | Part II, line 17a or 17b; Part III, line 12 Section B, lines 1 and 2; Part IV, Sec | |
| | line 1; Part IV, Section D, | lines 2 ar | nd 3; Par | rt IV, Sect | ion E, line | s 1c, 2a, 2b, 3a, and 3b; Pa | rt V, line 1; Part V, Section B, line 1e | Part V, |
| | Section D, lines 5, 6, and (See instructions.) | 8; and Pa | art V, Se | ction E, li | nes 2, 5, a | nd 6. Also complete this pa | art for any additional information. | |
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| 232028 12-09-22 | | | | | | | Schedule A (For | m 990) 2022 |

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

| ······ ··· ··· ··· ··· ··· ··· ··· ··· | | |
|--|--|------------|
| | JON BON JOVI SOUL FOUNDATION | 20-5036346 |
| Organization type (che | eck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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.

| Schedule E | 3 (Form 990) (2022) | | | Page |
|------------|--|-----------------------------|--------|--------------------------|
| Name of or | ganization | | Employ | er identification number |
| JON BO | ON JOVI SOUL FOUNDATION | | 20- | -5036346 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | | |
| (a) | (b) | (c) | | (d) |
| | Name, address, and ZIP + 4 | Total contribution | ac | Type of contribution |

| | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|--|-----------------------------------|-------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>2</u> | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 3 </u> | | \$37,973. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>4</u> | | \$100,000. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| <u> </u> | Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>6</u> 223452 11-15-22 | | \$ <u>35,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) |

Schedule B (Form 990) (2022)

| Schedule | B (Form 990) (2022) | | | Page |
|-----------|---|---------------------|-------|---------------------------|
| Name of c | organization | | Emplo | yer identification number |
| JON B | ON JOVI SOUL FOUNDATION | | 20 | -5036346 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | | |
| (a) | (b) | (c) | | (d) |
| No. | Name, address, and ZIP + 4 | Total contribution | าร | Type of contribution |
| 7 | | | | Person X Payroll |

(b)

Name, address, and ZIP + 4

| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-----------------------------------|----------------------------|--|
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash |

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

(a)

No.

(a) No.

(a) No.

(a) No.

(a)

No.

8

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21,929.

233,650.

(c)

Total contributions

\$

\$

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

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| Schedule I | B (Form 990) (2022) | | | Page 3 | |
|------------------------------|---|---|------------|---------------------------|--|
| Name of o | rganization | | Emplo | yer identification number | |
| JON B | ON JOVI SOUL FOUNDATION | | 20-5036346 | | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is neede | d. | | |
| (a) No. from Part I | (b) Description of noncash property given | ENV (or estimate) | | (d) Date received | |
| | FOOD DONATION | _ | | | |
| 8 | | - | | | |
| | | \$\$233,6 | 50. | 12/01/22 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received | |
| | | - - - \$ | | | |
| | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received | |
| | | - | | | |
| | | - - _ \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received | |
| | | _ | | | |
| | | - - _ \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received | |
| | | - | | | |
| | | - - _ \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received | |
| | | - | | | |
| | | - - _ \$ | | | |

25

Schedule B (Form 990) (2022)

2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

| Schedule B (F | orm 990) (2022) | | | | Page ² | | | |
|---------------------------|---|-----------------------------------|-----------------------------|------------------------------|--------------------------------|--|--|--|
| Name of orgar | nization | | | | Employer identification number | | | |
| JON BON | JOVI SOUL FOUNDATION | | | | 20-5036346 | | | |
| Part III E | xclusively religious, charitable, etc., contributio om any one contributor. Complete columns (a) | | | | | | | |
| cc | mpleting Part III, enter the total of exclusively religious, c | haritable, etc., contributions of | 1,000 or less for th | le year. (Enter this info. o | nce.) \$ | | | |
| (a) No. | se duplicate copies of Part III if additional s | Ċ | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | (e) Trans | fer of gift | | | | | |
| | Transferee's name, address, a | nd ZI P + 4 | R | elationship of tra | nsferor to transferee | | | |
| _ | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| - | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transforce's name address a | | D | olationship of tra | nsferor to transferee | | | |
| | Transferee's name, address, and ZIP + 4 | | N | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | (c) Tropo | for of sift | | | | | |
| | | (e) Trans | ier of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | nsferor to transferee | | | |
| - | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | nsferor to transferee | | | |
| _ | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| 223454 11-15-22 | | | | | Schedule B (Form 990) (2022) | | | |

