Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Do not enter social security numbers on this form as it may be made public, ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

	For c	alend	lar year 2019 or tax year beginning , a	and ending		_					
		ne of fou		_		A Emple	oyer identification number				
	TI	HE S	SOLOMON FOUNDATION			84	-35789 <u>41</u>				
I			street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	B Telepi	s)				
I			RICHMOND ROAD	<u>L</u> _		903-280-5527					
			, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check here					
			RKANA TX 75503								
	G C	heck a		rn of a former public cl	harity	D 1. Foreign organizations, check here					
			Final return Amended				reign organizations meeting t				
			Address change Name cha			85	% test, check here and attach	computation			
	H C	heck t	ype of organization: \mathbf{X} Section 501(c)(3) exempt private	e foundation	ρU		ate foundation status was tem	ninated under			
. [Section	n 4947(a)(1) nonexempt charitable trust Other taxable	le private foundation	<u> </u>	sectio	n 507(b)(1)(A), check here	P			
	I Fa	ıir mar	ket value of all assets at J Accounting method:	Cash X Acc	rual	F If the	foundation is in a 60-month te	mination			
	en	d of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere L			
	lın	e 16) l	\$ 148,610 (Part I, column (d), must	t be on cash basis.)							
	Pa	ert f	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable			
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes			
3/1				160,610	7773 7	y y y y wy	, , , , , , , , , , , , ,	(cash basis only)			
		1	Contributions, gifts, grants, etc., received (attach schedule)	100,010	<u> </u>						
		2	Check Life if the foundation is not required to attach Sch B		1/2/8/5 1/2	<u> </u>		*************************************			
		3	Interest on savings and temporary cash investments								
	i	4	Dividends and interest from securities					1 8 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		5a	Gross rents	2 4 2 2 2			7 77 (8) 80 0	4 4			
	Ř	b	Net rental income or (loss)	70 /2 / × ×	<u> </u>	7 77					
	Revenue	€6a	Net gain or (loss) from sale of assets not on line 10	[5. 8 %						
	Š	> b	Gross sales price for all assets on line 6a	F/3		2/2					
	<u>د ځ</u>	> 7	Capital gain net income (from Part IV, line 2)		807	. 0		*************************************			
	ก็	8	Net short-term capital gain	7 38	////		0	7 4 4 3 4			
	C	' 9	Income modifications		<u> </u>		,	/////////////////////////////////////			
	ب	10a	Gross sales less returns and allowances				4 5 7 7	31 3			
	Ä	b	Less Cost of goods sold	<u> </u>			. 3 3 2				
	_	C	Gross profit or (loss) (attach schedule)			<u>/</u>					
	e)	11	Other income (attach schedule)	160 610		0	0	-			
	-	12	Total. Add lines 1 through 11	160,610							
	SS	13	Compensation of officers, directors, trustees, etc.	0							
	bense	14	Other employee salaries and wages								
	De l	15	Pension plans, employee benefits	10.000		12 000					
	X	16a	Legal fees (attach schedule) SEE STMT 1	12,000		12,000					
	<u>e</u>	b	Accounting fees (attach schedule)								
'	黛	_ C	Other professional fees (attach schedule)			•	DECEMIE				
2020	Operating and Administrative Ex	17	Interest		-	<u> </u>	KEUEINE	-10 			
20	Ę.	18	Taxes (attach schedule) (see instructions)			14	10				
9	Ē	19	Depreciation (attach schedule) and depletion			354	NOV 202				
_	Ad	20	Occupancy			1	1	SE			
>	פ	21	Travel, conferences, and meetings	-							
NOV	a	22	Printing and publications				OGDEN.	<u> </u>			
	g	23	Other expenses (att sch)		-	-بية					
ATE	atiı	24	Total operating and administrative expenses.			10 000	_	_			
民の	ē		Add lines 13 through 23	12,000		12,000	0	0			
띮쭕	Q	25	Contributions, gifts, grants paid	0	2 6 S	<u></u>	1,1,4,3	0			
22		26	Total expenses and disbursements. Add lines 24 and 25	12,000		12,000	0	0			
FOSTMARK DATE		27	Subtract line 26 from line 12		11 1	11 "		14			
(a.		а	Excess of revenue over expenses and disbursements	148,610	· · · ·		4.7	<u> </u>			
		b	Net investment income (if negative, enter -0-)	, , , , , , , , , , , , , , , , , , ,		0	·	<u></u>			
		С	Adjusted net income (if negative, enter -0-)	2.50	Ĺ		0	4, 4			

