** 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		20-50363	46
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1600 MARKET STREET	Room/suite	E Telephone number 215-636-	
	return/ termin ated		2000	G Gross receipts \$	1,988,467.
	Amend				
	return Applic tion			H(a) Is this a group re	
	pendir	SAME AS C ABOVE		for subordinates	
$\overline{}$	Toy ov	TT	1) or 527	H(b) Are all subordinates in	list. See instructions
	Websit		1) 01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: PA
	art I	Summary	L Toai	or formation. 2000 in	1 State of legal dofficile, 2 22
	1	Briefly describe the organization's mission or most significant activities: BRE.	AKING 7	HE CYCLE OF	POVERTY.
9		HOMELESSNESS, AND HUNGER IN COMMUNITIES			
Governance	2	Check this box if the organization discontinued its operations or disp			sets.
Ver	3			3	7
မ်	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Š	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			16
ė.	6	Total number of volunteers (estimate if necessary)			4556
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		997,781.	1,234,596.
Revenue	9	Program service revenue (Part VIII, line 2g)		347,457.	424,459.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,783.	45,626.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,396,021.	1,704,681.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		333,200.	80,250.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
v	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		889,250.	944,831.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	029.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		587,069.	703,124.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,809,519.	1,728,205.
	19	Revenue less expenses. Subtract line 18 from line 12		-413,498.	-23,524.
or	4		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,723,451.	2,944,719.
t Assets or	21	Total liabilities (Part X, line 26)		67,861.	110,087.
Net		Net assets or fund balances. Subtract line 21 from line 20		2,655,590.	2,834,632.
P	art II	Signature Block			
		k tics sfgperjuv y, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is
true	, correc	t, and complete; Declaration of preparer (other than officer) is based on all information of	which prepare	has any knowledge.	
		000000000000000000000000000000000000000			
Sig		Signature of officer		Date	
He	re	LEO CARLIN, JR., PRESIDENT			
		Type or print name and title		D	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d		GHERY 2	L0/19/24 self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749
Use	Only	Firm's address 150 S WARNER ROAD, SUITE 310			45) 640 000
		KING OF PRUSSIA, PA 19406		Phone no. (2	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
1 11	Δ For	Panerwork Reduction Act Notice see the senarate instructions 33300	1 10 01 00		Form 990 (2023)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION IS TO BREAK THE CYCLE OF POVERTY, HUNGER AND HOMELESSNESS
	THROUGH DEVELOPING PARTNERSHIPS, CREATING PROGRAMS AND PROVIDING GRANT
	FUNDING TO SUPPORT INNOVATIVE COMMUNITY BENEFIT ORGANIZATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	1 240 969
'1 a	(Code:) (Expenses \$
	RED BANK, NEW JERSEY, TO ADDRESS LOCAL ISSUES OF FOOD INSECURITY. A
	SECOND JBJ SOUL KITCHEN OPENED IN MAY 2016 IN TOMS RIVER, NEW JERSEY,
	AS PART OF THE B.E.A.T. CENTER, A UNIQUE, COLLABORATIVE EFFORT WITH
	OTHER NONPROFITS. A THIRD LOCATION OPENED IN JANUARY 2020 ON THE CAMPUS
	OF RUTGERS UNIVERSITY - NEWARK, NEW JERSEY TO ADDRESS THE ISSUE OF
	HUNGER ON COLLEGE CAMPUSES. IN FEBRUARY 2023 A FOURTH LOCATION OPENED
	ON THE COLLEGE CAMPUS OF NORTH JERSEY CITY UNIVERSITY - JERSEY CITY,
	NEW JERSEY TO ADDRESS STUDENT FOOD INSECURITY. THE COMMUNITY KITCHENS
	HAVE SERVED OVER 187,340 NUTRITIOUS, DELICIOUS MEALS SINCE THEIR
	INCEPTION AND HAVE SERVED 57% OF THEIR MEALS TO THOSE UNABLE TO PAY.
	PAYING DINERS CAN AFFECT CHANGE BY PAYING MORE THAN THE SUGGESTED
4b	(Code:) (Expenses \$ 333,200 . including grants of \$ 80,250 .) (Revenue \$ 0 .
40	PROGRAM GRANTS AND EXPENSES FOR AFFORDABLE HOUSING AND ADDRESSING FOOD
	INSECURITY ASSOCIATED WITH THE ORGANIZATION'S MISSION OF WORKING TO
	SUPPORT THOSE EXPERIENCING HOMELESSNESS. THIS YEAR A FOCUS WAS DIRECTED
	TOWARD PROVIDING FUNDING FOR THE CREATION OF AFFORDABLE HOUSING FOR
	VETERANS AND SAFE SHELTER FOR THOSE SUFFERING FROM ADDICTION.
	VIIIILIAND IMPO DITTE DITTER TON THOOL BOTTLENING THOM INDICTION
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(cooc
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,583,068.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		Х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2023) JON BON JOVI SOUL FOUNDATION