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26 2022.04030 JON BON JOVI SOUL FOUNDAT A4510891 DocuSign Envelope ID: 95FB747E-02C2-4C2E-BAD6-93C817EE85FE

| | HEDULE D | Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, | OMB No. 1545-0047 | | | |
|---|-----------------------|---|---------------------------------|--|--|--|
| Depart | ment of the Treasury | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | Open to Public Inspection | | | |
| - | e of the organizatio | _ | Employer identification number | | | |
| | | JON BON JOVI SOUL FOUNDATION | 20-5036346 | | | |
| Pa | rt I Organiza | tions Maintaining Donor Advised Funds or Other Similar Funds or Acc | counts. Complete if the | | | |
| | organization | n answered "Yes" on Form 990, Part IV, line 6. | | | | |
| | | (a) Donor advised funds (b) | b) Funds and other accounts | | | |
| 1 | Total number at er | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | - | on inform all donors and donor advisors in writing that the assets held in donor advised funds | | | | |
| • | | n's property, subject to the organization's exclusive legal control? | | | | |
| 6 | | n inform all grantees, donors, and donor advisors in writing that grant funds can be used on | | | | |
| | | oses and not for the benefit of the donor or donor advisor, or for any other purpose conferring | | | | |
| Pa | impermissible priva | ate benefit? ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I | | | | |
| 1 | | ervation easements held by the organization (check all that apply). | | | | |
| • | | | rically important land area | | | |
| | | f natural habitat | | | | |
| | | of open space | | | | |
| 2 | | through 2d if the organization held a qualified conservation contribution in the form of a con | servation easement on the last | | | |
| _ | day of the tax year | | Held at the End of the Tax Year | | | |
| а | Total number of co | onservation easements | 2a | | | |
| b | | icted by conservation easements | 2b | | | |
| с | - | vation easements on a certified historic structure included in (a) | 2c | | | |
| d | | vation easements included in (c) acquired after July 25,2006, and not on a | | | | |
| | historic structure li | sted in the National Register | 2d | | | |
| 3 | Number of conserv | vation easements modified, transferred, released, extinguished, or terminated by the organiz | ation during the tax | | | |
| | year | | | | | |
| 4 | Number of states v | where property subject to conservation easement is located | | | | |
| 5 | Does the organizat | tion have a written policy regarding the periodic monitoring, inspection, handling of | | | | |
| | · | orcement of the conservation easements it holds? | | | | |
| 6 | Staff and volunteer | r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | n easements during the year | | | |
| _ | | _ | | | | |
| 7 | Amount of expense | es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year | | | |
| • | | | | | | |
| 8 | | vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i | | | | |
| 0 | | (4)(B)(ii)? | | | | |
| 9 | | be how the organization reports conservation easements in its revenue and expense stateme d include, if applicable, the text of the footnote to the organization's financial statements that | | | | |
| | | ounting for conservation easements. | t describes the | | | |
| Pa | rt III Organiza | ations Maintaining Collections of Art, Historical Treasures, or Other Si | milar Assets. | | | |
| | | the organization answered "Yes" on Form 990, Part IV, line 8. | | | | |
| 1a | | elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar | nce sheet works | | | |
| | • | asures, or other similar assets held for public exhibition, education, or research in furtherand | | | | |
| | | Part XIII the text of the footnote to its financial statements that describes these items. | • | | | |
| b | If the organization | elected, as permitted under FASB ASC 958, to report in its revenue statement and balance | sheet works of | | | |
| | art, historical treas | ures, or other similar assets held for public exhibition, education, or research in furtherance | of public service, | | | |
| | provide the followi | ng amounts relating to these items: | | | | |
| | (i) Revenue inclue | ded on Form 990, Part VIII, line 1 | \$ | | | |
| | | d in Form 990, Part X | | | | |
| 2 | - | received or held works of art, historical treasures, or other similar assets for financial gain, p | rovide | | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: | | | | | | |
| | | on Form 990, Part VIII, line 1 | | | | |
| | | Form 990, Part X | | | | |
| | - | eduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2022 | | | |
| 23205 | 1 09-01-22 | 07 | | | | |
| | | 27 | | | | |