Peit-Lil Balance Sheets Absorbed reported an amount in the exception column (p) (box value) (p) (p) (p) (p) (p) (p) (p) (p) (p) (p		en di dia da	Attached schedules and amounts in the description column		Beginning of year	End of year		
2 Savngs and temporary cash investments 3 Accounts for celevable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable № Less allowance for doubtful accounts ▶ 5 Grants receivable № Less allowance for doubtful accounts ▶ 6 Roceivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Clibe retire are base resided in the control of investments — or parts elections (attach schedule) Less allowance for doubtful accounts ▶ 0 Investments — or parts election (attach schedule) 1 Investments — or parts election (attach schedule) 2 Investments — or parts election (attach schedule) 3 Investments — or parts election (attach schedule) 4 Investments — or parts election (attach schedule) 5 Investments — or parts election (attach schedule) 6 Investments — or parts election (attach schedule) 7 Investments — or parts election (attach schedule) 8 Investments — or parts election = base (attach schedule) 9 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Investments — or parts election = base (attach schedule) 1 Other assets (desched ») 2 Total labilities (add lines 17 through 22) 2 Total labilities (add lines 17 through 22) 2 Total labilities and net assets with donor restrictions 2 Paids no requalits surplus, irrind, bild, and equipment fund 2 Paids no requalits surplus, irrind, bild, and equipment fund 3 Retained earnings, accumulate		Pan.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value	
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5 Decreases not included in line 2 (itemize) ▶ 5			· · · · · ·				148.610	
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			·	column (b), line 29	—	148,610	

Form 990-PF (2019) THE SOLOMON FOUNDATION

Part V Conital Gains	and Laccas for Tay on Investr	mont Income	01 00 . 0 . 1		rage e
	and Losses for Tax on Investribe the kind(s) of property sold (for example, real estat	*	(b) How acquired	(c) Date acquir	ed (d) Date sold
	warehouse, or common stock, 200 shs MLC Co)	io,	P – Purchase D – Donation	(mo , day, yr	
1a N/A				<u> </u>	
b					
С					
<u>e</u>		.	<u> </u>		
(e) Gross sales pnce	(e) Gross sales price (f) Depreciation allowed (g) Cost or othe plus expense				n) Gain or (loss) plus (f) minus (g))
a					
_ <u>c</u>					
_d				· · · · · · · · · · · · · · · · · · ·	
Complete only for accets show	ung gain in column (b) and award by the	foundation on 12/21/6	20	 	
Complete only for assets snow	ving gain in column (h) and owned by the				s (Col. (h) gain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	I .	ses (from col (h))
<u>a</u>		<u> </u>		ļ	
b	-	 			
<u>c</u>				<u> </u>	
d		-		<u> </u>	
е		n Darit line 7		1 1	
2 Capital gain net income or (ne	t capital loss) If gain, also enter If (loss), enter -0-			2	
3 Net short-term capital gain or /	(loss) as defined in sections 1222(5) and	_			
, -	e 8, column (c) See instructions If (loss)	· · _]	
Part I, line 8	o, column (e) eee medeeddone ii (lees)	, cincer o un		3	
With the second second	Under Section 4940(e) for Redu	uced Tax on Net	Investment Inco	ome	
	ate foundations subject to the section 49				
If section 4940(d)(2) applies, leave		` '	,		27 / 2
ii section 4340(d)(2) applies, leave	the part blank.				N/A
	ection 4942 tax on the distributable amo	• •	pase period?		☐ Yes ☐ No
	alify under section 4940(e) Do not comp				
	in each column for each year, see the ins	structions before makii	ng any entries		
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ons Net value	(c) e of nonchantable-use asse	ets (co	(d) Distribution ratio of (b) divided by col (c))
2018					
2017					
2016					
2015		+			
2014					
2 Total of line 1, column (d)		1.05.50		2	· · · · · · · · · · · · · · · · · · ·
=	ne 5-year base period – divide the total of				
the number of years the found	ation has been in existence if less than 5	years		3	
4 Enter the net value of nonchar	itable-use assets for 2019 from Part X, li	ne 5		4	
				j	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)	•		6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions fr		1h and complete that	nart using a 10/ toy	8 rate. See the	
Part VI instructions	han line 7, check the box in Part VI, line	ro, and complete that	part using a 1% tax	1016 366 1116	
i ait vi iiisuucuolis					- 000 DE