Part IV 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			
	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
00	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	30	23	<u> </u>
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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023) JON BON JOVI SOUL FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans That the amount of receives an head			
C 1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a		14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D		
15		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.0	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		
	If "Yes," complete Form 6069.			
	• •			

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Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director trustee or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a				Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
a	The governing body?	8a_		Х
a	Each committee with authority to act on behalf of the governing body?	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constant of the book o	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	-22	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
	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 arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed PA, NY, NJ	orali A	o. (c.!! - !	ala.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avallat	ле
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	ı.e.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HEATHER GOLDFARB - (215)636-0420			
	1600 MARKET STREET, SUITE 2600, PHILADELPHIA, PA 19103			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	ıniza			nper	nsat	ed any current officer, d	irector, or trustee.	
(A)	(B)	Docition						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle icer ar					compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				٦		organization	(W-2/1099-MISC/	from the
	related	ee or	stee	stee		ınsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tr		oyee	ed mo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HEATHER GOLDFARB	line) 40.00	=	트	72	ᢌ	三三 5	요			
EXEC. DIR, ASST. TREASURER	40.00			x				100,962.	0.	0.
(2) JON BON JOVI	5.00							, , , , , ,	-	-
BOARD CHAIR		Х		X				0.	0.	0.
(3) CRAIG SPENCER	5.00									
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(4) LEO CARLIN, JR.	5.00									
BOARD PRESIDENT		Х		X				0.	0.	0.
(5) MIMI BOX	5.00									
BOARD VICE-PRESIDENT		Х		Х				0.	0.	0.
(6) STEVE PERNA	5.00	4								
BOARD VICE-PRESIDENT		Х		X				0.	0.	0.
(7) PAUL KORZILIUS	5.00	4								
BOARD TREASURER		Х	_	Х		_	_	0.	0.	0.
(8) SR. MARY SCULLION	5.00	۱								
BOARD MEMBER	F 00	Х	├			_	_	0.	0.	0.
(9) SARA PETERS	5.00	-		٦,						
BOARD SECRETARY		-		X		-		0.	0.	0.
		1								
		+								
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Form 990 (2023)

hours per week (list any hours for related organizations below line) ### Description of the compensation	Section A. Officers,	Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)	—			
1 Subtotal 1	(A)	(A) (B)								(D)	(F)				
Total form continuation sheets to Part VII, Section A 100, 962. 0.	Name and title								ne	Reportable Reportable			Estimated		
the organization below line) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organization and related organization and related organization and related organization from the organization from the organization and related organization and related organization and related organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual (A) (B) (C)				box, unless person is both an					an		•				f
hours for related organizations below line)					cer an	u a u		ภาแนรโ	ce)						
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes," complete	Schedule J for si	uch individual										3		Х
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NONE Description of solvices Compensation	Nar				ervices	C		ation							
	- Train	11/	JIVI	<u>. </u>				Description of s	CIVIOCO		отрене	ation			
									\dashv						
															_
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0				ot lin	nited	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organization U Form 990 (2:	\$100,000 of compensation	irom the organiz	апоп				·	,					Form 9	90 12	023

Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a	response	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	<u> </u>	Federated campaigns			1a					
anta						1b					
يخ و							81,192.				
ts, An			Fundraising events			1c	01,192.				
ig ig						1d					
S.			Government grants (contr			1e					
r io	1	f	All other contributions, gifts,	gran	ts, and						
ig #			similar amounts not included	l abo	ve	1f	1,153,404.				
함	9	g	Noncash contributions included in	lines	1a-1f	1g \$	263,732.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					1,234,596.			
							Business Code				
o l	2 :	а	KITCHEN PROGRAM INCO	OME			900099	424,459.	424,459.		
Ş.	_	b							·		
Ser		c									
Z S		d									
gra Re											
Program Service Revenue		e	All ables a series as a series								
-			All other program service					424,459.			
\longrightarrow		g	Total. Add lines 2a-2f					424,459.			
	3		Investment income (include	•		,	*	67.077			67.077
		other similar amounts)						67,977.			67,977.
	4		Income from investment of								
	5		Royalties	<u></u>							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a							
	- 1	b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss) <u></u>							
	7 :	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a	2	217,082.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	, 2	239,433.					
en		c	Gain or (loss)			22,351.					
ě			Net gain or (loss)					-22,351.			-22,351.
Other Revenue			Gross income from fundraisi				<u> </u>				
Ĕ.	0	а	including \$	-	-						
١											
			contributions reported on		-		44,353.				
			Part IV, line 18				-				
			Less: direct expenses				44,353.	0			
			Net income or (loss) from					0.			
	9 :	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, I								
			and allowances 10a								
			Less: cost of goods sold								
\rightarrow		С	Net income or (loss) from	sale	s of in	entory					
က္							Business Code				
Miscellaneous Revenue	11 :										
lan en	ı	b									
Sev Sev	•	c									
Σ	(All other revenue								
		e	Total Add lines 11a-11d					1 70/ 601	424,459.	0.	45,626.
	12		Total revenue. See instruction	UIIS				1,704,681.	424,439.	1 0.	45,626.