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^{2022.04030} JON BON JOVI SOUL FOUNDAT A4510891

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| | | JOVI SOUL | | | | _ | | 20-50 | | | |
|-----|---|------------------------|-------------|----------------|----------------|---------------|-------------------|------------|----------------|--------------|----------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | easures, or | Other S | Similar | Assets | (contir | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the | following that | make sigi | nificant u | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 k | Loan or exc | change progra | m | | | | | |
| b | Scholarly research | e | | | 0.0 | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how th | nev further th | ne organizatio | n's exem | ot purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | | |
| | reported an amount on Form 990, Pa | | | o gaaa | | | | , | | | |
| 12 | Is the organization an agent, trustee, custodi | | liany for (| contribution | s or other ass | ets not in | cluded | | | | |
| Ia | on Form 990, Part X? | | | | | | | | Yes | | No |
| Ь | If "Yes," explain the arrangement in Part XIII | | | | | | | ∟ | _ 165 | | |
| D | in res, explain the arrangement in Part All | and complete the lo | nowing t | able. | | | | | Amoun | + | |
| | De sienie a balance | | | | | | 4 | | Amoun | | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| - | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | _ 1f | | 7 | | - |
| | Did the organization include an amount on F | | | | | | /? | L | Yes | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete | | | | | | | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two year | rs back (d | d) Three y | ears back | (e) Four | years | s back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent vear end balanc | e (line 1o | n, column (a |)) held as: | | | | | | |
| | Board designated or quasi-endowment | , | % | g, cola (a | ,,, | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| | | % | | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | · - | | | | | | | | | |
| 2- | | | otion the | t are hold a | nd administar | ad far tha | | | | | |
| Ja | Are there endowment funds not in the posse | ssion of the organiza | | it are neiu a | nu auminister | | | | l | Yes | No |
| | organization by: | | | | | | | | 0-(1) | 103 | |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | I |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | D, Part IV | /, line 11a. S | See Form 990 | , Part X, Iır | ne 10. | | | | |
| | Description of property | (a) Cost or c | | • • | t or other | • • | cumulate | d | (d) Boo | k valu | le |
| | | basis (investr | ment) | basis | (other) | depr | eciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | 52,377. | | 46,61 | | 1 | 5 <u>,</u> 7 | 59. |
| | Equipment | | | 3 | 39,148. | | 39,14 | 18. | | | 0. |
| | Other | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X. colun | nn (B), line 1 | 0c.) | | | | 1 | 5,7 | 59. |
| | | | | | | | | Schedule | D (Forn | n 990 |) 2022 |

232052 09-01-22

JON BON JOVI SOUL FOUNDATION Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (<u>H)</u> Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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 (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)

| (2) | |
|--|--|
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |
| Part IX Other Accete | |

Other Assets. | Part IX |

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X Other Liabilities | |

other Liabilities.

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 | |
| (2) RIGHT OF USE LIABILITY | 56,074. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |
| • · · · · · · · · · · · · · · · · · · · | |

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

Schedule D (Form 990) 2022

232053 09-01-22

| Sche | dule D (Form 990) 2022 JON BON JOVI SOUL FOUNDATIO | N | | 20- | 5036346 | Page 4 |
|------|--|-----------|------------------|-------|---------|---------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemer | nts With | | | | U |
| | 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 | 1,062 | ,229. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -336,113. | | | |
| b | Donated services and use of facilities | 2b | 13,860. | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| е | Add lines 2a through 2d | | | 2e | -322 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,384, | ,482. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11,539. | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | <u>,539.</u> |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,396, | ,021. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | ents Witl | n Expenses per F | Retur | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,811, | ,840. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | 13,860. | | | |
| b | Prior year adjustments | 2b | | | | |
| с | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | | ,860. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,797 | <u>,980.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11,539. | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | ,539. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,809 | ,519. |
| Pa | rt XIII Supplemental Information. | | | | | |

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 FOUNDATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION |
|--|
| 501(C)(3) OF THE IRC AND, THEREFORE, DOES NOT NEED A PROVISION FOR FEDERAL |
| INCOME TAXES. THE FOUNDATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN |
| TAX POSITIONS. THE FOUNDATION BELIEVES THERE ARE NO UNCERTAIN TAX |
| POSITIONS THAT NEED TO BE DISCLOSED IN THE FINANCIAL STATEMENTS. THE |
| FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS |
| TAX-EXEMPT STATUS. |
| |