orm	990-PF ⁽²⁰¹⁹⁾ THE SOLOMON FOUNDATION 84-3578941				Pa	ge 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 – s	ee ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		1941		,	
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	1			·
	here ▶ ☐ and enter 1% of Part I, line 27b		143		,	7
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	ľ	1.79		17	14
·	Part I, line 12, col (b).	1] '			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		_		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments:	-	1 1	77		,
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	F	1	2 .	- 4	2
b	Exempt foreign organizations – tax withheld at source 6b	1		me i	13	,
C	Tax paid with application for extension of time to file (Form 8868) 6c	1	1	11 1	. *	,
ď	Backup withholding erroneously withheld 6d	1	1,	929	1/2	,
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
.0 I1	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11				
*****	rt VII-A Statements Regarding Activities		•			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			19/3	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			100	7	7.
	published or distributed by the foundation in connection with the activities			;		
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				7	77
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_		$\perp A$	3 1	13
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				<i>f</i> (,
	on foundation managers. > \$				2	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	\rightarrow	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	. 	<u> </u>
	If "Yes," attach the statement required by General Instruction T			# 3 1 1 1 1 1 1 1 1 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			3 4		
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				,	
	conflict with the state law remain in the governing instrument?			6	<u>x</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	art XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				% }	.""
	TX				1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				.	,
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			- †		,
9				ı I	- 1	
9	4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"				- 1	
9	complete Part XIV			9		X
10	• • • • • • • • • • • • • • • • • • • •	2		9	x	<u>X</u>

Ps	rt VII-A Statements Regarding Activities (continued)					
				<i>"</i>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	X	
	Website address ► N/A					
14	The books are in care of ▶ ZACK AMES Tele	phone no. 🕨	903-2	80-	552	7
	6307 RICHMOND RD					
	Located at ▶ TEXARKANA TX	ZIP+4 ▶	75503	3		
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 – check here		•			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶ _	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			123	, <u> </u>	,
	the foreign country ▶					Ľ
P	it VII-B Statements Regarding Activities for Which Form 4720 May Be Required			10 0 00		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			13414	Yes	No
1a	During the year, did the foundation (either directly or indirectly).			13/4		,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	1	,	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			*	. ,	,
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	, ,	ĺ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		(EE)	600	2.5	1 1/
	the benefit or use of a disqualified person)?	Yes	X No	7/	19	4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				. 3	14.
	foundation agreed to make a grant to or to employ the official for a period after	$\overline{}$	-	, 1		
	termination of government service, if terminating within 90 days)	Yes	X No			,
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		37/3			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				31	1/2
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		37/3	7	1	"
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	□ v	X No	, '	,	113
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No		1	
L.	If "Yes," list the years > 20 , 20 , 20 , 20				,	2
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				142	
	all years listed, answer "No" and attach statement – see instructions)	,	N/A	2b		ĺ
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		-1/ 11	20		
С	If the provisions of section 4342($a_{\rm A}$ 2) are being applied to any of the years listed in 2a, list the years field \geq 20 , 20 , 20 , 20					1 3
30	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					10
3a	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		110			
b	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			ŀ	,	30
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	f		1		1
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	•		3	14	
	foundation had excess business holdings in 2019)		N/A	3b		<i>'</i>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es?	/	4a		x
ч а b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize is			70	?	
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in			4b		x
_	onanios o parpado marina not aboni tamaras nam jaoparaj adrara marasji ar ma tan jadi abogining m		F	orm 99	0-PF	

