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Form **990**

Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TRUTH INITIATIVE FOUNDATION

Doing business as
TRUTH INITIATIVE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
900 G STREET NW 4TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20001

D Employer identification number
91-1956621

E Telephone number
(202) 454-5555

G Gross receipts $ 445,123,512

F Name and address of principal officer
ROBIN KOVAL
900 G STREET NW 4TH FLOOR
WASHINGTON, DC 20001

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ TRUTHINITIATIVE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	167
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	228,943
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,956,547	2,826,741
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,428,474	85,719,376
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-219,628	229,073
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,165,393	88,775,190
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,915,652	4,537,709
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,147,478	18,350,888
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	51,000	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,951,659	84,622,373
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,065,789	107,510,970
	19	Revenue less expenses Subtract line 18 from line 12	52,099,604	-18,735,780

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,151,506,314	1,096,789,302
	21	Total liabilities (Part X, line 26)	40,960,230	48,778,256
	22	Net assets or fund balances Subtract line 21 from line 20	1,110,546,084	1,048,011,046

Part II Signature Block

[redacted]

Under penalties of perjury, I declare that I have examined this return, including [redacted]
my knowledge and belief, it is true, correct, and complete Declaration of prepar[redacted]
preparer has any knowledge

Sign Here

****** [redacted]
Signature of officer

ANTHONY O'TOOLE CFIO [redacted]
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature [redacted]
WILLIAM E TURCO CPA | WILLIAM E TURCO CPA

Firm's name ▶ RSM US LLP

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400

GAITHERSBURG, MD 208787340

May the IRS discuss this return with the preparer shown above? (see instructio[redacted]

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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

TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO THE PURPOSES FOR WHICH THE FOUNDATION IS FORMED ARE TO SUPPORT (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH TOBACCO PRODUCT USAGE AND YOUTH SUBSTANCE (CONTINUED ON SCHEDULE O)ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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

4a (Code) (Expenses $ 66,131,954 including grants of $ 60,250) (Revenue $)

MARKETING THE MARKETING EXPERTISE CENTER PRODUCES CAMPAIGNS IN SUPPORT OF TRUTH INITIATIVE'S MISSION TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO WORKING IN COLLABORATION WITH A GROUP OF OUTSIDE AGENCIES, THE DEPARTMENT DEVELOPS ADVERTISEMENTS FOR PRINT, RADIO, TV, DIGITAL, SOCIAL, MOBILE AND OTHER EMERGING MEDIA VEHICLES, AND PLANS, PLACES AND MANAGES ALL RELATED PAID AND DONATED MEDIA EFFORTS IN ADDITION, THE MARKETING EXPERTISE CENTER PRODUCES GRASSROOTS AND SPECIAL EVENT INITIATIVES, AS WELL AS COLLATERAL AND OTHER PROMOTIONAL ITEMS AS COMPLEMENTARY AND INTEGRATED TACTICS THE FOUNDATION HAS PERHAPS BEEN MOST WIDELY RECOGNIZED FOR TRUTH, ITS YOUTH-FOCUSED PUBLIC EDUCATION AND PREVENTION CAMPAIGN, WHICH HAS HELPED REDUCE YOUTH SMOKING RATES ACROSS THE COUNTRY

4b (Code) (Expenses $ 7,097,610 including grants of $ 120,954) (Revenue $)

EVALUATION SCIENCE AND RESEARCH THE EVALUATION SCIENCE AND RESEARCH DEPARTMENT EVALUATES TRUTH INITIATIVE'S PROGRAMS THESE EFFORTS HELP ENSURE THAT ALL OF TRUTH INITIATIVE'S PROGRAMS-FROM YOUTH AND YOUNG ADULT PUBLIC EDUCATION TO RESEARCH, POLICY AND PRACTICE TO ENGAGEMENT, ACTIVISM AND PARTNERSHIP-ARE IMPLEMENTED WITH THE HIGHEST LEVEL OF EFFICIENCY AND EFFICACY POSSIBLE TO REDUCE TOBACCO-RELATED DISEASE AND DEATH USING RIGOROUS RESEARCH METHODS, THE TEAM DEVELOPS LOGIC MODELS, SAMPLING PLANS, ANALYTIC OUTLINES, AND CONDUCTS DATA ANALYSES FINDINGS ARE THEN USED TO DEVELOP PEER-REVIEWED PUBLICATIONS, AS WELL AS BRIEF REPORTS WRITTEN FOR BOTH SPECIFIC AUDIENCES AND THE GENERAL PUBLIC, IN AN EFFORT TO ADVANCE THE SCIENCE RELATED TO TOBACCO CONTROL AND TO FACILITATE PERFORMANCE IMPROVEMENTS OF PROGRAM EFFORTS TO ENSURE THE HIGHEST LEVEL OF CREDIBILITY, RESEARCH STAFF ALSO SUBSTANTIATE ANY AND ALL FACTUAL INFORMATION FOR EVERY TRUTH INITIATIVE-RELATED PRODUCT

4c (Code) (Expenses $ 5,972,453 including grants of $) (Revenue $)

SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES RESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) CONDUCT BASIC, APPLIED, AND POLICY RESEARCH THAT CAN BE HARNESSED TO MAKE A TIMELY AND EFFICIENT PUBLIC HEALTH IMPACT ON REDUCING POPULATION TOBACCO USE PREVALENCE THE SI ALSO PLAYS A LEADERSHIP ROLE IN STRENGTHENING THE NATIONAL AGENDA FOR NEXT-GENERATION TOBACCO CONTROL RESEARCH BY CONVENING AN ONGOING SERIES OF CONSENSUS CONFERENCES TO IDENTIFY CRITICAL KNOWLEDGE GAPS AND PRESSING RESEARCH PRIORITIES

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 12,859,074 including grants of $ 4,356,505) (Revenue $)

4e **Total program service expenses** ▶ 92,061,091

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . ☑

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	89			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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**	167			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**		No
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**	Yes	
b	If "Yes," enter the name of the foreign country ▶ BR , ID , IN , KE , KS , MY , NI , RP , PL , TH , TU , AE , EG , TW 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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**		No
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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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**		
9a	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					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
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	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	11			
	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 in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11			
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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶AK , AL , AR , CA , CT , FL , GA , HI , IL , KS , KY , MA , MD , MI , MS , MN , NC , NJ , NH , NM , NY , OK , OR , PA , RI , SC , TN , UT , VA , WI , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ▶ANTHONY T O'TOOLE CFIO

900 G STREET NW 4TH FLOOR
WASHINGTON,DC 20001 (202) 454-5555

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	5,549,701	0	901,248

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 ▶42

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MEDIACOM WORLDWIDE INC 498 SEVENTH AVENUE NEW YORK, NY 10018	MARKETING	13,025,110
72ANDSUNNY PARTNERS LLC 12101 W BLUFF CREEK DRIVE PLAYA VISTA, CA 90094	MARKETING	11,491,645
GFK US HOLDINGS INC 120 EAGLE ROCK AVENUE STE 200 EAST HANOVER, NJ 079363590	RESEARCH	4,553,440
ARNOLD WORLDWIDE LLC 101 HUNTINGTON AVE BOSTON, MA 02199	MARKETING	1,114,528
PSLIVE LLC 5080 HIGHLANDS PARKWAY SE SMYRNA, GA 30082	MARKETING	757,394