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232054 09-01-22

Schedule D (Form 990) 2022

| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctivities | C | DMB No. 1545-0047 |
|--|---|---|--------------------------|--------------------|--------------------------------------|-----------------------|-------------|---|
| (Form 990) | 20) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | he | 2022 |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 c | | | | | | Open to Public Inspection |
| Name of the organization | | o www.irs.gov/Form990 for instruction | ctions | and th | ne latest information | | lover ide | Inspection Intification number |
| nume of the organization | | JOVI SOUL FOUNDAT | ION | | | - | -5036 | |
| Part I Fundrais | | Complete if the organization answe | | es" or | n Form 990. Part IV. I | | | |
| required to | complete this part | t | | | | | | |
| | • | ed funds through any of the followin | • | | , | | | |
| | | | | | | | | |
| — | | | | | | | | |
| c Phone solici | | g [] Special | Tunara | aising | events | | | |
| i | | or oral agreement with any individual | (incluc | ling of | ficers, directors, trus | tees, or | | |
| • | | art VII) or entity in connection with p | | Ũ | | , | Yes | s 🗌 No |
| b If "Yes," list the 10 compensated at le | • | viduals or entities (fundraisers) pursu organization. | ant to | agreer | ments under which th | ne fundrais | er is to be | 9 |
| | | | (iii) | Did | | (v) Amou | int paid | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundi have c | ustody | (iv) Gross receipts from activity | tò (or reta fundra | ined by) | (vi) Amount paid to (or retained by) |
| or entity (func | ITAISEI) | | or cor contrib | trol of utions? | ITOITI activity | listed in | | organization |
| | | | Yes | No | | | | |
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| Total | | | | | | | | |
| | ich the organizatio | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is exemp | ot from re | gistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

20-5036346 Page 2 JON BON JOVI SOUL FOUNDATION Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events JBJ SOUL JBJ CHILI NONE (add col. (a) through KITCHEN 5TH COOK-OFF col. (c)) (event type) (total number) (event type) Revenue 74,035. 22,585. 96,620. Gross receipts 1 44,332. 19,158. 63,490. 2 Less: Contributions 29,703. Gross income (line 1 minus line 2) 3,427. 33,130. 3 4 Cash prizes 792. 69. 861. 5 Noncash prizes Direct Expense: 10,400. 457. 10,857. Rent/facility costs 6 9,070. 9,070. 7 Food and beverages Entertainment 8 9,441. 2,901. 12,342. 9 Other direct expenses 33,130. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2022 232082 10-27-22

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| Schedule G (Form 990) 2022 JON BON JOVI SOUL FOUNDATION | 20-5036346 Page 3 |
|---|--|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | formed |
| to administer charitable gaming? | YesNo |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | 13a % |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books | and records: |
| Name | |
| Address | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming reve | enue? Yes No |
| | |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ a | and the amount |
| of gaming revenue retained by the third party \$ | |
| c If "Yes," enter name and address of the third party: | |
| | |
| Name | |
| Address | |
| Address | |
| 16 Caming manager information: | |
| 16 Gaming manager information: | |
| Name | |
| | |
| Gaming manager compensation \$ | |
| | |
| Description of services provided | |
| | |
| | |
| | |
| Director/officer Employee Independent contractor | |
| | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations | or spent in the |
| organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns | (iii) and (v): and Part III lines 9 9h 10h |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | |
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| 232083 10-27-22 | Schedule G (Form 990) 2022 |
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2022.04030 JON BON JOVI SOUL FOUNDAT A4510891

| Schedule G (Form 990 |)) JON | BON JOVI | SOUL | FOUNDATION | 20-5036346 | Page 4 |
|----------------------|------------------------------|-------------|------|------------|---------------|-----------|
| Part IV Supple |)) JON mental Information | (continued) | | | | |
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| | | | | | Schedule G (F | orm 990) |
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232084 04-01-22