THE OWNER OF THE OWNER,	990-PF (2019) THE SOLOMON FOU			3578941					Р	age (
P	int VII-B Statements Regarding A	ctivities for Which Forn	n 4720 May Be R	Required (conti	nued)		121232121		
5 a	During the year did the foundation pay or incur	any amount to:		-	_	-	_	2500	Yes	No
	(1) Carry on propaganda, or otherwise attemp	= :		Į.	Y	es X	No	1 2.3	7	
	(2) Influence the outcome of any specific publ		or to carry on,	-	_		- 1		K 3/	27
	directly or indirectly, any voter registration			,	_	es X	No			10.0
	(3) Provide a grant to an individual for travel, s	• • • • • • • • • • • • • • • • • • • •		Ł	Y	es X	No			
	(4) Provide a grant to an organization other th	an a charitable, etc., organization	on described in	г	-	. (=1	a	17/1	1//	124
	section 4945(d)(4)(A)? See instructions			L	_) Y	es X	No	6/3		
	(5) Provide for any purpose other than religiou		or educational	Г	¬	. (19	P	- S	1 %	
	purposes, or for the prevention of cruelty to		- d 4b 4		¥	es X	No	12		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Parallel and the F2 4045 as in a surrout	•	•				NT / N	` <u>.</u> ′	. 333	<i></i>
	in Regulations section 53 4945 or in a current			ns			N/A	5b	3 7388	-88
_	Organizations relying on a current notice regar	=							ľ	% ~
С	If the answer is "Yes" to question 5a(4), does t		from the tax	N/A [٦,	[7 No	12.23		
	because it maintained expenditure responsibili			M/A	•	es	No			*
6.	If "Yes," attach the statement required by Regu		nou promiumo							
6a	Did the foundation, during the year, receive an on a personal benefit contract?	y tunas, airectly or inairectly, to	pay premiums	Г	- -	es X	FI No.			[: [:]
L	•	ime directly or indirectly, on a	account honofit contr	root?	י ע	es X	No	6b	*	X
b	Did the foundation, during the year, pay premit if "Yes" to 6b, file Form 8870	ams, directly or indirectly, on a p	Dersonal Denem Com	lactr				00	1798	
7a	At any time during the tax year, was the found	ation a party to a prohibited tax	shelter transaction?	F	7 ~	es X	No	100		
b	If "Yes," did the foundation receive any procee			tion?	_' '		N/A	7b	F 1/2 K T	2943
8	Is the foundation subject to the section 4960 ta			30011			_1, _1	m., 3	1777	7 -
Ů	remuneration or excess parachute payment(s)		, 1,000,000 III	ſ	TY	es X	No	Win	200	
: D	Information About Officer		oundation Man	agers. Hig	hlv l	Paid E	mploy	ees.	E	L
*****	and Contractors	-, ,,,,,,		-9,9	,		,,	,		
1	ist all officers, directors, trustees, and found	dation managers and their co	mpensation. See ins	structions.					•	
			(b) Title, and average	(c) Compensat	100	(d) Contr	butions to			
	(a) Name and address		hours per week	(If not paid			ee benefit d deferred		opense a er allowa	
			devoted to position	enter -0-)	ŀ		ensation		CI allO#6	iiices
Z.F	ACK AMES	TEXARKANA	PRESIDENT							
63	07 RICHMOND RD	TX 75503	1.00		0			0		(
								1		
					1					
				L						
								İ		
				<u> </u>						
2	Compensation of five highest-paid employe	ees (other than those included	d on line 1 – see ins	tructions). If	none	e, enter				
	"NONE."			_						
			(b) Title, and average				butions to ee benefit	(a) E)	opense a	coount
	(a) Name and address of each employee paid mor	re than \$50,000	hours per week devoted to position	(c) Compensat	ion		d deferred		er allowa	
			devoted to position			compe	ensation			
NC	ONE				ŀ			İ		
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		<u></u>								
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Tata	I number of other employees paid over \$50,000							⊾í.		Λ

Information About Officers, Directors, Trustees, Found and Contractors (continued)		nployees,
3 Five highest-paid independent contractors for professional services. See instru	uctions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services		•
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information organizations and other beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total Add lines 1 through 3		

orn	1990-PF(2019) THE SOLUMON FOUNDATION 64-35/8941		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see instructions.)	1 /	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1, 27	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	74,305
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	74,305
e	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	74,305
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,115
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	73,190
6	Minimum investment return. Enter 5% of line 5	6	3,660
P	Pit XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g four	ndations
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,660
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,660
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,660
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,660
P	rt XII > Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2019)