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 ▶35

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a	41				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	2,526,267				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	300,433				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		2,826,741			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		21,504,037			21,504,037
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 2,565,279				
	b	Less rental expenses	(i) 2,576,661				
	c	Rental income or (loss)	(i) -11,382				
	d	Net rental income or (loss) . . . . ▶		-11,382			-11,382
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 378,137,000 / (ii) 39,850,000				
	b	Less cost or other basis and sales expenses	(i) 328,192,080 / (ii) 25,579,581				
	c	Gain or (loss)	(i) 49,944,920 / (ii) 14,270,419				
	d	Net gain or (loss) . . . . ▶		64,215,339			64,215,339
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	GARAGE PARKING	812930	177,001		177,001	
	b	OTHER INCOME	900099	61,512		50,000	11,512
	c	WEBSITE	541800	1,942		1,942	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		240,455			
	12	**Total revenue.** See Instructions . . . . . ▶		88,775,190	0	228,943	85,719,506

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,520,209	4,520,209		
2 Grants and other assistance to domestic individuals See Part IV, line 22	17,500	17,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,882,096	1,437,029	1,445,067	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,835,362	8,238,584	2,596,778	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,650,615	1,171,355	479,260	
9 Other employee benefits	2,113,712	1,574,390	539,322	
10 Payroll taxes	869,103	619,535	249,568	
11 Fees for services (non-employees)				
a Management	30,000		30,000	
b Legal	361,612	3,447	358,165	
c Accounting	209,503	300	209,203	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,787,763		5,787,763	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,912,058	71,389,163	522,895	
12 Advertising and promotion				
13 Office expenses	948,043	469,378	478,665	
14 Information technology	332,856	145,380	187,476	
15 Royalties				
16 Occupancy	666,478		666,478	
17 Travel	1,212,019	1,062,987	149,032	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	421,930	343,750	78,180	
20 Interest	955,186		955,186	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	795,288	29,517	765,771	
23 Insurance	387,635	107,954	279,681	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INCOME TAX EXPENSE	6,483		6,483	
b OTHER EXPENSES	475,389	182,179	293,210	
c PROFESSIONAL DEVELOPMEN	86,016	57,162	28,854	
d RECRUITMENT ADS	34,114	27,012	7,102	
e All other expenses		664,260	-664,260	
25 **Total functional expenses.** Add lines 1 through 24e	107,510,970	92,061,091	15,449,879	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		156,344,180	2	152,510,568
	3	Pledges and grants receivable, net		607,744	3	972,642
	4	Accounts receivable, net		387,047	4	18,899,937
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	19,850,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		892,686	9	422,933
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 35,350,441			
	b	Less accumulated depreciation	10b 9,601,242	52,176,967	10c	25,749,199
	11	Investments—publicly traded securities		325,323,704	11	301,760,620
	12	Investments—other securities See Part IV, line 11		614,659,571	12	575,887,567
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,113,915	15	735,336
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,151,506,314	16	1,096,789,302
Liabilities	17	Accounts payable and accrued expenses		7,668,146	17	13,629,368
	18	Grants payable		375,000	18	238,517
	19	Deferred revenue		111,975	19	51,188
	20	Tax-exempt bond liabilities		28,000,000	20	28,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,805,109	25	6,859,183
	26	**Total liabilities.** Add lines 17 through 25		40,960,230	26	48,778,256
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,110,546,084	27	1,048,011,046
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,110,546,084	33	1,048,011,046
	34	Total liabilities and net assets/fund balances		1,151,506,314	34	1,096,789,302

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,775,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,510,970
3	Revenue less expenses Subtract line 2 from line 1	3	-18,735,780
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,110,546,084
5	Net unrealized gains (losses) on investments	5	-42,857,415
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 in Schedule O)	9	-941,843
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,048,011,046

Part 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 ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: TRUTH INITIATIVE FOUNDATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 3,314,650 including grants of $ 3,314,650) (Revenue $)

GRANTS HISTORICALLY, TRUTH INITIATIVE HAS AWARDED GRANTS ON TWO LEVELS IN RESPONSE TO NATIONAL CALLS FOR PROPOSALS AND THROUGH A RESPONSIVE DIRECTED GRANT MAKING MODE EACH GRANT AIMS TO AFFECT ONE OR MORE OF THE FOUNDATION'S GOALS IN FEBRUARY, 2009, TRUTH INITIATIVE'S BOARD OF DIRECTORS MADE A DECISION TO DISCONTINUE ITS NATIONAL CALLS FOR PROPOSALS FOR THE GRANTS PROGRAM, WITH THE LAST CYCLE AWARDED IN SUMMER, 2009 IN 2014-15, TRUTH INITIATIVE REINTRODUCED NATIONAL CALLS FOR PROPOSALS WITH THE ANNOUNCEMENT OF TWO NEW GRANTS PROGRAMS TO SUPPORT TOBACCO-FREE EFFORTS AT COMMUNITY COLLEGES AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES GRANTS WERE ISSUED IN 2015 IN RESPONSE TO THESE CALLS FOR PROPOSALS TRUTH INITIATIVE ALSO CONTINUES TO PROVIDE DIRECTED GRANT MAKING ON A VERY LIMITED BASIS

(Code) (Expenses $ 1,130,758 including grants of $) (Revenue $)

GOVERNMENT AFFAIRS THE GOVERNMENT AFFAIRS DEPARTMENT EDUCATES POLICYMAKERS AT THE FEDERAL, STATE AND LOCAL LEVEL ABOUT TRUTH INITIATIVE'S LIFESAVING PROGRAMS AS WELL AS A WIDE RANGE OF INFORMATION ABOUT THE IMPACT OF THE TOBACCO EPIDEMIC WE ACHIEVE THIS GOAL THROUGH PARTICIPATION IN A VARIETY OF MEETINGS, BRIEFINGS, PUBLICATIONS, ETC OUR EDUCATIONAL EFFORTS ARE SUPPORTED BY DISSEMINATION OF THE ORGANIZATION'S RESEARCH STUDIES AND REPORTS, AS WELL AS STRATEGIC PARTICIPATION IN AND SPONSORSHIP OF CONFERENCES AND EVENTS THAT ALLOW US TO BUILD AWARENESS OF OUR ORGANIZATION AND ITS IMPORTANT WORK AS WELL AS KEY INFORMATION ABOUT THE TOBACCO EPIDEMIC BEFORE KEY AUDIENCES FURTHER, WE INTERACT WITH FEDERAL AGENCIES AND PARTICIPATE IN THE REGULATORY PROCESS TO INFORM THE IMPLEMENTATION OF THE TOBACCO CONTROL ACT AND OTHER TOBACCO-RELATED LAW TRUTH INITIATIVE DOES NOT ENGAGE IN LOBBYING ACTIVITIES, IN COMPLIANCE WITH THE MASTER SETTLEMENT AGREEMENT'S PROHIBITION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 2,869,060 including grants of $ 50,000) (Revenue $)