332009 12-21-23

Form **990** (2023)

6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1 23,966. 111,053. 3,282. 9,63 1 Fees for services (nonemployees): a Management Legal 708. 464. 63. 16 c Accounting 14,589. 14,589. 14,589. d Lobbyling e Professional fundralising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 6,913. 6,565. 59. 26 3 Office expenses 10,4542. 88,547. 1,906. 14,06 14 Information technology 16,532. 10,838. 1,460. 4,23 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conference, conventions, and meetings interest D Expenses Inerize expenses not covered above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 12e expenses on Schodiel (L) and the responses tenize expenses not covered above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 12e expenses on Schodiel (L) and the responses tenize expenses on 10, 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schodiel (L) and the responses on Schodiel (L) and the expenses o		on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
Total expenses		Check if Schedule O contains a respons				
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Beansitis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of uniteded above to dequalified persons (escribed in section 4908)(1)) and persons described in section 4908(1) and approximate described in section 4908(1) and approximate described in section 4908(1) and 4908(1) employee contributions (include section 401(4) and 4908(1) employee contributions) Other employee benefits John American See See Part IV, line 17 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees) American See See Part IV, line 17 In incustment management fees Concerning 11,085 Cother (II line 11g amount esceeds 10% of line 25, column (A), arrount, list line 11g openses on School Office expenses 10,4542 Beansitis paid and the second 10% of line 25, column (A), arrount, list line 11g openses on School Cocupancy 993,155 Poyantis Cocupancy 993,155 Poyantis Cocupancy 993,155 Poyantis Cocupancy 993,155 Poyantis Correctores, conventions, and meetings 11,1666 110,938 77 Trave 13,393 11,630 15,193 77 Trave 13,393 11,666 110,938 77 Trave 13,393 11,666 110,938 77 Trave 11,66		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations				
Individuals See Peart N, Inex 22		and domestic governments. See Part IV, line 21	80,250.	80,250.		
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 Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4958(r)(3)(8) Person plan accruals and contributions (include section 4958(r)(3)(8) Person plan accruals (include section 4958(r)(3)(8) Person plan accruals (include section 4958(r)(3)(8) Person plan accruals (include section 4958(r)(4)(8) Person plan accruals (include section 4958(r)(4)(8)(8) Person plan accruals (incl	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I) and persons described in section 4958(I) employer contributions (include section 4918) and 493(I) empl		individuals. See Part IV, line 22				
Individuals, See Pear IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 100,962	3	Grants and other assistance to foreign				
## Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons described in section 4988(c)(3)(8) Compensation not included above to disqualified persons described in section 4988(c)(3)(8) Compensation not included above to disqualified persons described in section 4988(c)(3)(8) Compensation not included above to disqualified persons described in section 4988(c)(3)(8) Compensation of the display of the d						
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trustress, and Key employees Compensation not included above to disqualified persons (as defined under section 4958(t)(1)) and persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(1)) and persons described in section 4958(t)(3)(8) 7 Other satiers and wages Service in section 401(t) and 403(t) employer contributions (include sec	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(h(1)) and 403(h) employer contributions) 9 Other employee benefits 123,966. 111,053. 38,089. 35,266. 724. 2,09 Payroll taxes 123,966. 111,053. 3,282. 9,63 14,589. 14,589. 14,589. 14,589. 14,589. 14,589. 11,085. 11,085. 11,085. 11,085. 11,085. 11,085. 11,085. 11,085. 20 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 20 Advertising and promotion 6,913. 6,913. 6,565. 59. 26 Occupancy 104,542. 105,322. 10,838. 1,460. 4,23 106 Occupancy 93,155. 93,155. 127 17avel 13,593. 14,630. 1,853. 12 27,841. 25,173. 684. 1,98 260,868. 260,868. 260,868. 27,94. 27,94. 27,94. 27,94. 27,95. 28,376. 28,376. 29,63. 20 Interest 11,085. 11,0	5		100 000	40.055	46 560	04 00=
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To Other salaries and wages 681,814. 656,893. 2,592. 22,33						
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9 Other employee benefits 38,089, 35,266, 724, 2,05 10 Payroll taxes 123,966, 111,053, 3,282, 9,65 12 Payroll taxes 23,966, 111,053, 3,282, 9,65 12 Payroll taxes 24,05 Payroll taxes 25,00 Payroll taxes 24,05 Payroll taxes 25,00 Payroll taxes 26,00 Payroll taxes 26,0	8					
10 Payroll taxes		· · · · · · · · · · · · · · · · · · ·	22.222	25 255		
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a Management b Legal 708. 464. 63. 16 c Accounting 14,589. 14,589. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 6,913. 6,565. 59. 22 d Information technology 16,532. 10,838. 1,460. 4,23 d Information technology 93,155. 93,155. Travel 0 Cocupancy 93,155. 93,155. Travel 13,593. 11,630. 1,853. 13 e Payments of travel or entertainment expenses for any federal, state, or local public officials plantage of the expenses, conventions, and meetings line rest for any federal, state, or local public officials 20 pepreciation, depletion, and amortization 13,312. 13,312. line rest line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a FOOD AND SUPPLIES 260,868. 260,868. b KITCHEN PROGRAM 111,666. 110,938. 72 c REPAIRS AND MAINTENANCE 17,970. 17,970. d VENT EXPENSES 6,206. 6,206. e All other expenses. Add lines 1 through 24e 25 Joint costs. Complete this line over a combined educational campaign and fundraising solicitation.	10	Payroll taxes	123,966.	111,053.	3,282.	9,631.
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C Accounting 14,589.	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 22 Advertising and promotion 6, 5913. 6, 5655. 59. 28 23 Office expenses 104, 542. 88, 547. 1, 906. 14, 006. 14	b	Legal		464.		181.
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 10 4, 542. 88, 547. 1, 906. 14, 08 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings for any federal, state, or local public officials 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Ofther 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.) 24 FOOD AND SUPPLIES 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С	Accounting	14,589.		14,589.	