Form	1 990-PF (2019) THE SOLOMON	FOUNDATION		84-35789	41	Page 9
	ert XIII Undistributed Income)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part	XI.	Corpus	Years prior to 2018	2018	2019
•	line 7	,	· · · · · · · · · · · · · · · · · · ·	7/	1 ()	3,660
2	Undistributed income, if any, as of the e	nd of 2019		7.73		11.81
– a	Enter amount for 2018 only					1 637
b	Total for prior years 20 , 20	20	27 27		,	1/10 1/2
3	Excess distributions carryover, if any, to		1.7	1 1 1 1 1 1 1 1 1	4 2 2	17 7 7 8
a	From 2014		Hay delly		36.4.	1.2%
b	From 2015		- 472			[] / hu,
c	From 2016	···			3 (1)	
d	From 2017				. A.	
e	From 2018					
f	Total of lines 3a through e			1. 1.50 1 1/4	1 1 14	
4	Qualifying distributions for 2019 from Pa	art XII.	1921/1919	1 - 25 1 80 /5		Y : 40, 1
	line 4: ▶ \$,				
а	Applied to 2018, but not more than line 2	2a				
b			,		July 1 1 1	13.46
	(Election required – see instructions)	•	7		14.	1. 34. 14. 1
С		lection			2 2 2	74.02.7 7
	required – see instructions)			. 11	42	1 3 mg 3 9 j
d			·	, ,	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Remaining amount distributed out of cor	pus		·	1877 V 1978	7 30 23
5	Excess distributions carryover applied to	2019			7/4/// 1/4	
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))				1 17	
6	Enter the net total of each column as				11 1	1 医福油头
	indicated below:				34	7 886
а	Corpus Add lines 3f, 4c, and 4e. Subtra	ct line 5		1 1247/3		19299
b	Prior years' undistributed income Subtra	act	[* ,*		13/2 / 18 D	
	line 4b from line 2b	:	// /		230 123	, 1 2 2
C	Enter the amount of prior years' undistrib	buted	40 67 1			14 / 12/2
	income for which a notice of deficiency h	nas	1 1991/4 1 190			1 1 2 3 1 1 1 1 1
	been issued, or on which the section 49-	42(a)	6 7 7 3 67		, ,	
	tax has been previously assessed		1,71,			2/2/ 9
d	Subtract line 6c from line 6b. Taxable	•	, , ,		36534	
	amount - see instructions				1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>
е		line	, ,			
	4a from line 2a Taxable amount – see		3.4	4.4		
	instructions		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1111		277
f	Undistributed income for 2019 Subtract				Ä	
	4d and 5 from line 1 This amount must	be ·				2 660
_	distributed in 2020		1, 100 1 197 1 1			3,660
7	Amounts treated as distributions out of c				1 1 1/2 1 1 1 1 1 1 1 1	· , ,
	to satisfy requirements imposed by secti			,		1. July 18
	170(b)(1)(F) or 4942(g)(3) (Election may	be		,		
	required—see instructions)	1 22		2. * *		*
8	Excess distributions carryover from 2014				60	12 13.2
9	applied on line 5 or line 7 (see instruction Excess distributions carryover to 202	·		7,7 7 2	· · · · · · · · · · · · · · · · · · ·	
3	Subtract lines 7 and 8 from line 6a	. .			1 1	33 14 3
10				1.77		
10	Analysis of line 9 Excess from 2015	ı			Marie 1	20
a b	Excess from 2015 Excess from 2016		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 6 6 6 6 6 6
	Excess from 2016 Excess from 2017				37	177 18 19 3
c d	Excess from 2017 Excess from 2018			1 7 100	13 1 1/4	
-	Excess from 2019		,	111111111111111111111111111111111111111		
е	にんしじろう II U II I Z U I プ	1	k	s		t

Any submission deadlines
 N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

N/A

Part XV. Supplementary Information (co	ha Vaar or Annewad for	- Eutura Daumant		· · · · ·
3 Grants and Contributions Paid During t	ne Year or Approved to	r Future Payment	Τ	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
N/A				
			}	
		,		
			<u> </u>	
Total b Approved for future payment		Γ	▶ 3a	
N/A				
			[
Total			▶ 3b	

Enter gross am	ounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program se				 		
				 		
				 		
						