COMMUNICATIONS TRUTH INITIATIVE SEEKS TO INCREASE AWARENESS ABOUT THE ISSUE OF TOBACCO USE IN AMERICA, BY EDUCATING THE GENERAL PUBLIC AND KEY INFLUENCERS ABOUT THE ADDICTIVENESS OF NICOTINE, THE TOLL OF DEATH AND DISEASE FROM TOBACCO USE, AND THE SOCIAL AND ECONOMIC CONSEQUENCES TOBACCO USE TAKES IN OUR SOCIETY THE AWARD-WINNING OFFICE OF COMMUNICATIONS IS CHARGED WITH THE MANAGEMENT AND EXECUTION OF ALL INTERNAL AND EXTERNAL COMMUNICATIONS FOR THE ORGANIZATION INCLUDING MEDIA RELATIONS, PUBLIC RELATIONS, SOCIAL MEDIA, AND STAKEHOLDER COMMUNICATIONS AS WELL AS GENERAL COMMUNICATIONS-RELATED SUPPORT FOR TRUTH INITIATIVE PROGRAMS, THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND EXECUTIVE STAFF COMMUNICATIONS UNDERTAKES A NUMBER OF ACTIVITIES TO ENSURE THAT THE ISSUE OF TOBACCO USE REMAINS ON THE NATIONAL AGENDA ACTIVITIES INCLUDE MAINTAINING A RELATIONSHIP WITH THE MEMBERS OF THE MEDIA, DEVELOPING AND ISSUING PRESS RELEASES, STATEMENTS AND OTHER OUTREACH MATERIALS, PUBLICIZING TRUTH INITIATIVE PROGRAMS AND EFFORTS, MANAGING AGENCIES AND OTHER EXTERNAL VENDORS, COLLABORATING WITH PARTNERS IN TOBACCO CONTROL AND PUBLIC HEALTH, SOCIAL MEDIA OUTREACH AND MANAGEMENT OF THE PRESIDENT'S BLOG, DEVELOPING AND DISSEMINATING MATERIALS THAT SUPPORT PROGRAMS AND PROVIDE INFORMATION TO INTERESTED PARTIES (FACT SHEETS, PROGRESS REPORTS), ADVISING ON CRISIS COMMUNICATIONS SITUATIONS, AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS AND INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS, OUTREACH, SPEAKING OPPORTUNITIES, SPEECHWRITING, NEWS BRIEFINGS AND CONFERENCES THE COMMUNICATIONS TEAM ALSO PRODUCES LEGACY'S WARNER SERIES WHICH ADDRESSES CUTTING EDGE TOPICS IN TOBACCO CONTROL POLICY

(Code) (Expenses $ 2,796,498 including grants of $ 340,294) (Revenue $)

COMMUNITY AND YOUTH ENGAGEMENT COMMUNITY AND YOUTH ENGAGEMENT INCLUDES THE EXECUTION AND DEVELOPMENT OF PROGRAM PLANS THAT INCLUDE YOUTH ACTIVISM, PARTNERSHIPS TO BRING TOBACCO CONTROL TO YOUTH SERVING ORGANIZATIONS, AND INITIATIVES TO ADDRESS THE DISPARATE TOLL OF TOBACCO EXAMPLES OF CURRENT WORK INCLUDE OUR EFFORTS TO INTEGRATE TOBACCO CONTROL INTO HEAD START PROGRAMS AND OUR EFFORTS TO ENCOURAGE HISTORICALLY BLACK COLLEGES AND UNIVERSITIES AND COMMUNITY COLLEGES TO GO TOBACCO FREE

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 2,193,427 including grants of $ 651,561) (Revenue $)

COLLABORATION & OUTREACHTHE COLLABORATION AND OUTREACH DEPARTMENT WORKS CROSS-DEPARTMENTALLY TO SUPPORT IMPLEMENTATION OF THE ORGANIZATION'S INITIATIVES AND ASSIST WITH PROMOTION OF PROGRAMS AND RESOURCES TO EXTERNAL AUDIENCES STAFF MEMBERS WORK TO INCREASE THE FLOW AND FREQUENCY OF INFORMATION TO KEY AUDIENCES, PROVIDE FORUMS FOR FEEDBACK ON THE ORGANIZATION'S ACTIVITIES, AND BUILD RELATIONSHIPS WITH PARTNERS AT THE LOCAL, STATE AND NATIONAL LEVELS ACTIVITIES INCLUDE PRODUCTION OF INTERNAL TOOLS SUCH AS TALKING POINTS AND AN ACTIVITIES CALENDAR, SUPPORT FOR AND EXECUTION OF MEETINGS, CONFERENCES AND EVENTS, AND COORDINATION OF PROJECTS INCLUDING SPONSORSHIPS, AWARDS, AND E-MARKETING

(Code) (Expenses $ 554,681 including grants of $) (Revenue $)

OTHER PROGRAM EXPENSES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HON TOM MILLER TREASURER CHAIR	6 00	X		X				0	0	0
(1) M CASS WHEELER VICE CHAIR	6 00	X		X				0	0	0
(2) HON LETICIA VAN DE PUTTE VICE CHAIR UNTIL 12/2014	6 00	X		X				0	0	0
(3) HON MIKE MOORE TREASURER	6 00	X		X				0	0	0
(4) JONATHAN E FIELDING MD MPH IMMEDIATE PAST CHAIR UNTIL 02/2015	5 00	X						0	0	0
(5) HON LAWRENCE G WASDEN IMMEDIATE PAST CHAIR UNTIL 02/2015	5 00	X						0	0	0
(6) DONALD K BOSWELL DIRECTOR	5 00	X						0	0	0
(7) GEORGES C BENJAMIN MD DIRECTOR	5 00	X						0	0	0
(8) NANCY BROWN DIRECTOR	5 00	X						0	0	0
(9) HERB CONAWAY MD DIRECTOR	5 00	X						0	0	0
(10) HON KEMP HANNON DIRECTOR	5 00	X						0	0	0
(11) HON GARY R HERBERT DIRECTOR	5 00	X						0	0	0
(12) HON JEREMIAH W JAY NIXON DIRECTOR	5 00	X						0	0	0
(13) HON GREG ZOELLER DIRECTOR	5 00	X						0	0	0
(14) HON CHARLES K SCOTT DIRECTOR UNTIL 02/2015	5 00	X						0	0	0
(15) ROBIN KOVAL PRESIDENT & CEO	38 00			X				576,589	0	109,900
(16) ANTHONY T O'TOOLE CFIO	38 00			X				927,763	0	139,457
(17) ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY	38 00			X				529,132	0	87,043
(18) M DAVID DOBBINS COO	38 00				X			525,638	0	104,314
(19) DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST)	38 00				X			427,066	0	63,734
(20) ERIC ASCHE CMO	38 00				X			296,328	0	61,814
(21) DONNA VALLONE CHIEF ESR	38 00				X			259,242	0	58,555
(22) AMBER BULLOCK CHIEF CAYE	38 00					X		246,914	0	56,404
(23) WILLIAN FURMANSKI SVP, COMMUNICATIONS	38 00					X		255,761	0	45,366
(24) RAYMOND NIAURA DIRECTOR OF SCIENCE	38 00					X		312,804	0	53,991

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) AMANDA GRAHAM DIRECTOR, RESEARCH DEVELOPMENT	38 00					X		234,335	0	42,897
(1) JULIE CARTWRIGHT SVP, COMMUNICATIONS	38 00					X		303,735	0	73,398
(2) CHERYL HEALTON FORMER PRESIDENT & CEO TERM 01/01/14	0 00						X	654,394	0	4,375

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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

f Enter the number of supported organizations . . . . ________

g Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,576,538	2,608,369	4,384,402	1,956,547	2,826,741	14,352,597
2 Tax revenues levied for the organization'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	2,576,538	2,608,369	4,384,402	1,956,547	2,826,741	14,352,597
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						14,352,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,576,538	2,608,369	4,384,402	1,956,547	2,826,741	14,352,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,870,989	19,991,033	18,134,988	23,191,820	24,069,316	100,258,146
9 Net income from unrelated business activities, whether or not the business is regularly carried on	865,855					865,855
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	158,543	1,428,133	137,555	4,674	11,512	1,740,417
11 **Total support** Add lines 7 through 10						117,217,015