Travel 13,593. 11,630. 1,853. 13	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion	е	Professional fundraising services. See Part IV, line 17				
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12 Advertising and promotion 6,913. 6,565. 59. 28 13 Office expenses 104,542. 88,547. 1,906. 14,08 14 Information technology 16,532. 10,838. 1,460. 4,23 15 Royalties 16 Occupancy 93,155. 93,155. 17 17 Travel 13,593. 11,630. 1,853. 13 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 27,841. 25,173. 684. 1,98 20 Interest 21 Insurance 27,841. 25,173. 684. 1,98 21 Office expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a FOOD AND SUPPLIES b KITCHEN PROGRAM 111,666. 110,938. 72 21 CREPAIRS AND MAINTENANCE 17,970. 17,97	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses		· · · · · · · · · · · · · · · · · · ·	3,765.	3,765.		
14 Information technology 16,532. 10,838. 1,460. 4,23 15 Royalties 93,155. 93,155. 17 16 Occupancy 93,155. 93,155. 13 17 Travel 13,593. 11,630. 1,853. 13 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,593. 11,630. 1,853. 13 19 Conferences, conventions, and meetings Interest 10 13,312.	12					289.
15 Royalties	13					14,089.
16 Occupancy 93,155. 93,155.	14	Information technology	16,532.	10,838.	1,460.	4,234.
17 Travel 13,593. 11,630. 1,853. 11 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	15	Royalties	00.455			
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 23 Insurance 24 Other expenses. Itemize expenses on to 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.) a FOOD AND SUPPLIES b KITCHEN PROGRAM c REPAIRS AND MAINTENANCE d EVENT EXPENSES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	16				4 050	
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a FOOD AND SUPPLIES b KITCHEN PROGRAM c REPAIRS AND MAINTENANCE d EVENT EXPENSES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses				
20 Interest		· · · · · · · · · · · · · · · · · · ·				
Payments to affiliates Depreciation, depletion, and amortization 13,312	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 13,312. 13,312.	20					
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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.) a FOOD AND SUPPLIES b KITCHEN PROGRAM c REPAIRS AND MAINTENANCE d EVENT EXPENSES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		27,841.	25,173.	684.	1,984.
a FOOD AND SUPPLIES b KITCHEN PROGRAM c REPAIRS AND MAINTENANCE d EVENT EXPENSES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
KITCHEN PROGRAM 111,666. 110,938. 72	а		260,868.	260,868.		
c REPAIRS AND MAINTENANCE device EVENT EXPENSES 6,206. 6,206. 6,206. e All other expenses 379. 300. 51. 22 5 Total functional expenses. Add lines 1 through 24e 1,728,205. 1,583,068. 55,108. 90,02 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						728.
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All other expenses 379 300 51 25 Total functional expenses. Add lines 1 through 24e 1,728,205 1,583,068 55,108 90,02 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_					
Total functional expenses. Add lines 1 through 24e 1,728,205. 1,583,068. 55,108. 90,02 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-				51.	28.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						90,029.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			_, 3 , _ 3 3 4	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,200	20,020
educational campaign and fundraising solicitation.	_0	· · · · · · · · · · · · · · · · · · ·				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Uneck nere fillowing SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Part X	Balance Sheet							
	Check if Schedule O contains a response or note	to any li	ne in this Part X					
				(A) Beginning of year		(B) End of year		
1	Cash - non-interest-bearing			224,272.	1	39,884		
2	Savings and temporary cash investments			400,723.	2	526,647		
3	Pledges and grants receivable, net		85,432.	3	68,633			
4	Accounts receivable, net				4			
5	Loans and other receivables from any current or for							
	trustee, key employee, creator or founder, substar	ntial cor	ntributor, or 35%					
	controlled entity or family member of any of these	person	s		5			
6	Loans and other receivables from other disqualifie							
	under section 4958(f)(1)), and persons described in	n sectio	n 4958(c)(3)(B)		6			
<u>န</u> 7	Notes and loans receivable, net				7			
Assets	Inventories for sale or use				8			
₹ 9	Prepaid expenses and deferred charges			25,167.	9	10,278		
10a	a Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D	10a	501,525.	4				
l k	Less: accumulated depreciation		496,004.	15,759.		5,521 2,267,167		
11	Investments - publicly traded securities			1,904,606.	11	2,267,167		
12	Investments - other securities. See Part IV, line 11				12			
13	Investments - program-related. See Part IV, line 11			13				
14	Intangible assets	7,005.	14	5,137				
15	Other assets. See Part IV, line 11	60,487.	15	21,452				
16	Total assets. Add lines 1 through 15 (must equal			2,723,451.	16	2,944,719		
17	Accounts payable and accrued expenses	1	11,787.	17	92,430			
18	Grants payable		18 19					
19		Deferred revenue						
20	Tax-exempt bond liabilities		1		20			
21	Escrow or custodial account liability. Complete Pa				21			
_{တို} 22	Loans and other payables to any current or former							
Liabilities	trustee, key employee, creator or founder, substar							
률	controlled entity or family member of any of these				22			
23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · ·		23			
24	Unsecured notes and loans payable to unrelated t				24			
25	Other liabilities (including federal income tax, paya							
	parties, and other liabilities not included on lines 1	-	· ·	56,074.	٥.	17,657		
06	of Schedule D			67,861.	26	110,087		
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check		X	07,001.	26	110,007		
တ္က	and complete lines 27, 28, 32, and 33.	(Here						
Ö 27	Net assets without donor restrictions			2,554,960.	27	2,717,793		
g 27 g 28	Net assets with donor restrictions			100,630.	28	116,839		
0 20	Organizations that do not follow FASB ASC 958			100,050.	20	110,000		
ᇤᅵ	and complete lines 29 through 33.	, criecr						
5 29	Capital stock or trust principal, or current funds				29			
S 30	Paid in or capital surplus, or land, building, or equi				30			
8 30 31	Retained earnings, endowment, accumulated inco				31			
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			2,655,590.	32	2,834,632		
Ž 32	Total liabilities and net assets/fund balances			2,723,451.	33	2,944,719		
	Total nabilities and net assets/fully balances			_,,151.	-00	Form 990 (202		