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service | Deartment of the Treasury Automation and Categorian Control of the Treasury Automation and Categorian Control of the Treasury Attach to Form 990. | | | | | | |
|---|---|------------------------------------|--------------------------|---|---|---------------------------------------|--|
| Nome of the organization | | GO LO WWW.II'S | SUCCEPTION SUCCEPTION | the latest morn | auon. | | Inspection Employer identification number |
| Name of the organization Employer is JON BON JOVI SOUL FOUNDATION Employer is | | | | | | | 20-5036346 |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records criteria used to award the grants or assis <u>2</u> Describe in Part IV the organization's pro- | stance? | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than s | | | | | anization answered "\ | res" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| PILGRIM BAPTIST CHURCH 172 SHREWSBURY AVENUE RED BANK, NJ 07701 | 22-3329108 | 501(C)(3) | 33,200. | 0. | N/A | N/A | GRANT TO REPLENISH FUNDS AT JBJ & PBC HOPE & COMFORT WARMING CENTER IN RED BANK, NJ. CAPITAL FUNDING FOR THE |
| COVENANT HOUSE PA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144 | 23-3003176 | 501(C)(3) | 250,000. | 0. | N/A | N/A | RIGHTS OF PASSAGE II - EMBRACE PROJECT TO PROVIDE HOUSING FOR YOUTH |
| HAMPTONS COMMUNITY OUTREACH 374 LOPERS PATH WATER MILL, NY 11976 | 83-2275755 | 501(C)(3) | 50,000. | 0. | N/A | N/A | FUNDING FOR HOME RENOVATIONS ON THE SHINNECOCK RESERVATION - ESTIMATED 4 HOMES. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | | | l e line 1 table | | I | | <u> </u> |

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 JON BON JOVI SOUL FOUNDATION

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (b) Number of recipients
 (c) Amount of non-cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of non-cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (b) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of non-cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

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 (c) Type of grant or assistance
 (b) Number of non-cash assistance
 (c) Amount of non-cash assistance
 (c) Amount of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS VIA SITE VISITS AND REQUIRED

GRANT REPORTS SUBMITTED BY THE ORGANIZATIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COVENANT HOUSE PA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL FUNDING FOR THE RIGHTS OF

PASSAGE II - EMBRACE PROJECT TO PROVIDE HOUSING FOR YOUTH WHO HAVE AGED

OUT OF FOSTER CARE.

20-5036346

Page 2

| | HEDULE M | | Nonc | ash Contri | ibutions | | OMB No. 1 | 545-004 | 7 |
|------------------------------|---|--------------------------------|--------------------------------------|---|---|---------------|--|------------------|------|
| Depart | Form 990) Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | 22 Publiction | - |
| Name | e of the organizatior | า | - | | | Employ | er identificatio | on nun | nber |
| | | JON BON JOVI | SOUL | FOUNDATION | 1 | | 20-5036 | 346 | |
| Par | rt I Types of | Property | | | | ł | | | |
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) od of determin contribution ar | | 3 |
| 1 | Art - Works of art | | | | | | | | |
| 2 | | sures | | | | | | | |
| 3 Art - Fractional interests | | | | | | | | | |
| 4 | | itions | | | | | | | |
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| 10 | | y held stock | | | | | | | |
| 11 | Securities - Partne | | | | | | | | |
| | | 1, , | | | | | | | |
| 12 | | laneous | | | | | | | |
| 13 | Qualified conserva | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | | tion contribution - Other | | | | | | | |
| 15 | Real estate - Resid | | | | | | | | |
| 16 | | mercial | | | | | | | |
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| 23 | | | | | | | | | |
| _0 24 | Archeological artifa | | | | | | | | |
| 25 | Other (|) | | | | | | | |
| 26 | Other (| / | | | | | | | |
| 27 | Other (| / | | | | | | | |
| 28 | Other (| / | | | | | | | |
| 29 | | 8283 received by the organiz | ration during | the tax year for co | ontributions | | | | |
| 20 | | nization completed Form 828 | | | | | | 0 | |
| | for which the orga | | 50, i uit i, E | series i territettig | | | | Yes | No |
| 30a | During the year di | d the organization receive by | / contributio | n any property rep | orted in Part L lines 1 throu | nh 28 that it | | 100 | |
| 000 | | ast 3 years from the date of t | | | | | | | |
| | | for the entire holding period? | | | | | 30a | | х |
| h | | • · | | | | | | | |
| | b If "Yes," describe the arrangement in Part II. 21 Does the organization have a diff acceptance policy that requires the review of any nonstandard contributions? | | | | | | 31 | | х |
| | 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | | |
| 32d | 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | | | | | 32a | | х |
| h | If "Yes," describe i | | | | | | <u>32a</u> | | |
| | | | olumn (a) fa | r a type of proport | for which column (a) is abo | cked | | | |
| 33 | 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | | | | | | |
| LHA | | Reduction Act Notice, see | the Instruct | tions for Form 000 | 1 | Cab | edule M (Forn | 000 | 2022 |
| LINA | | neaderion Act Notice, See | | | 7. | 301 | | 1 3 3 0) | 2022 |

232141 09-09-22

JON BON JOVI SOUL FOUNDATION Schedule M (Form 990) 2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

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Page 2

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OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 20-5036346 JON BON JOVI SOUL FOUNDATION

FORM 990, BOX C:

THE FOUNDATION HAS REGISTERED PHILADELPHIA SOUL FOUNDATION AND SOUL

FOUNDATION AS FICTITIOUS NAMES. NEITHER NAME IS USED TO SOLICIT

CONTRIBUTIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PART OF THE JBJ SOUL KITCHEN COMMUNITY BY VOLUNTEERING.

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

JON BON JOVI, BOARD CHAIR, AND PAUL KORZILIUS, BOARD TREASURER, HAVE A

BUSINESS RELATIONSHIP.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THIS FIRM

REVIEWS AND DISCUSSES THE FORM 990 WITH ALL BOARD MEMBERS AT A MEETING

PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, PRINCIPAL

OFFICERS, AND, IF APPLICABLE, MEMBERS OF A COMMITTEE WITH GOVERNING-BOARD

DELEGATED POWERS. A POTENTIAL CONFLICT MUST BE DISCLOSED TO THE BOARD OR

COMMITTEE AS IT ARISES. AFTER DISCLOSURE OF THE POTENTIAL CONFLICT AND ALL

MATERIAL FACTS, THE REMAINING BOARD OR COMMITTEE MEMBERS DETERMINE IF A

CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE CHAIRPERSON OF THE BOARD

OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR

 COMMITTEE
 TO
 INVESTIGATE
 ALTERNATIVES
 TO
 THE
 PROPOSED
 TRANSACTION
 OR

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

| Schedule O (Form 990) 2022 | Page 2 | | | | | |
|---|---|--|--|--|--|--|
| Name of the organization JON BON JOVI SOUL FOUNDATION | Employer identification number 20-5036346 | | | | | |
| ARRANGEMENT. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT | | | | | | |
| REASONABLY POSSIBLE, THE BOARD OR COMMITTEE SHALL DETERMINE BY MAJORITY | | | | | | |
| VOTE OF THE DISINTERESTED DIRECTORS WHETHER OR NOT TO ENTE | R INTO THE | | | | | |
| TRANSACTION OR ARRANGEMENT. AT BOARD MEETINGS PRIOR TO ANY | VOTE, MEMBERS | | | | | |
| WITH A CONFLICT OF INTEREST ARE ASKED TO IDENTIFY THEMSELVES AND REFRAIN | | | | | | |
| FROM VOTING. AT MINIMUM, THE CONFLICT OF INTEREST POLICY R | EQUIRES AN ANNUAL | | | | | |
| CONFLICT OF INTEREST STATEMENT BE COMPLETED. | | | | | | |
| | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 15A: | | | | | | |
| THE FINANCE COMMITTEE WORKS WITH THE EXECUTIVE DIRECTOR TO SET ANNUAL GOALS | | | | | | |
| AND MAKES A COMPENSATION RECOMMENDATION TO THE BOARD, BASED ON CONTACTS AND | | | | | | |
| SURVEYS IN THE NON-PROFIT INDUSTRY AND INFORMATION FROM SIMILAR-SIZED | | | | | | |
| NON-PROFIT ORGANIZATIONS. THE BOARD DISCUSSES AND VOTES ON THE COMPENSATION | | | | | | |
| RECOMMENDATION. THE DELIBERATION AND FINAL VOTE ARE TIMELY DOCUMENTED IN | | | | | | |
| THE BOARD MINUTES. | | | | | | |

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

NO OTHER COMPENSATED PERSON MEETS THE INTERNAL REVENUE SERVICE DEFINITION OF OFFICER OR KEY EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE

40

BY REQUEST. THE FINANCAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S

WEBSITE.

232212 10-28-22