12 Gross receipts from related activities, etc (see instructions)	12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	12 240 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	13 760 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☑

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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.*	**1**		
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).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	**3a**		
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.*	**3b**		
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.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	**4a**		
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.* . . .	**4b**		
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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	**8**		
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.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9(a)) 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.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	**10a**		
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).*	**10b**		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described in (a) 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 (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)	**1**		
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 1-1/2% 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 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 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test
SEE SCHEDULE O

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER - 2010 AMOUNT $ 158,543 2011 AMOUNT $ 1,428,133 2012 AMOUNT $ 137,555 2013 AMOUNT $ 4,674 2014 AMOUNT $ 11,512

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,280,000		7,280,000
b Buildings		22,993,126	4,826,508	18,166,618
c Leasehold improvements		143,958		143,958
d Equipment		2,127,336	1,984,495	142,841
e Other		2,806,021	2,790,239	15,782
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				25,749,199

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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) COMMINGLED/COMMON TRUST FUNDS	186,044,021	F
(B) HEDGE FUNDS	75,651,581	F
(C) HEDGE FUND, FUND OF FUNDS	27,222,339	F
(D) PRIVATE EQUITY FUNDS	169,658,330	F
(E) PRIVATE EQUITY FUND OF FUNDS	117,311,296	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	575,887,567	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
SECURITY DEPOSITS PAYABLE	1,000,270
INTEREST RATE SWAP	4,848,592
DEFERRED COMPENSATION	999,829
TRADES TO BE SETTLED	10,492
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,859,183

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	42,706,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-42,857,415		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-42,857,415
3	Subtract line **2e** from line **1**			3	85,564,088
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,787,763		
b	Other (Describe in Part XIII)	4b	-2,576,661		
c	Add lines **4a** and **4b**			4c	3,211,102
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	88,775,190

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	105,241,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,518,503		
e	Add lines **2a** through **2d**			2e	3,518,503
3	Subtract line **2e** from line **1**			3	101,723,207
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,787,763		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	5,787,763
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	107,510,970

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) IN ADDITION, THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES THE COMPANY IS A SINGLE-MEMBER, LIMITED LIABILITY COMPANY (LLC) AND, AS SUCH, IS A DISREGARDED ENTITY FOR FEDERAL INCOME TAX PURPOSES, PURSUANT TO SECTION 7701 OF THE IRC THE FOUNDATION HAD UNRELATED BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS ENDED JUNE 30, 2015 AND 2014 THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON LINE 6B -2,576,661
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON LINE 6B 2,576,661 NET LOSS ON INTEREST RATE SWAP AGREEMENT 941,842

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009165

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		10,365,220
(2)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		17,567,678
(3)	NORTH AMERICA	0	0	INVESTMENTS		2,217,136
(4)						
(5)						
3a	Sub-total	0	0			30,150,034
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			30,150,034

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

		Yes	No
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑	☐
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐	☑
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐	☑
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐	☑
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑	☐
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐	☑

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: TRUTH INITIATIVE FOUNDATION

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 28

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
(1) SCHOLARSHIPS	7	17,500			

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

Return Reference	Explanation
PART I, LINE 2	EACH GRANT CONTRACT IS EXECUTED AND MONITORED BY A TRUTH INITIATIVE ASSIGNED PROGRAM OFFICER (PO) UNTIL CLOSED MONITORING CONSISTS OF PERIODIC UPDATE CALLS, SITE VISITS AS NEEDED AND PROVIDING TECHNICAL ASSISTANCE WHEN REQUIRED PO'S ARE ALSO RESPONSIBLE FOR ENSURING THAT THE REPORTING OF GRANT EXPENDITURES AND DELIVERABLES MEET COMPLIANCE STANDARDS SET BY TRUTH INITIATIVE EACH GRANT CONTRACT HAS A SCHEDULE OF REPORTING REQUIREMENTS GRANTEES ARE REQUIRED TO SUBMIT QUARTERLY REIMBURSEMENT FINANCIALS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED BUDGET ONCE EXPENSES ARE APPROVED BY THE PO, APPROVAL OF PAYMENT IS GRANTED AND SIGNED OFF ON BY MANAGEMENT THE NARRATIVE REPORTING REQUIREMENTS ON THE DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE AND FUNDING INITIATIVE MINIMALLY, ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON PROGRAM ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: TRUTH INITIATIVE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH624 N BROADWAY HAMPTON HOUSE ROOM 280B BALTIMORE,MD 21205	52-0595110	501(C)(3)	120,955				RESEARCH GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK, NY 10017	52-1736502	501(C)(3)	255,447				LEGACY EVALUATION AND RESEARCH NETWORKS, STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NON-SMOKERS RIGHTS FOUNDATION2530 SAN PABLO AVENUE STE J BERKELEY,CA 94702	94-2922136	501(C)(3)	179,509				STRATEGIC ALLIANCE GRANTS, GLOBAL GAME EXPO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERSHIP FOR PREVENTION1015 18TH STREET NW STE300 WASHINGTON,DC 20036	52-1735637	501(C)(3)	69,880				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS1400 I STREET NW SUITE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	1,647,567				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS909 12TH STREET SACRAMENTO,CA 95814	94-1641240	501(C)(3)	106,427				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
C-CHANGE1776 EYE STREET NW WASHINGTON,DC 20006	16-1641769	501(C)(3)	70,685				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUNG CANCER ALLIANCE 888 16TH STREET NW SUITE 800 WASHINGTON, DC 20006	91-1821040	501(C)(3)	25,000				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC140 DECATUR STREET ATLANTA,GA 30302	58-1845423	501(C)(3)	28,856				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION ON SMOKING AND HEALTH701 - 4TH STREET NW WASHINGTON,DC 20001	13-2603590	501(C)(3)	87,584				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE677 HUNTINGTON AVENUE BOSTON,MA 02115	04-2103580	501(C)(3)	38,262				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 168TH STREET BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	237,776				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS37925 EAGLE WAY CHICAGO,IL 60678	36-2275597	501(C)(3)	110,773				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION4217 PARK PLACE COURT GLEN ALLEN,VA 23060	13-5613797	501(C)(3)	98,515				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN PACIFIC PARTNERS FOR EMPOWERMENT ADVOCACY AND LEADERSHIP300 FRANK H OGAWA PLAZA STE 620 OAKLAND,CA 94612	20-2028771	501(C)(3)	133,578				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980	501(C)(3)	92,974				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALTARUM INSTITUTE3520 GREEN COURT STE 300 ANN ARBOR,MI 48105	38-1983442	501(C)(3)	7,530				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO919 IRVING ST SUITE 104 UCSF BOX 0939 SAN FRANCISCO,CA 941430939	94-6036493	501(C)(3)	134,286				STRATEGIC ALLIANCE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WYMAN CENTER INC600 KIWANIS DRIVE ST LOUIS,MO 63025	43-0653263	501(C)(3)	98,045				TA AND PARTNERSHIP GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF IDAHO FOUNDATION INC1210 BLAKE AVE MARY E FORNEY HALL RM 102A MOSCOW,ID 83844	23-7098404	501(C)(3)	350,000				LWASDEN SCHOLARSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATIONONE WEST PARK ROAD PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	180,000				SUSAN CURRY SCHOLARS PRGRM ENDOWMENT - ONE TIME GIFT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DO SOMETHINGORG19 WEST 21ST STREET 8TH FL NEW YORK, NY 10010	13-3720473	501(C)(3)	100,000				CIGARETTE BUTTS CLEAN UP CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ADVERTISING FEDERATION INC1101 VERMONT AVE NW SUITE 500 WASHINGTON, DC 20005	13-2581875	501(C)(6)	20,000				SPONSOR - GALA 04/15