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,70</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,72	8,2	<u>05.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			3,5				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,65	5,5	90.			
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2	,83	4,6	32.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	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				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	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?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JON BON JOVI SOUL FOUNDATION

Employer identification number

20-5036346 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	,	, ,	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	767,834.	787,591.	1010196.	997,781.	1234596.	4797998.
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	767,834.	787,591.	1010196.	997,781.	1234596.	4797998.
	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)						1803712.
6	Public support. Subtract line 5 from line 4.						2994286.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	767,834.	787,591.	1010196.	997,781.	1234596.	4797998.
	Gross income from interest,		·		•		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	94,838.	76,035.	90,020.	59,099.	67,977.	387,969.
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						5185967.
	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,805,262.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 5		<u> </u>
	organization, check this box and stor	•		•			
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	57.74 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	61.35 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	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 pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			•			
							(Form 990) 2023

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	etion A. Public Support	ciow, picase comp	note i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4,7 = 0 + 0	(2) = 3 = 3	(0) = 0 = 1	(4) = 5 = 2	(0) = 0 = 0	(.,
	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						
11	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	· ·		*	•	. , . ,	•
<u> </u>	check this box and stop here	- 0					
	ction C. Computation of Publi					1 1	
	Public support percentage for 2023 (I		•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Investigation					16	%
	· · · · · · · · · · · · · · · · · · ·					T .= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 :t
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the		-	•	• •		and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						*****

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- 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.)