		-			. <u>-</u>	
·		-			-	
7 Eoos a	nd contracts from government agencies	_				
•	p dues and assessments					
	savings and temporary cash investments					
	and interest from securities					· · · · · · · · · · · · · · · · · · ·
	ncome or (loss) from real estate	3 7/2 //		3,		,
	nanced property	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	bt-financed property					
	ncome or (loss) from personal property		-			
	stment income					· · · · · · · · · · · · · · · · · · ·
	ss) from sales of assets other than inventory					·
	e or (loss) from special events					
	t or (loss) from sales of inventory					
	nue: a					-
е		_		ļ		
12 Subtotal A	dd columns (b), (d), and (e)	. 77	0	7 5 7	l ol	0
	(c)			14		
	line 12, columns (b), (d), and (e)	t	<u> </u>	<u> 1422</u>	13 _	
13 Total. Add See workshee	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations)	(13	13	
13 Total. Add See workshee Part XVI-E	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishm	ent of Exempt P	urpose	13 <u> </u>	0
13 Total. Add See workshee	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0
13 Total. Add See workshee Part XVI-E Line No.	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exempt Pool	urpose A contrib	13	0

Pa	t XVII	Information Rega Organizations				·	ships With Noncharital	ole Ex	emp	<u>40 13</u> t
		anization directly or Indi					scribed		Yes	No
	In section 5	01(c) (other than sectio	n 501(c)(3)	organizations) or i	In section 527, re	elating to political		1		
	organizatio	ns?						1		
a	Transfers fr	om the reporting found	ation to a no	oncharilable exem	pt organization o	f:			1	ĺ
	(1) Cash						,	1a(1)		X
								1a(2)		X
	Other trans		• • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	******************	• • • • • • • • • • • • • • • • • • • •			
_			idmexe ekt	omanization				15(1)		X
	(2) Purcha	sas of assats from a no	nchadlable	exempt organizati	ion			15(2)		X
	(3) Rental	of facilities, equipment.	or other as	sets	•••••••••••	•••••		1b(3)		X
	(4) Reimbu	irsement arrangements			• • • • • • • • • • • • • • • • • • • •	•••••••		16(4)		X
	(5) Loans (or loan quarantees		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••		16(5)		X
	(6) Perform	nance of services or me	mbershin o	r fundraising solic	itations			16(6)		X
_	Sharing of I	acilities equipment m	eteil naifie	other assets or na	id employees			1c	\neg	X
	If the ensur	er to any of the above is	"Yes" on	noiste the follows	n schadula Calu	ma (h) chauld always	chow the fair market	ـــــــــ		
							ed less than fair market			
			_	-	•		ets, or services received			
	Line na.	(b) Amount involved		ne of nonchantable even		,	of transfers, transactions, and sharing a	тапреллег	rte	
/A			(0)			(0,000-000				
										
						 		-		
										
								_		
_		<u> </u>								
										
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						····				
		 								
		 				 	 			
	·					 				
		 								
						 				
1	described in	lation directly or indirectly section 501(c) (other implete the following scheme of organization	than section		ection 5277				s X] No
N	/A			(0,.,,,,,,		 	fol mane home as carends death.			
						 				
-										
										
										
	Under per	values of perlury, I doclare tha	t I have exami	ned this return, includin	a accompanying sch	odules and statements, and	to the best of my knowledge and belief	. It is true		
ign ere		nd complete. Declaration of pr			l on all information of				lum low?	No
	Son	ture of officer or trustee			Date		Tide			
	<u> </u>	po preparer's name			Preparer's signatur	m•	Date		Check [
ld	KARL	K. DENNIS			KARLA K.	DENNIS	11/1	6/20	self-one	,
epar	el Elmiro		DENNI	S AND AS	<u> </u>			0570	672	,
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	rums a		LMA, C							
		LA PA	- C	A 30023	10/7)-87		
								- M	کا لیادانا	

11/16/2020 2:26 PM Charitable Purpose City, State, Zip Adjusted Net Statement 2 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees TEXARKANA TX 75503 12,000 12,000 Investment **Federal Statements** Net w, 12,000 12,000 Total Address 6307 RICHMOND ROAD 1911SF THE SOLOMON FOUNDATION Description Name INDIRECT LEGAL FEES FYE: 12/31/2019 ZACHARY AMES TOTAL 84-3578941

Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2019

Name of the organization Employer identification number

THE SOLOMON FOUNDATION 84-3578941

Schedule of Contributors

Organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
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				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.				
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the or this organization because it received nonexclusively religious, charitable, etc., contributions during the year.			
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, tanswer "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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Name of organization

THE SOLOMON FOUNDATION

Employer identification number 84 - 3578941

Pärt (Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ZACK AMES 6307 RICHMOND ROAD TEXARKANA TX 75503	\$ 160,610	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	
140.	Name, address, and En 14	\$	Person 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.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person 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.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	