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL AFRICAN AMERICAN TOBACCO PREVENTION400 WEST MAIN STREET SUITE 415 DURHAM,NC 27701	56-2211875	501(C)(3)	20,000				SPONSOR - TOBACCO END GAME HEALTH SUMMIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL COALITION ON HEALTH CARE1825 K STREET SUITE 411 WASHINGTON,DC 20006	52-1687849	501(C)(3)	15,000				FY15 NCHC TOBACCO CONTROL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERSHIP WITH CHILDREN INC299 BROADWAY SUITE 1300 NEW YORK, NY 10007	13-5596751	501(C)(3)	12,500				SPONSOR - SPRING GALA 06/15

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO INC2424 AMERICAN LANE MADISON, WI 53704	52-1906424	501(C)(3)	10,000				SPONSOR - ANNUAL MEETING 02/15

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S POLICY INC409 12TH STREET SW SUITE 600 WASHINGTON,DC 20024	52-1914894	501(C)(3)	10,000				SPONSOR - GALA 3/15

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARLSBAD UNIFIED SCHOOL DISTRICT6225 EL CAMINO REAL CARLSBAD,CA 92009	95-2681074	GOVT ENTITY	10,000				CUSTOM CULTURE WINNER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK WOMEN IN COMMUNICATIONS INC355 LEXINGTON AVE 15TH FLOOR NEW YORK, NY 10017	13-6274650	501(C)(6)	6,000				SPONSOR - MATRIX AWARDS 04/15

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE AND RELOCATION, INCLUDING GROSS UP, TO ROBIN KOVAL IN THE AMOUNT OF $18,851 AND THESE WERE TREATED AS TAXABLE INCOME THE ORGANIZATION PAID HEALTH CLUB DUES AND OTHER HEALTH BENEFITS FOR THE FOLLOWING EMPLOYEES THE HEALTH CLUB DUES AND OTHER HEALTH BENEFITS WERE TREATED AS TAXABLE INCOME TO THE RECIPIENT ANTHONY T O'TOOLE - $540 ELLEN VARGYAS - $540 ERIC ASCHE - $540 DONNA VALLONE - $540 WILLIAM FURMANSKI - $540 JULIE CARTWRIGHT - $480
PART I, LINE 4B	RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ROBIN KOVAL INCLUDES 401 K CONTRIBUTIONS OF $39,000 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2014 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF $53,333 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O'TOOLE INCLUDES 401 K CONTRIBUTIONS OF $39,000 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2014 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF $60,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID DOBBINS INCLUDES 401 K CONTRIBUTIONS OF $39,000 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2014 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF $40,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES 401 K CONTRIBUTIONS OF $39,000 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2014 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF $40,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID ABRAMS INCLUDES 401 K CONTRIBUTIONS OF $39,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ERIC ASCHE INCLUDES 401 K CONTRIBUTIONS OF $39,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DONNA VALLONE INCLUDES 401 K CONTRIBUTIONS OF $38,838
PART I, LINE 7	ALL BONUS AMOUNTS REPORTED ON SCHEDULE J, PAGE 2, PART II, ARE PERFORMANCE BASED
SCHEDULE J, PART II, COLUMN B (III), OTHER COMPENSATION	OTHER REPORTABLE COMPENSATION FOR ROBIN KOVAL CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF $17,500 OTHER REPORTABLE COMPENSATION FOLLOWING A 6 YEAR VESTING PERIOD, ON JANUARY 1, 2014, CHERYL HEALTON RECEIVED A 457 (F) PLAN PAY-OUT OF $567,919 CHERYL HEALTON ALSO RECEIVED A 457 (B) PLAN PAY-OUT OF $71,168 OTHER REPORTABLE COMPENSATION FOLLOWING A 6 YEAR VESTING PERIOD, ON JANUARY 1, 2014, ANTHONY O'TOOLE RECEIVED A 457 (F) PLAN PAY-OUT OF $469,487 DURING 2014 ANTHONY O'TOOLE ALSO EARNED A 457 (B) CONTRIBUTION OF $17,500 OTHER REPORTABLE COMPENSATION FOLLOWING A 6 YEAR VESTING PERIOD, ON JANUARY 1, 2014, ELLEN VARGYAS RECEIVED A 457 (F) PLAN PAY-OUT OF $188,520 DURING 2014 ELLEN VARGYAS ALSO EARNED A 457 (B) CONTRIBUTION OF $17,500 OTHER REPORTABLE COMPENSATION FOLLOWING A 6 YEAR VESTING PERIOD, ON JANUARY 1, 2014, DAVID DOBBINS RECEIVED A 457 (F) PLAN PAY-OUT OF $188,520 OTHER REPORTABLE COMPENSATION FOR DAVID ABRAMS CONSISTS PARTLY OF 457 (B) CONTRIBUTIONS OF $17,500 OTHER REPORTABLE COMPENSATION FOR DONNA VALLONE CONSISTS PARTLY OF 457 (B) CONTRIBUTIONS OF $17,500

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: TRUTH INITIATIVE FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 ROBIN KOVAL, PRESIDENT & CEO	(i)	500,000	24,167	52,422	92,333	23,847	692,769	0
	(ii)	0	0	0	0	0	0	0
1 ANTHONY T O'TOOLE, CFIO	(i)	386,446	48,818	492,499	99,000	56,983	1,083,746	370,000
	(ii)	0	0	0	0	0	0	0
2 ELLEN VARGYAS, GENERAL COUNSEL/CORP SECRETARY	(i)	299,828	20,072	209,232	79,000	28,999	637,131	160,000
	(ii)	0	0	0	0	0	0	0
3 M DAVID DOBBINS, COO	(i)	295,809	37,944	191,885	79,000	36,439	641,077	160,000
	(ii)	0	0	0	0	0	0	0
4 DAVID ABRAMS, EXEC DIRECTOR (SHROEDER INST)	(i)	357,989	45,061	24,016	39,000	30,590	496,656	0
	(ii)	0	0	0	0	0	0	0
5 ERIC ASCHE, CMO	(i)	262,416	32,832	1,080	39,000	31,431	366,759	0
	(ii)	0	0	0	0	0	0	0
6 DONNA VALLONE, CHIEF ESR	(i)	235,179	3,600	20,463	38,838	32,912	330,992	0
	(ii)	0	0	0	0	0	0	0
7 AMBER BULLOCK, CHIEF CAYE	(i)	225,240	20,000	1,674	37,188	38,730	322,832	0
	(ii)	0	0	0	0	0	0	0
8 WILLIAN FURMANSKI, SVP, COMMUNICATIONS	(i)	238,651	0	17,110	37,823	11,162	304,746	0
	(ii)	0	0	0	0	0	0	0
9 RAYMOND NIAURA, DIRECTOR OF SCIENCE	(i)	297,007	13,375	2,422	39,000	21,363	373,167	0
	(ii)	0	0	0	0	0	0	0
10 AMANDA GRAHAM, DIRECTOR, RESEARCH DEVELOPMENT	(i)	219,780	13,475	1,080	35,054	14,931	284,320	0
	(ii)	0	0	0	0	0	0	0
11 JULIE CARTWRIGHT, SVP, COMMUNICATIONS	(i)	229,270	20,000	54,465	37,427	41,441	382,603	0
	(ii)	0	0	0	0	0	0	0
12 CHERYL HEALTON, FORMER PRESIDENT & CEO TERM 01/01/14	(i)	15,142	0	639,252	2,482	1,975	658,851	552,000
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	DISTRICT OF COLUMBIA	53-6001131	2548392L6	03-01-2008	28,000,000	PURCHASE OF NEW BUILDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	28,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	28,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 020 %							
6	Total of lines 4 and 5	0 020 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
TRUTH INITIATIVE FOUNDATION	91-1956621