	Yes	No
4		
1		
2		
За		
3b		
3с		
4a		
4b		
_		
4c		
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100		
10b		
	n 990)	2022

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Pai	rt IV Supporting Organizations (continued)			<u></u>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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,	2		
Sec	supervised, or controlled the supporting organization. tion 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		163	140
•	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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	_		
Ū	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	iti dotion	Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 "Voc" or "No" provide details in Part VI	3a		

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.*

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Г	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u>b</u>	From 2019			
c	From 2020			
<u>d</u>	From 2021			
<u>e</u>	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>i</u>	Carryover from 2018 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2023 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
<u> b</u>	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

JON BON JOVI SOUL FOUNDATION

Employer identification number

20-5036346

Organization type (check one):

Filers of: Section:

X 501(c)(3) (enter number) organization Form 990 or 990-EZ

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Page 2

JON BON JOVI SOUL FOUNDATION

20-5036346

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 361,906.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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
4		\$\$	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
5		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JON BON JOVI SOUL FOUNDATION

20-5036346

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
2		\$\$	12/01/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	Cabadala D (Faura 200) (2002)			

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 20-5036346 JON BON JOVI SOUL FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, 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.

2023 Open to Public

ond the latest information.

Open to Public Inspection

Employer identification number

Name of the organization 20-5036346 JON BON JOVI SOUL FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

	t III Organizations Maintaining Col					r Other			30340	Page Z
	•								(CONTINU	<u>iea)</u>
3	Using the organization's acquisition, accession	, and other record	s, check	any or the i	ollowing that	i make sig	mincant u	se or its		
	collection items (check all that apply).		. $ egin{array}{c} $							
a	Public exhibition	c			hange progra					
b	Scholarly research	e	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	· ·		-	-			e in Part	XIII.	
5	During the year, did the organization solicit or r								_	
D :	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		te if the	organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian							_	7	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2 a	Did the organization include an amount on Form	m 990, Part X, line	21, for 6	escrow or cu	istodial acco	unt liabilit	y?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII. C									
Par	Complete ii tii		swered "	Yes" on For					1	
	L	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions									
	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 curren	nt year end balance	e (line 1d	g, column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%	, ,	,					
b	Permanent endowment	%								
	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	ation tha	t are held ar	nd administer	red for the	1			
-	organization by:	ion of the organiza	2011 0110	t are mora ar	ia aariiiiiotoi	00 101 1110	•		[·	Yes No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the or								_ OD _	
Par	t VI Land, Buildings, and Equipmen		WITHOITE	ariao.						
	Complete if the organization answered), Part IV	/, line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	а	(d) Book	value
	Beschption of property	basis (investr			(other)		reciation	<u> </u>	(a) Book	value
1a	Land	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,							
	Buildings									
	Leasehold improvements			46	2,377.	4	56,85	66.	5	,521.
	Equipment	I			9,148.		39,14			0.
	Other				- , •					
	. Add lines 1a through 1e. (Column (d) must equ		V line 1	00 001:	(D))	1			5	,521.
. Juai	. , wa mico ra micagir re. (Columni (a) must edu	ıaı ruiili 330. Part	л. ш <u>е</u> Г	oc. colullin	(<i>D)</i>)					, •

O L L L D /F OOD COOR TON DON TON	T COUL FOUNDA	TIT ON	20-5036346 Page
Schedule D (Form 990) 2023 JON BON JOV Part VII Investments - Other Securities	'I SOUL FOUNDA	TION	20-5036346 Page
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)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)		1	
(2)		1	
(3)		-	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"	· · · · · · · · · · · · · · · · · · ·	Trd. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RIGHT-OF-USE LIABILITY	17,657.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	17,657.

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

Sche	edule D (Form 990) 2023 JON BON JOVI SOUL FOUNDATION	N		20-	5036346 Page 4			
Pai	rt XI Reconciliation of Revenue per Audited Financial Statement	ts Witl	h Revenue per Re	turn				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	1,902,554.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	202,566.					
b		2b	6,392.					
С		2c						
d		2d						
е	Add lines 2a through 2d			2e	208,958.			
3	Subtract line 2e from line 1			3	1,693,596.			
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	11,085.					
b		4b						
С	Add lines 4a and 4b			4c	11,085.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,085. 1,704,681.			
	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Retur				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	1,723,512.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, - , -			
a		2a	6,392.					
b		2b	.,					
~	Other losses	2c						
d		2d						
	Add lines 2a through 2d			2e	6.392.			
3	Subtract line 2e from line 1			3	6,392. 1,717,120.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ŭ				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,085.					
	Other (Describe in Part XIII.)	4b	11,003.					
				4c	11,085.			
5				5	1,728,205.			
	rt XIII Supplemental Information				1772072030			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1	h and 2h: Part V. line 4	· Dart \	V line 2: Part VI			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, rait i	A, IIIIe Z, Fait Ai,			
111162	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide any addition	Orial IIIIC	orriation.					
DΔI	RT X, LINE 2:							
T 731	(1 A, 11111 2.							
тнт	E FOUNDATION IS CLASSIFIED AS A TAX-EXEMPT O	RGAI	NTZATTON IIND	ER :	SECTION			
		2110111	TELLITE OIL OILD		01011011			
501	L(C)(3) OF THE IRC AND, THEREFORE, DOES NOT	NEEL	A PROVISTO	N F	OR FEDERAL			
<u> </u>	1(C)(S) OF THE	111111	J II IIIOVIDIO		OK I DDDKID			
TNC	COME TAXES. THE FOUNDATION FOLLOWS THE INCOM	ATE: TO	מאמתאבים א	FOR	IINCERTATN			
T 11/	OME TAKED: THE POUNDATION POLLOWS THE INCOM	115 12	AN DIMIDARD	ron	ONCENTAIN			
ת א ז	K POSITIONS. THE FOUNDATION BELIEVES THERE A	י שסי	NO TINCEDUATN	ш».	v			
1 142	1 POSITIONS: THE POUNDATION BELLEVES THERE P	AKE I	NO UNCERTAIN	1A	Δ			
D (THE THE MILE WAS DE DIGGLOCED IN MILE EIN	T 7 NT C -	гат стапритат	πα	MITTE			
PU	POSITIONS THAT NEED TO BE DISCLOSED IN THE FINANCIAL STATEMENTS. THE							
⊏∕ਾ	BOUNDAMION TO NOW AWARD OF ANY ACCUTATION WAS WOURD TROPARED THE							
r Ul	JNDATION IS NOT AWARE OF ANY ACTIVITIES THAT	r wol	THEOPARDI	<u> 2</u> Б.	T.1.2			
m > <	A EABMUM CMYMIC							
ΤΑΣ	K-EXEMPT STATUS.							

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go t	o www.irs	.gov/Form99	90 for instruc	ctions	and t	he latest informatio	n.		Inspection
Name of the organization										
	JON BON								20-503	
	complete this part		if the organi	zation answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a Mail solicitations e Solicitation of non-government grants										
b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d In-person so										
2 a Did the organization							ficers, directors, trus undraising services?	tees,	or Ye	es No
b If "Yes," list the 10								he fur		
compensated at le				alcoro, parca	uni 10	ag. oo.	monte ander which t	10 1411	araioor io to k	,,
		I			(:::)			(,,)	Amount poid	Т
(i) Name and addres			(ii) Activity	,	(iii) fundi	Did raiser ustody	(iv) Gross receipts	tò (o	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		(, ,		or cor	ntrol of utions?	from activity		fundraiser ted in col. (i)	organization
					Yes	No				+
								-		
								<u> </u>		
3 List all states in whi or licensing.	ich the organizatio	n is registe	red or licens	ed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration

332081 09-13-23

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

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

		or furidialsing event contributions and gre			<u> </u>	1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JBJ GOLF	JBJ CHILI	NONE	(add col. (a) through
			OUTING	COOK-OFF		col. (c))
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	92,155.	33,390.		125,545.
ш						
	2	Less: Contributions	57,972.	23,220.		81,192.
	3	Gross income (line 1 minus line 2)	34,183.	10,170.		44,353.
	4	Cash prizes	3,600.			3,600.
	5	Noncash prizes		70.		70.
ses						
en	6	Rent/facility costs	10,800.	3,340.		14,140.
Direct Expenses						
ect	7	Food and beverages	10,023.	2,040.		12,063.
ä						
	8	Entertainment		4 500		14 400
	9	Other direct expenses		4,720.		14,480.
		Direct expense summary. Add lines 4 through				44,353.
Da	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		. 000 Dest IV line 10 eve		0.
Га		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				bings/progressive bings		(c),
Re	4	Cross revenue				
		Gross revenue				
	2	Cash prizes				
ses	_	Cash ph200				
Direct Expenses	3	Noncash prizes				
Ĕ						
ect	4	Rent/facility costs				
ä	-					
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re		,	ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 JON BON JOVI SOUL FOUNDATION 2	<u>0-503</u>	<u>6346</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12			_ 103	110
	Indicate the percentage of gaming activity conducted in:	مد ا	1	0.4
	The organization's facility			<u>%</u>
	An outside facility	13	b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
ısa	Todes the organization have a contract with a third party from whom the organization receives gaining revenue?		_ 163	110
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
~	organization's own exempt activities during the tax year \$	10		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III	lines O	0h 10h
ı u		u Part III,	iiries 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	JON	BON JO)VI S	SOUL	FOUNDATION	20-5036346	Page 4
Part IV	i (Form 990) Supplemental Infor	mation	(continued)					J
			(continuea)	<u>'</u>				
i								
-								
i								
-								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number 20-5036346											
	JON BON JOVI SOUL FOUNDATION											
Part I General Information on Grants a												
1 Does the organization maintain records												
criteria used to award the grants or assis	stance?						X Yes No					
2 Describe in Part IV the organization's pro						/ F 000 P	IN the Of females					
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	res" on Form 990, Pan	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)	15,000.	0.	N/A	N/A	GRANT TO REPLENISH FUNDS AT JBJ & PBC HOPE & COMFORT CENTER FOR CODE RED SUMMER 2023 AND BLUE					
FIRST BAPTIST CHURCH OF RED BANK 84 MAPLE AVENUE RED BANK, NJ 07701	81-1800536		15,000.		N/A	N/A	GRANT FOR THE HEARTWARMING CENTER - CODE BLUE SHELTER FOR WOMEN ONLY IN MONMOUTH					
SOLDIER ON 290 MERRILL ROAD PITTSFIELD, MA 01201	04-3240461	501(C)(3)	50,000.	0.	N/A	N/A	MATCH GRANT TO HELP BUILD GORDON H. MANSFIELD VETERANS HOUSING IN TEWKSBURY, MA - 21 UNITS					
			·				·					
 Enter total number of section 501(c)(3) a Enter total number of other organization 												