Return Reference	Explanation
FORM 990, PART I PART VI, AND PART VII - BOARD COUNT	A TOTAL OF FIFTEEN PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR THOSE FIFTEEN ARE SHOWN IN PART VII OF FORM 990 AS OF JUNE 30, 2015 THERE WERE A TOTAL OF ELEVEN VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4

Return Reference	Explanation
FORM 990, PART V, LINE 3B	TRUTH INITIATIVE FOUNDATION IS AWAITING ADDITIONAL INFORMATION IN ORDER TO TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF MAY 15, 2016 THE AMOUNT SHOWN AS NET UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B OF PAGE 1 OF THE FORM 990 IS AN ESTIMATE BASED ON AVAILABLE INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	AS OF AUGUST 27, 2015, THE FOUNDATION LEGALLY CHANGED ITS NAME TO THE TRUTH INITIATIVE FOUNDATION, D/B/A TRUTH INITIATIVE, TO REFLECT OUR OBJECTIVE TO ALIGN ALL ORGANIZATION PROGRAMS MORE CLOSELY WITH THE TRUTH CAMPAIGN AND CONSISTENT WITH OUR MISSION TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO IN OCTOBER 2015, THE FOUNDATION ALSO MOVED TO NEW HEADQUARTERS AT 900 G STREET, NW, WASHINGTON D C

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEYS GENERAL, AND NATIONAL COUNCIL OF STATE LEGISLATURES EACH HAVE THE AUTHORITY TO APPOINT TWO CLASS A DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PURSUANT TO BOARD RESOLUTION, THE BOARD OBSERVES THE FOLLOWING PROCEDURES IN THE FOLLOWING ORDER FIRST, THE AUDIT COMMITTEE REVIEWS AND APPROVES THE DRAFT FORM 990, SECOND, THE APPROVED FORM 990 IS ELECTRONICALLY ROUTED TO ALL BOARD MEMBERS, THIRD, THE FORM IS FILED WITH THE IRS AND POSTED TO THE FOUNDATION'S WEB SITE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRUTH INITIATIVE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ANNUAL REVIEW OF POLICY AND WRITTEN DISCLOSURES BY ALL DIRECTORS, SENIOR STAFF AND RESEARCH INVESTIGATORS WHICH ARE COLLECTED AND REVIEWED BY THE GENERAL COUNSEL, REQUIRING UPDATED FILINGS AS NECESSARY BY DIRECTORS AND COVERED STAFF, REQUIRING CONTEMPORANEOUS DISCLOSURES OF ALL CONFLICTS AND POTENTIAL CONFLICTS NOT DISCLOSED IN THE ANNUAL FILINGS, BY ALL DIRECTORS AND STAFF, REQUIRING ALL RESEARCH INVESTIGATORS WHO PARTICIPATE IN NIH-FUNDED RESEARCH TO COMPLY WITH NIH'S FINANCIAL CONFLICT OF INTEREST (FCOI) REGULATION AND TO ANNUALLY COMPLETE THE NIH TUTORIAL ON CONFLICTS OF INTEREST, AND PLACING ADMINISTRATIVE RESPONSIBILITY FOR TRAINING AND COMPLIANCE WITH THE GENERAL COUNSEL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND TOP MANAGEMENT INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARATIVE DATA AND CONTEMPORANEOUS SUBSTANTIATION THE BOARD REGULARLY RETAINS AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT AGAINST THE COMPETITIVE MARKET, INCLUDING COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS WELL AS BROADER, RELEVANT MARKET SURVEYS BASED ON THAT ANALYSIS AND PERFORMANCE ASSESSMENTS AND THE REVIEW AND RECOMMENDATION OF THE BOARD'S EXECUTIVE COMMITTEE, THE FULL BOARD SETS THE CEO'S COMPENSATION, APPROVES OR AMENDS THE CEO'S RECOMMENDATION FOR THE COMPENSATION OF THE CFIO, AND REVIEWS OR AMENDS THE CEO'S RECOMMENDATION FOR THE COMPENSATION OF THE, COO, GC, CHIEF MARKETING OFFICER, CHIEF EVALUATION AND RESEARCH OFFICER, AND EXECUTIVE DIRECTOR OF THE SCHROEDER INSTITUTE THE CEO MAKES COMPENSATION DECISIONS FOR OTHER KEY EMPLOYEES, UPON RECOMMENDATION OF THE COO

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	TRUTH INITIATIVE'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS CORPORATE WEBSITE, WWW TRUTHINITIATIVE ORG ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 38,277 MANAGEMENT AND GENERAL EXPENSES 24,218 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,495 CONSULTING PROGRAM SERVICE EXPENSES 659,935 MANAGEMENT AND GENERAL EXPENSES 231,939 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 891,874 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 70,683,951 MANAGEMENT AND GENERAL EXPENSES 215,138 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 70,899,089 BOND FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 51,600 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,600 HONORARIUM PROGRAM SERVICE EXPENSES 7,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,000

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED LOSS ON SWAPS -941,842 ROUNDING VARIANCE -1