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III can be duplicated if additional space is needed.	(b) Number of	(a) Amount of	(d) Amount of non	(a) Mothod of valuation	(f) Description of paneagh assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	dditional information.	
	,	,,	(-7,)		
PART I, LINE 2:					
THE FOUNDATION MONITORS THE USE OF	GRANT FU	NDS VIA SI	TE VISITS	AND REQUIRED	
GRANT REPORTS SUBMITTED BY THE ORGA	NTZATTON	ıs.			
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	PILGRIM	BAPTIST C	CHURCH		
(H) PURPOSE OF GRANT OR ASSISTANCE:	GRANT T	O REPLENTS	SH FIINDS AT	.TB.T &	
PBC HOPE & COMFORT CENTER FOR CODE	RED SUMM	ER 2023 AN	ND BLUE WIN	TER	
2023/2024					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

JON BON JOVI SOUL FOUNDATION

Employer identification number 20-5036346

Pa	rt I Types of Property					•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts rep Form 990, Part	orted on		(d) lethod of detern ash contribution		ts
1	Art - Works of art			·	<u> </u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Closely field stock Securities - Partnership, LLC, or								
''	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
14	Qualified conservation contribution - Other								
15	B B								
16	Real estate - Residential Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X	2	26	3,732.	E-MTS 7			
19	Food inventory			20	3,134.	LMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organia	zation durino	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement	29			0	
							_	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lir	nes 1 throug	gh 28, that i	t I		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required	to be used	for			
	exempt purposes for the entire holding period	?					30	а	X
b	If "Yes," describe the arrangement in Part II.								
31									Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ell noncash	•••	3.		
	contributions?		•				32	а	Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which colum	nn (a) is che	cked,			
	describe in Part II.								
Ear I	Paperwork Reduction Act Notice, see the Inst	tructions for	Form 000				Schedule M (Fo	rm 000	1 202

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

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

JON BON JOVI SOUL FOUNDATION

Employer identification number 20-5036346

201/ 201/ 3011 2001 1001/2111201/
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 2, NEW PROGRAM SERVICES:
THE JON BON JOVI SOUL FOUNDATION OPENED A FOURTH JBJ SOUL KITCHEN
LOCATION ON THE COLLEGE CAMPUS OF NEW JERSEY CITY UNIVERSITY IN JERSEY
CITY, NEW JERSEY TO ADDRESS THE ISSUE OF FOOD INSECURITY AMONG THE
STUDENTS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MINIMUM DONATION BY "PAYING IT FORWARD". FOR THOSE WHO ARE UNABLE TO
MAKE A DONATION FOR THEIR MEAL, THEY ARE INVITED TO COME IN, ENJOY A
MEAL AND LEARN HOW THEY CAN BE 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 A, LINE 8B:
THE FOUNDATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.

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

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization

JON BON JOVI SOUL FOUNDATION

Employer identification number 20-5036346

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

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 ENTER 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 REQUIRES 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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

Schedule O (Form 990) 2023	Page 2
Name of the organization JON BON JOVI SOUL FOUNDATION	Employer identification number 20-5036346
FORM 990, PART VI, SECTION B, LINE 15B:	
NO OTHER COMPENSATED PERSON MEETS THE INTERNAL REVENUE SER	VICE DEFINITION
OF OFFICER OR KEY EMPLOYEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AR	E MADE AVAILABLE
BY REQUEST. THE FINANCAL STATEMENTS ARE AVAILABLE ON THE F	OUNDATION'S
WEBSITE.	
	_
	_

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 20-5036346 JON BON JOVI SOUL FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1600 MARKET STREET, 2600 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of HEATHER GOLDFARB 1600 MARKET STREET, SUITE 2600 - PHILADELPHIA, PA 19103 Telephone No. (215)636-0420 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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