Return Reference	Explanation	
	2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	THE TRUTH INITIATIVE FOUNDATION D/B/A TRUTH INITIATIVE (TRUTH INITIATIVE) QUALIFIES AS A P UBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS AND CIRCUMSTANCES BECAUSE (A) IT NOR MALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR IND IRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, UNDER THE STANDARDS SET FORTH IN REG 1 170A-9(F)(3)(I) AND (II), AND (B) IT IS IN THE NATURE O F A PUBLICLY SUPPORTED ORGANIZATION TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG 1 17 0-A-9(F)(3)(III) THROUGH (VII) A TEN PERCENT SUPPORT LIMITATION THE TRUTH INITIATIVE NO RMALLY RECEIVES AT LEAST 10 PERCENT OF ITS TOTAL SUPPORT FROM PUBLIC SOURCES AS SET FORTH IN SCHEDULE A, PART II, THE ORGANIZATION'S PUBLIC SUPPORT FOR TAXABLE YEARS 2010 - 2014 W AS 12 24% ATTRACTION OF PUBLIC SUPPORT THE TRUTH INITIATIVE MAINTAINS A CONTINUOUS AND B ONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT THE TOTAL AMOUNT OF PUBLIC SUPPORT RA ISED BY THE ORGANIZATION IN TAXABLE YEARS 2010-2014 AS A RESULT OF THESE EFFORTS WAS NEARL Y $14 3 MILLION EXAMPLES OF EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTIN G PERIOD INCLUDE THE FOLLOWING FEDERAL GOVERNMENT GRANTS AND CONTRACTS THE TRUTH INITIAT IVE MAINTAINS A BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW AND ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT AS PART OF THIS PROGRAM, THE ORGANIZATION HAS DEDICATED STA FF IN BOTH ITS SCHROEDER RESEARCH INSTITUTE AND FINANCE DEPARTMENT TO ASSIST WITH APPLICAT IONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED FROM TAX YEA R 2010 THROUGH 2014, THE TRUTH INITIATIVE SUBMITTED OVER 90 APPLICATIONS FOR FEDERAL GRANT S AND CONTRACTS IN 2014 ALONE, WE SUBMITTED 19 APPLICATIONS TO THE NATIONAL INSTITUTES OF HEALTH, THE U S FOOD AND DRUG ADMINISTRATION AND THE CENTERS FOR DISEASE CONTROL AND PRE VENTION FOR SUPPORT FOR RESEARCH AND RELATED ACTIVITIES ALL OF THESE APPLICATIONS WERE CO NSISTENT WITH THE TRUTH INITIATIVE'S CHARITABLE PURPOSE OF MITIGATING THE TOLL OF DEATH AN D DISEASE CAUSED BY THE TOBACCO EPIDEMIC OVER THE FIVE YEAR PERIOD, THE TRUTH INITIATIVE WAS AWARDED 28 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF $17,331,740 MILL ION OTHER GRANTS DURING THE FIVE-YEAR TESTING PERIOD, THE TRUTH INITIATIVE ALSO SUBMITTE D FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES THE ORGANIZATION RECEIVED 17 AWARDS FOR A TOTAL AMOUNT AWARDED OF $1,076,069 IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT F ROM, FOR EXAMPLE, THE LOUISIANA PUBLIC HEALTH INSTITUTE AND JOHNS HOPKINS UNIVERSITY(PASSE D THROUGH FROM THE ROBERT WOOD JOHNSON FOUNDATION) OTHER EFFORTS DURING THE TESTING PERI OD, THE TRUTH INITIATIVE ALSO ENGAGED IN OTHER EFFORTS TO ATTRACT PUBLIC SUPPORT INCLUDING , FOR EXAMPLE, PARTICIPATING IN THE COMBINED FEDERAL CAMPAIGN FROM CY 2011 TO 2014 AND CON DUCTING FUNDRAISING EFFORTS VIA DIRECT MAIL B PERCENTAGE OF FINANCIAL SUPPORT THE TRUTH INITIATIVE WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEME NT NEGOTIATED BY THE ATTORNEYS GENERAL OF 46 STATES, THE DISTRICT OF COLUMBIA AND FIVE U S TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED AGAINST THE MAJOR U S TOBACCO COMPANIE S FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO THE STATES REQUESTED THAT A PORTION O F THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGAN IZATION PRIMARILY DEDICATED TO STUDYING AND PROVIDING PUBLIC EDUCATION ABOUT THE IMPACT OF TOBACCO IN ORDER TO REDUCE ITS USE AND ASSOCIATED DEATH AND DISEASE. THE ORGANIZATION ALS O RECEIVED FUNDING FROM A SIMILAR SETTLEMENT AGREEMENT ENTERED INTO BETWEEN THE STATES AND THE SMOKELESS TOBACCO COMPANIES EARLY ON THE TRUTH INITIATIVE'S BOARD OF DIRECTORS VOTED TO FOLLOW A "PERPETUITY MODEL" ALLOCATING A SIGNIFICANT PORTION OF THE SETTLEMENT FUNDS R ECEIVED FROM 1999 - 2003 FOR LONG-TERM INVESTMENTS (RESERVE FUND), WHICH OPERATES LIKE A Q UASI-ENDOWMENT TO SUPPORT FUTURE CHARITABLE AND EDUCATIONAL ACTIVITIES IN THE YEARS AFTER THE SETTLEMENT PAYMENTS WOULD CEASE. THE ORGANIZATION'S LONG-TERM INVESTMENTS (RESERVE FUN D) AT JUNE 30, 2015 WAS $895 8 MILLION UNDER THE TERMS OF THE SETTLEMENT AGREEMENTS, THE LAST OF THE NORMALLY SCHEDULED PAYMENTS WERE RECEIVED DURING ITS 2007 TAXABLE YEAR (ENDING JUNE 30, 2008) SINCE THAT TIME, BECAUSE OF THE CESSATION OF THE SETTLEMENT PAYMENTS, THE TRUTH INITIATIVE HAS RECEIVED AN INCREASINGLY HIGH PERCENTAGE OF ITS TOTAL SUPPORT FROM I NVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCEN TAGE HAS DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR THE ORGANIZAT ION FOR THE FIRST TIME NO LONGER QUALIFIED UNDER THE 33 1/3 PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD HOWEVER, WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTME NT INCOME GENERATED BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF NEARLY $14 3 MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUB

Return Reference	Explanation	
	2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	LICLY SUPPORTED ORGANIZATION AS SET FORTH IN REG 1 170A-9(F)(3)(III), THE FACT THAT THE TRUTH INITIATIVE'S PUBLIC SUPPORT PERCENTAGE IS LOW BECAUSE A HIGH PERCENTAGE OF ITS TOTAL SUPPORT COMES FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) IS EVIDE NCE OF ORGANIZATIONAL COMPLIANCE WITH THE FACTS AND CIRCUMSTANCES TEST REPRESENTATIVE GOV ERNING BODY THE TRUTH INITIATIVE HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTEREST S OF THE PUBLIC, OTHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONOR S UNDER THE ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF TWO D IRECTORS APPOINTED BY EACH OF THE NATIONAL ASSOCIATION OF ATTORNEYS GENERAL, THE NATIONAL GOVERNORS ASSOCIATION, AND THE NATIONAL CONFERENCE OF STATE LEGISLATURES FROM AMONG THEIR MEMBERS THESE DIRECTORS (CLASS A DIRECTORS) CURRENTLY INCLUDE THE GOVERNORS OF UTAH AND M ISSOURI, THE ATTORNEYS GENERAL OF IOWA AND INDIANA, A STATE SENATOR FROM NEW YORK AND A ST ATE ASSEMBLYMAN FROM NEW JERSEY THE FORMER DIRECTOR HEALTH OFFICER OF THE LOS ANGELES COU NTY DEPARTMENT OF PUBLIC HEALTH SERVES AS IMMEDIATE PAST CHAIR THE CLASS A DIRECTORS ELEC T BY MAJORITY VOTE THE REMAINING FIVE DIRECTORS, THE CLASS B DIRECTORS THE BYLAWS PROVIDE THAT ONE OF THE CLASS B DIRECTORS SHALL HAVE EXPERTISE IN PUBLIC HEALTH ISSUES AND FOUR D IRECTORS SHALL HAVE EXPERTISE IN MEDICAL, CHILD PSYCHOLOGY, OR PUBLIC HEALTH DISCIPLINES THE CURRENT CLASS B DIRECTORS INCLUDE THE EXECUTIVE DIRECTOR OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE PRESIDENT AND CEO OF THE WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATIO N, THE CHIEF EXECUTIVE OFFICER OF THE AMERICAN HEART ASSOCIATION, A FORMER STATE ATTORNEY GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES, THE CHIEF EXECUTIVE OFFICER EMER ITUS OF THE AMERICAN HEART ASSOCIATION RECENT FORMER CLASS B DIRECTORS INCLUDE THE PRESID ENT OF THE SOUTHERN CALIFORNIA REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE TH EN-ASSOCIATE DEAN FOR PUBLIC HEALTH PRACTICE AT THE HARVARD SCHOOL OF PUBLIC HEALTH, A FOR MER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, AN IMMEDIATE PAST PRESIDENT OF THE AMER ICAN CANCER SOCIETY, AND A DISTINGUISHED PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPART MENT OF MEDICINE OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO THERE ARE ALSO TWO YOUTH LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAST NON-BINDING ADVISORY VOTES

Return Reference	Explanation
2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)	AVAILABILITY OF PUBLIC FACILITIES AND SERVICES, PUBLIC PARTICIPATION IN PROGRAMS THE TRUTH INITIATIVE PROVIDES FACILITIES AND SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS THE ORGANIZATION'S TRUTH CAMPAIGN, BEGUN IN 2000, IS THE LARGEST NATIONAL YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY, ITS AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, AND ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES IN THE SUMMER OF 2014, THE TRUTH INITIATIVE LAUNCHED A REDESIGNED AND UPDATED VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA PLATFORMS INCLUDING TELEVISION, SOCIAL MEDIA, ON-LINE AS WELL AS A GRASS ROOTS COMPONENT THE ORGANIZATION HAS COMMITTED TO SUPPORTING THE CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF $200 MILLION OVER THREE YEARS THE CAMPAIGN IS REACHING MILLIONS OF YOUTH AND AFFECTING THEIR ATTITUDES ABOUT TOBACCO AND THEIR INTENTIONS TO SMOKE IN 2008, THE TRUTH INITIATIVE AND A COALITION OF PUBLIC HEALTH GROUPS AND STATE PUBLIC HEALTH DEPARTMENTS BEGAN BECOME AN EX , AN INNOVATIVE SMOKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY TO QUIT BUT NEED HELP THE WEBSITE INCLUDES A COMMUNITY WHERE, AT NO CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SUPPORT THE SITE PROTOCOL WAS DEVELOPED IN CONJUNCTION WITH THE MAYO CLINIC AND MAYO PROVIDES CLINICAL SUPPORT IN THE FORM OF ONLINE INTERACTION WITH THE COMMUNITY WE CONTINUE TO SUPPORT THE BECOMEANEX ORG WEB SITE AND THE EX COMMUNITY THROUGH EARNED MEDIA AND PAID ONLINE ADVERTISING FOR TAX YEAR 2014, THERE WERE 257,660 UNIQUE VISITORS TO THE WEBSITE IN AN EFFORT TO AVOID THE HARMFUL EFFECTS OF SECOND-HAND SMOKE ON CHILDREN, OUR HEAD START TOBACCO CESSATION INITIATIVE, BEGUN IN 2004, PROVIDES STAFF TRAINING AND OTHER ASSISTANCE TO HEAD START PROGRAMS SO THEY CAN IDENTIFY TOBACCO USERS IN STUDENTS' HOMES AND REFER THEM TO STATE AND LOCAL CESSATION SERVICES, INCLUDING QUITLINES DURING THE REPORTING YEAR, THE TRUTH INITIATIVE INITIATED A PROGRAM IN WHICH IT PROVIDED GRANTS AND TECHNICAL ASSISTANCE TO 38 COMMUNITY COLLEGES AND FIVE HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TO SUPPORT THE ESTABLISHMENT OF TOBACCO-FREE POLICIES AT THESE INSTITUTIONS WHICH SERVE LARGE NUMBERS OF YOUNG ADULTS FROM LOW-INCOME AND MINORITY COMMUNITIES, THE PROGRAM WILL BE EXPANDED IN UPCOMING YEAR THE TRUTH INITIATIVE'S YOUTH LEADERSHIP INSTITUTE PARTNERS WITH LOCALLY BASED PROGRAMS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO SUPPORT THE EFFORTS OF HIGH SCHOOL STUDENTS INVOLVED IN TOBACCO CONTROL THE TRUTH INITIATIVE'S KENNETH E WARNER LECTURE SERIES, WHICH IS BROADCAST ON-LINE TO THOUSANDS OF STAKEHOLDERS, ENCOURAGES A DIALOGUE AMONG PUBLIC HEALTH LEADERS ON KEY TOBACCO POLICY ISSUES EACH YEAR THE TRUTH INITIATIVE AWARDS THE DR ALMA S ADAMS SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS DEDICATED TO IMPROVING PUBLIC HEALTH AND TO RAISING AWARENESS ABOUT THE RISKS OF TOBACCO USE THE TRUTH INITIATIVE ALSO SUPPORTS AND CONDUCTS RESEARCH ON THE CAUSES OF TOBACCO ADDICTION AND METHODS FOR CONTROLLING TOBACCO USE, INCLUDING BY YOUNG PEOPLE, AND IT REGULARLY PUBLISHES SCHOLARLY STUDIES WHICH MAKE THE RESULTS OF THIS RESEARCH AVAILABLE THROUGHOUT THE PUBLIC HEALTH AND BROADER SCIENTIFIC COMMUNITIES DURING THE TESTING PERIOD, TRUTH INITIATIVE RESEARCHERS PUBLISHED OVER 180 ARTICLES IN PEER-REVIEWED SCIENTIFIC, MEDICAL AND OTHER SCHOLARLY JOURNALS THESE PUBLICATIONS AND JOURNALS HAVE INCLUDED THE NEW ENGLAND JOURNAL OF MEDICINE, AMERICAN JOURNAL OF PREVENTIVE MEDICINE, THE JOURNAL OF PEDIATRIC PSYCHOLOGY, THE JOURNAL OF SUBSTANCE ABUSE TREATMENT, PEDIATRICS, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA), PLOS ONE, THE AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE, THE AMERICAN JOURNAL OF PUBLIC HEALTH, AND THE JOURNAL OF CARDIOPULMINARY REHABILITATION RECENT TRUTH INITIATIVE PUBLICATIONS INCLUDE INTERNET AND TELEPHONE TREATMENT FOR SMOKING CESSATION MEDIATORS AND MODERATORS OF SHORT-TERM ABSTINENCE (MARCH 2015), CORRELATES OF HOOKAH USE AND PREDICTORS OF HOOKAH TRIAL IN U S YOUNG ADULTS (JUNE 2015), NATIONAL ENFORCEMENT OF THE FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT AT POINT-OF-SALE (MARCH 2015), PROMISE AND PERIL OF E-CIGARETTES CAN DISRUPTIVE TECHNOLOGY MAKE CIGARETTES OBSOLETE? (JANUARY 2014), A COST-UTILITY ANALYSIS OF LUNG CANCER SCREENING AND THE ADDITIONAL BENEFITS OF INCORPORATING SMOKING CESSATION INTERVENTIONS (2013), TOBACCO CONTROL IN LGBT COMMUNITIES (DEC 2012), PACIFIC PARTNERS FOR TOBACCO-FREE ISLANDS (MAY 2012), AND HEAD START TOBACCO CESSATION INITIATIVE (MAY 2012)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) M STREET HOLDINGS LLC 2030 M STREET NW WASHINGTON, DC 20036 91-1956621	PROPERTY RENTAL/MGMT	DE	17,067,362	0	TRUTH INITIATIVE FOUNDATION

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation