

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

| | | | |
|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>TRUTH INITIATIVE FOUNDATION</u> | | D Employer identification number <u>91-1956621</u> |
| | Doing business as <u>TRUTH INITIATIVE</u> | | E Telephone number <u>(202) 454-5555</u> |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ <u>203,852,505.</u> |
| | <u>900 G STREET, NW, 4TH FLOOR</u> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code <u>WASHINGTON, DC 20001</u> | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| F Name and address of principal officer: <u>ROBIN KOVAL</u> <u>SAME AS C ABOVE</u> | | H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ <u>TRUTHINITIATIVE.ORG</u> | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: <u>1999</u> |
| | | | M State of legal domicile: <u>DE</u> |

Part I Summary

| | | | | |
|------------------------------------|--|--|-----------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO.</u> | | | |
| | 2 Check this box <input type="checkbox"/> 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) | <u>11</u> | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | <u>11</u> | |
| | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | <u>190</u> | |
| | 6 | Total number of volunteers (estimate if necessary) | <u>14</u> | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | <u>0.</u> | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | <u>0.</u> | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | <u>2,826,741.</u> | <u>2,638,469.</u> |
| | 9 | Program service revenue (Part VIII, line 2g) | <u>0.</u> | <u>0.</u> |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>85,719,376.</u> | <u>28,493,370.</u> |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>229,073.</u> | <u>1,548,843.</u> |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>88,775,190.</u> | <u>32,680,682.</u> |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>4,537,709.</u> | <u>3,272,009.</u> |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | <u>0.</u> | <u>0.</u> |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>18,350,888.</u> | <u>19,902,814.</u> |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u>0.</u> | <u>0.</u> |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | <u>3,840.</u> | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u>84,622,373.</u> | <u>95,956,254.</u> |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <u>107,510,970.</u> | <u>119,131,077.</u> |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | <u>-18,735,780.</u> | <u>-86,450,395.</u> |
| | 20 | Total assets (Part X, line 16) | <u>1,096,789,302.</u> | <u>957,381,718.</u> |
| | 21 | Total liabilities (Part X, line 26) | <u>48,778,256.</u> | <u>26,193,600.</u> |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>1,048,011,046.</u> | <u>931,188,118.</u> |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|--|---|--|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | <u>ANTHONY O'TOOLE, CFIO</u> Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name <u>WILLIAM E. TURCO, CPA</u> | Preparer's signature <i>William E. Turco</i> | Date <u>NOV 02 2016</u> | Check if self-employed <input type="checkbox"/> | PTIN <u>P00369217</u> |
| | Firm's name ▶ <u>RSM US LLP</u> | Firm's EIN ▶ <u>42-0714325</u> | Firm's address ▶ <u>9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340</u> | | |
| | | | Phone no. (301) 296-3600 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [x]

1 Briefly describe the organization's mission:

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)

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 [x] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [x] No

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 \$ 74,005,120, including grants of \$ 11,000.) (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 ORGANIZATION HAS PERHAPS BEEN MOST WIDELY RECOGNIZED FOR TRUTH, ITS YOUTH-FOCUSED PUBLIC EDUCATION AND PREVENTION CAMPAIGN, WHICH HAS HELPED REDUCE YOUTH

4b (Code:) (Expenses \$ 7,701,194, including grants of \$) (Revenue \$)

SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES: RESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) A) CONDUCT INTERVENTION AND POLICY RESEARCH TO MAKE A PUBLIC HEALTH IMPACT ON PREVENTING THE DISEASE BURDEN OF TOBACCO USE BEHAVIOR THROUGH ORIGINAL RESEARCH AND COMMISSIONING "HOT BUTTON" RAPID RESEARCH; B) IDENTIFY AND PROMOTE STRATEGIC RESEARCH OPPORTUNITIES FOR THE SCIENTIFIC AND FUNDING COMMUNITIES; AND C) TRAIN THE NEXT GENERATION OF SCIENTISTS IN CUTTING EDGE STRATEGIES TO ADVANCE PRACTICE AND POLICY. THE SI CONVENES, COORDINATES, AND COMMUNICATES STAKEHOLDER EFFORTS; SERVES AS A TOBACCO CONTROL RESOURCE CENTER; AND EFFECTIVELY SYNTHESIZES SCIENTIFIC EVIDENCE IN KEY PRIORITY AREAS TO INFORM NATIONAL POLICY.

4c (Code:) (Expenses \$ 6,785,734, including grants of \$ 100,862.) (Revenue \$)

EVALUATION SCIENCE AND RESEARCH: THE EVALUATION SCIENCE AND RESEARCH EXPERTISE CENTER 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

4d Other program services (Describe in Schedule O.) (Expenses \$ 14,301,210, including grants of \$ 3,160,147.) (Revenue \$)

4e Total program service expenses 102,793,258

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b <i>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</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 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 | X | |

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

X

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [x] Own website [] Another's website [x] 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 - (202) 454-5555
900 G STREET, NW, 4TH FLOOR, WASHINGTON, DC 20001

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 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 | | | |
| (1) HON. TOM MILLER CHAIR | 6.00 | X | | X | | | | 0. | 0. | 0. |
| (2) M. CASS WHEELER VICE CHAIR | 6.00 | X | | X | | | | 0. | 0. | 0. |
| (3) HON. MIKE MOORE TREASURER | 6.00 | X | | X | | | | 0. | 0. | 0. |
| (4) GEORGES C. BENJAMIN, M.D. DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (5) DONALD K. BOSWELL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (6) NANCY BROWN DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (7) HERB CONAWAY, M.D. DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (8) HON. KEMP HANNON DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (9) HON. GARY R. HERBERT DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (10) HON. JEREMIAH W. (JAY) NIXON DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (11) HON. GREG ZOELLER DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) ROBIN KOVAL PRESIDENT & CEO | 38.00 | | | X | | | | 635,072. | 0. | 137,495. |
| (13) ANTHONY T. O'TOOLE CFIO | 38.00 | | | X | | | | 483,295. | 0. | 161,661. |
| (14) ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY | 38.00 | | | X | | | | 360,738. | 0. | 98,642. |
| (15) M. DAVID DOBBINS COO | 38.00 | | | | X | | | 358,798. | 0. | 105,936. |
| (16) DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST) | 38.00 | | | | X | | | 449,037. | 0. | 84,657. |
| (17) ERIC ASCHE CMO | 38.00 | | | | X | | | 315,293. | 0. | 93,436. |

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 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 | | | |
| (18) DONNA VALLONE CHIEF ESR | 38,00 | | | | X | | | 285,169. | 0. | 84,995. |
| (19) RAYMOND NIAURA DIRECTOR OF SCIENCE | 38,00 | | | | X | | | 339,136. | 0. | 55,354. |
| (20) AMANDA GRAHAM DIRECTOR, RESEARCH DEVELOPMENT | 38,00 | | | | X | | | 266,847. | 0. | 46,733. |
| (21) WILLIAN FURMANSKI SVP, COMMUNICATIONS | 38,00 | | | | X | | | 279,412. | 0. | 45,948. |
| (22) ANNA SPRIGGS SVP, HUMAN RESOURCES | 38,00 | | | | X | | | 261,007. | 0. | 65,052. |
| (23) AMBER BULLOCK EVP CAYE THRU 01/2016 | 38,00 | | | | X | | | 268,828. | 0. | 59,995. |
| 1b Sub-total | | | | | | | | 4,302,632. | 0. | 1,039,904. |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| 1d Total (add lines 1b and 1c) | | | | | | | | 4,302,632. | 0. | 1,039,904. |

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 43

| | 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 | | X |
| 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 | X | |
| 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 | | X |

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 |
|---|--------------------------------|---------------------|
| TARGETCAST, LLC (DBA ASSEMBLY) 909 THIRD AVE, 31ST FL, NEW YORK, NY 10022 | MARKETING | 58,019,426. |
| 72ANDSUNNY PARTNERS, LLC, 12101 W. BLUFF CREEK DR, PLAYA VISTA, CA 90094 | MARKETING | 6,880,890. |
| GFK US HOLDINGS, INC., 120 EAGLE ROCK AVE, STE 200, EAST HANOVER, NJ 07936-3590 | RESEARCH | 2,729,333. |
| CODE AND THEORY, LLC 575 BROADWAY, 5TH FL, NEW YORK, NY 10012 | MARKETING | 1,282,208. |
| BEACONFIRE CONSULTING, INC., 2300 CLARENDON BLVD., #925, ARLINGTON, VA 22201 | MARKETING | 967,393. |

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 38

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 | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 2,526,482. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 111,987. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 2,638,469. | | | |
| | Program Service Revenue | 2 a | Business Code | | | |
| 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) | | 16,161,204. | | 16,161,204. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | 14,990. | | 14,990. | |
| | 6 a Gross rents | (i) Real | 1,532,816. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | 0. | | | |
| | | c Rental income or (loss) | 1,532,816. | | | |
| | d Net rental income or (loss) | | 1,532,816. | | 1,532,816. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 181,689,000. | | | |
| | | (ii) Other | 1,814,989. | | | |
| | | b Less: cost or other basis and sales expenses | 169,375,563. | 1,796,260. | | |
| | | c Gain or (loss) | 12,313,437. | 18,729. | | |
| | d Net gain or (loss) | | 12,332,166. | | 12,332,166. | |
| | 8 a 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 | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a 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 | | | | |
| 11 a OTHER INCOME | 900099 | 1,037. | | | 1,037. | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 1,037. | | | | |
| 12 Total revenue. See instructions. | | 32,680,682. | 0. | 0. | 30,042,213. | |

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 | 3,255,509. | 3,255,509. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 16,500. | 16,500. | | |
| 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 | 3,317,552. | 1,661,680. | 1,655,872. | |
| 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 | 11,678,001. | 8,677,322. | 3,000,679. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,453,723. | 973,261. | 480,462. | |
| 9 Other employee benefits | 2,629,815. | 1,909,064. | 720,751. | |
| 10 Payroll taxes | 823,723. | 528,276. | 295,447. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 30,000. | | 30,000. | |
| b Legal | 59,094. | 6,339. | 52,755. | |
| c Accounting | 226,739. | | 226,739. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 5,348,750. | | 5,348,750. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 80,551,545. | 80,117,438. | 434,107. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 1,130,258. | 348,497. | 781,761. | |
| 14 Information technology | 546,565. | 179,552. | 367,013. | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,663,148. | | 1,663,148. | |
| 17 Travel | 1,439,971. | 1,283,831. | 156,140. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 955,001. | 762,695. | 192,306. | |
| 20 Interest | 901,936. | | 901,936. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,332,995. | 29,517. | 1,303,478. | |
| 23 Insurance | 441,294. | 111,692. | 329,602. | |
| 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 | 29,212. | | 29,212. | |
| b OTHER EXPENSES | 788,083. | 370,479. | 413,764. | 3,840. |
| c BOND ISSUANCE AMORTIZAT | 405,359. | | 405,359. | |
| d SURVEYS & SURVEY INCENT | 106,304. | 106,304. | | |
| e All other expenses | | 2,455,302. | -2,455,302. | |
| 25 Total functional expenses. Add lines 1 through 24e | 119,131,077. | 102,793,258. | 16,333,979. | 3,840. |
| 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 | 152,510,568. | 2 | 77,265,859. |
| | 3 Pledges and grants receivable, net | 972,642. | 3 | 698,795. |
| | 4 Accounts receivable, net | 18,899,937. | 4 | 435,960. |
| | 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 19,850,000. | 7 | 19,850,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 422,933. | 9 | 335,509. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 40,224,347. | | |
| | b Less: accumulated depreciation | 10b 9,148,997. | 25,749,199. | 10c 31,075,350. |
| | 11 Investments - publicly traded securities | 301,760,620. | 11 | 290,981,447. |
| | 12 Investments - other securities. See Part IV, line 11 | 575,887,567. | 12 | 535,678,971. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 735,336. | 15 | 1,059,327. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,096,789,302. | 16 | 957,381,718. | |
| Liabilities | 17 Accounts payable and accrued expenses | 13,629,368. | 17 | 11,308,250. |
| | 18 Grants payable | 238,517. | 18 | |
| | 19 Deferred revenue | 51,188. | 19 | |
| | 20 Tax-exempt bond liabilities | 28,000,000. | 20 | |
| | 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 | 6,859,183. | 25 | 14,885,350. |
| | 26 Total liabilities. Add lines 17 through 25 | 48,778,256. | 26 | 26,193,600. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,048,011,046. | 27 | 931,188,118. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | 1,048,011,046. | 33 | 931,188,118. | |
| 34 Total liabilities and net assets/fund balances | 1,096,789,302. | 34 | 957,381,718. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32,680,682. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 119,131,077. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -86,450,395. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,048,011,046. |
| 5 | Net unrealized gains (losses) on investments | 5 | -28,271,335. |
| 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 | -2,101,198. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 931,188,118. |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | x |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | x | |
| 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: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | x | |
| 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? | x | |
| 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 | x | |

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ).)
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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust 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

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,608,369. | 4,384,402. | 1,956,547. | 2,826,741. | 2,638,469. | 14,414,528. |
| 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 | 2,608,369. | 4,384,402. | 1,956,547. | 2,826,741. | 2,638,469. | 14,414,528. |
| 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. | | | | | | 14,414,528. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4 | 2,608,369. | 4,384,402. | 1,956,547. | 2,826,741. | 2,638,469. | 14,414,528. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 19,991,033. | 18,134,988. | 23,191,820. | 24,069,316. | 17,709,010. | 103,096,167. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,428,133. | 137,555. | 4,674. | 11,512. | 1,037. | 1,582,911. |
| 11 Total support. Add lines 7 through 10 | | | | | | 119,093,606. |

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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 12.10 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 12.24 % |

16a **33 1/3% support test - 2015.** 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 - 2014.** 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 - 2015.** 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 - 2014.** 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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 I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---|-----|----|
| 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? | | |
| b | A family member of a person described in (a) above? | | |
| 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. | | |

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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). | | |
| 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. | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 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. | | |
| 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. | | |
| 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. | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

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): | | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2015

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

| 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 2015 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-2015 | (iii) Distributable Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information.

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

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

OTHER REVENUE

2011 AMOUNT: \$ 1,428,133.

2012 AMOUNT: \$ 137,555.

2013 AMOUNT: \$ 4,674.

2014 AMOUNT: \$ 11,512.

2015 AMOUNT: \$ 1,037.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

SEE SCHEDULE O

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 443,150. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 10,598. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 181,751. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>7</u> | | \$ <u>27,588.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>8</u> | | \$ <u>13,356.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>9</u> | | \$ <u>10,252.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>10</u> | | \$ <u>12,172.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>11</u> | | \$ <u>363,376.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>12</u> | | \$ <u>1,008,297.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 45,898. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 19,839. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 249,627. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

Name of organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Includes sub-table 2a-2d: Held at the End of the Tax Year), 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Form with sections: 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. 1b 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 on 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 on 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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" on 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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 | | 22,558,184. | 4,898,030. | 17,660,154. |
| c Leasehold improvements | | 4,225,211. | 308,746. | 3,916,465. |
| d Equipment | | 2,529,086. | 1,625,848. | 903,238. |
| e Other | | 3,631,866. | 2,316,373. | 1,315,493. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 31,075,350. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) COMMINGLED/COMMON TRUST FUNDS | 154,716,889. | END-OF-YEAR MARKET VALUE |
| (B) HEDGE FUNDS | 71,977,806. | END-OF-YEAR MARKET VALUE |
| (C) HEDGE FUND, FUND OF FUNDS | 12,807,367. | END-OF-YEAR MARKET VALUE |
| (D) PRIVATE EQUITY FUNDS | 170,171,057. | END-OF-YEAR MARKET VALUE |
| (E) PRIVATE EQUITY FUND OF FUNDS | 126,005,852. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 535,678,971. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SECURITY DEPOSITS PAYABLE | 1,003,133. |
| (3) INTEREST RATE SWAP | 6,949,797. |
| (4) DEFERRED COMPENSATION | 1,442,244. |
| (5) TRADES TO BE SETTLED | 607,329. |
| (6) DEFERRED RENT | 4,882,847. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 14,885,350. |

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" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|--------------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | -932,382. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -28,271,335. | |
| 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 | -28,271,335. | |
| 3 | Subtract line 2e from line 1 | 3 | 27,338,953. | |
| 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 | 5,348,750. | |
| b | Other (Describe in Part XIII.) | 4b | -7,021. | |
| c | Add lines 4a and 4b | 4c | 5,341,729. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 32,680,682. | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|--------------|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 115,890,552. |
| 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 | 2,108,225. | |
| e | Add lines 2a through 2d | 2e | 2,108,225. | |
| 3 | Subtract line 2e from line 1 | 3 | 113,782,327. | |
| 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 | 5,348,750. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | 5,348,750. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 119,131,077. | |

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.

PART X, LINE 2:

TRUTH INITIATIVE IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER

INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3), IN ADDITION, TRUTH

INITIATIVE 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, TRUTH INITIATIVE HAD UNRELATED

BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS

ENDED JUNE 30, 2016 AND 2015.

Part XIII Supplemental Information (continued)

TRUTH INITIATIVE 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,
 TRUTH INITIATIVE 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,
 PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED TRUTH INITIATIVE'S TAX POSITIONS AND CONCLUDED THAT
 TRUTH INITIATIVE 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, TRUTH INITIATIVE IS NO LONGER SUBJECT TO INCOME TAX
 EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS
 BEFORE 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
 LOSS ON SALE/DISPOSAL OF ASSETS ON LINE 7C -7,021.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
 NET LOSS ON INTEREST RATE SWAP AGREEMENT 2,101,204.
 LOSS ON SALE/DISPOSAL OF ASSETS ON LINE 7C 7,021.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,108,225.

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public
Inspection

Name of the organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activities 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 |
|---|-------------------------------------|--|---|--|--|
| EAST ASIA AND THE PACIFIC | 0 | 0 | INVESTMENTS | | 8,036,774. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | INVESTMENTS | | 15,989,016. |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 1,950,029. |
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | | 53,869. |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 26,029,688. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 26,029,688. |

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

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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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" on 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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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Part IV Foreign Forms

- 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)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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)* Yes No
- 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)* Yes No
- 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)* Yes No
- 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)* Yes No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

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

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

| 1 (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JOHNS HOPKINS UNIVERSITY, BLOOMBERG SCHOOL OF PUBLIC HEALTH - 624 N. BROADWAY, HAMPTON HOUSE ROOM 280B - BALTIMORE, MD 21205 | 52-0595110 | 501(C)(3) | 92,112. | 0. | | | RESEARCH GRANTS |
| AMERICAN NON-SMOKERS RIGHTS FOUNDATION - 2530 SAN PABLO AVENUE, STE. # J - BERKELEY, CA 94702 | 94-2922136 | 501(C)(3) | 129,340. | 0. | | | STRATEGIC ALLIANCE GRANTS |
| CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW, SUITE 1200 WASHINGTON, DC 20005 | 52-1969967 | 501(C)(3) | 1,000,000. | 0. | | | STRATEGIC ALLIANCE GRANTS |
| BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS - 909 12TH STREET - SACRAMENTO, CA 95814 | 94-1641240 | 501(C)(3) | 102,538. | 0. | | | STRATEGIC ALLIANCE GRANTS |
| ACTION ON SMOKING AND HEALTH 701 - 4TH STREET, NW WASHINGTON, DC 20001 | 13-2603590 | 501(C)(3) | 13,053. | 0. | | | STRATEGIC ALLIANCE GRANTS |
| AMERICAN ACADEMY OF PEDIATRICS 37925 EAGLE WAY CHICAGO, IL 60678 | 36-2275597 | 501(C)(3) | 206,275. | 0. | | | STRATEGIC ALLIANCE GRANTS |

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

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

28

5

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

Schedule I (Form 990) (2015)

TRUTH INITIATIVE FOUNDATION
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060 | 13-5613797 | 501(C)(3) | 65,419. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW, SUITE 1200 WASHINGTON, DC 20005 | 52-1969967 | 501(C)(3) | 309,759. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| ASIAN PACIFIC PARTNERS FOR EMPOWERMENT ADVOCACY AND LEADERSHIP - 300 FRANK H OGAWA PLAZA, STE. #620 - OAKLAND, CA | 20-2028771 | 501(C)(3) | 199,752. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115 | 04-1679980 | 501(C)(3) | 29,840. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY - 633 THIRD AVENUE - NEW YORK, NY 10017 | 52-1736502 | 501(C)(3) | 159,434. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| ALTARUM INSTITUTE 3520 GREEN COURT, STE. #300 ANN ARBOR, MI 48105 | 38-1983442 | 501(C)(3) | 20,096. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 919 IRVING ST. SUITE 104, UCSF BOX 0939 - SAN FRANCISCO, CA 94143-0939 | 94-6036493 | 501(C)(3) | 89,064. | 0. | | STRATEGIC ALLIANCE GRANTS | |
| WYMAN CENTER, INC. 600 KIWANIS DRIVE ST. LOUIS, MO 63025 | 43-0653263 | 501(C)(3) | 227,764. | 0. | | TA AND PARTNERSHIP GRANT | COMMUNITY COLLEGE INITIATIVE GRANTS |
| ALVIN COMMUNITY COLLEGE 3110 MUSTANG ROAD ALVIN, TX 77511 | 74-1405330 | 501(C)(3) | 7,500. | 0. | | | |

TRUTH INITIATIVE FOUNDATION
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SHELTON STATE COMMUNITY COLLEGE 9500 OLD GREENSBORO RD. TUSCALOOSA, AL 35405 | 63-6002149 | 501(C)(3) | 7,500. | 0. | | COMMUNITY COLLEGE INITIATIVE GRANTS | |
| THE ATLANTIC MONTHLY GROUP, INC 600 NEW HAMPSHIRE AVE., NW WASHINGTON, DC 20037 | 04-3483736 | | 50,000. | 0. | | SPONSOR - ASPEN HEALTH EVENT | |
| NATIONAL FOUNDATION FOR THE CENTER FOR DISEASE AND CONTROL - 55 PARK PLACE, SUITE# 400 - ATLANTA, GA 30303 | 58-2106707 | 501(C)(3) | 25,000. | 0. | | LED PROJECT | |
| THE PARTNERSHIP FOR A DRUG-FREE AMERICA - 352 PARK AVENUE SOUTH, 9TH FLOOR - NEW YORK, NY 10010 | 13-3413627 | 501(C)(3) | 20,000. | 0. | | SPONSOR - JOIN TOGETHER PROGRAM | |
| PARTNERSHIP WITH CHILDREN, INC 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007 | 13-5596751 | | 12,500. | 0. | | SPONSOR - SPRING GALA 6/16 | |
| SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO INC - 2424 AMERICAN LANE - MADISON, WI 53704-3102 | 52-1906424 | 501(C)(3) | 12,500. | 0. | | SPONSOR - ANNUAL MEETING 03/16 | |
| STATION CAMP HIGH SCHOOL 1040 BISON TRAIL GALLATIN, TN TN 37066 | 62-0681064 | 501(C)(3) | 10,000. | 0. | | SPONSOR - SKATE DECK AWARD | |
| AMERICAN NONSMOKERS' RIGHTS FOUNDATION - 2530 SAN PABLO AVENUE, SUITE #J - BERKELEY, CA 94702 | 94-2922136 | 501(C)(3) | 10,000. | 0. | | GAMING CONGRESS 01/16 | |
| ELFIE WORLDWIDE, INC. 148 MADISON AVE., 4TH FL NEW YORK, NY 10016 | 20-8875698 | | 8,000. | 0. | | SPONSOR - GALA DINNER TABLE | |

TRUTH INITIATIVE FOUNDATION
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WOMEN'S MISSIONARY SOCIETY OF THE AME CHURCH - 1134 11ST STREET, NW - WASHINGTON, DC 20001 | 52-0808415 | 501(C)(3) | 7,500. | 0. | | | SPONSOR - AME YOUNG PEOPLE'S CONVENTION 07/15 |
| THE DANYA INSTITUTE 8737 COLESVILLE ROAD, SUITE# 300 SILVER SPRING, MD 20910 | 52-2303612 | 501(C)(3) | 7,000. | 0. | | | SPONSOR - NCTTU 10/15 |
| SMITHSONIAN INSTITUTION 1000 JEFFERSON DRIVE, SW WASHINGTON, DC 20560 | 53-0206027 | 501(C)(3) | 6,500. | 0. | | WARNER SERIES | |
| ACCESS INTELLIGENCE, LLC 4 CHOKE CHERRY ROAD, 2ND FL ROCKVILLE, MD 20850-4024 | 52-2270063 | | 6,349. | 0. | | | SPONSOR - AWARDS LUNCH 10/15 |
| NEW YORK WOMEN IN COMMUNICATION, INC. - 355 LEXINGTON AVE 15TH FL - NEW YORK, NY 10017-6603 | 13-6274650 | 501(C)(6) | 6,000. | 0. | | | SPONSOR - TABLE FOR MATRIX AWARDS 4/16 |
| HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD., SUITE #600 WEST SACRAMENTO, CA 95961 | 68-0249296 | 501(C)(3) | 5,000. | 0. | | | SPONSOR - NATIONAL SUMMIT ON SMOKELESS & SPIT TOBACCO 04/16 |
| NORTH AMERICAN QUITLINE CONSORTIUM 3219 E. CAMELBACK ROAD, #416 PHOENIX, AZ 85018 | 27-0142713 | 501(C)(3) | 5,000. | 0. | | | SPONSOR - NAQC CONFERENCE 08/15 |
| COMMUNITY ANTI-DRUG COALITIONS OF AMERICA - 625 SLATERS LANE, SUITE 300 - ALEXANDRIA, VA 22314 | 54-1610317 | 501(C)(3) | 5,000. | 0. | | | SPONSOR - AWARDS DINNER 10/7 |
| STORYCORPS, INC 80 HANSON PLACE BROOKLYN, NY 11217 | 13-3753011 | 501(C)(3) | 5,000. | 0. | | | HONORARIUM - BOARD MEETING 09/15 |

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS | 8 | 16,500. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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. GRANTEEES ARE REQUIRED TO SUBMIT QUARTERLY REIMBURSEMENT FINANCIALS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED

Part IV Supplemental Information

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.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

Part I Questions Regarding Compensation

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b | If any of the boxes on 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 | x | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | x | |
| 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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on 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? | | x |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | x | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | | x |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a | The organization? | | x |
| b | Any related organization? | | x |
| | If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 | For persons listed on 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? | | x |
| b | Any related organization? | | x |
| | If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III | x | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued 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 | | x |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

Schedule J (Form 990) 2015

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 on 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 on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|----------------------------------|----------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROBIN KOVAL PRESIDENT & CEO | (i) 538,430. (ii) 0. | 50,750. 0. | 45,892. 0. | 119,750. 0. | 23,065. 0. | 777,887. 0. | 0. 0. |
| (2) ANTHONY T. O'TOOLE CFIO | (i) 408,476. (ii) 0. | 50,800. 0. | 24,019. 0. | 119,750. 0. | 56,818. 0. | 659,863. 0. | 0. 0. |
| (3) ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY | (i) 316,968. (ii) 0. | 20,323. 0. | 23,447. 0. | 79,750. 0. | 29,722. 0. | 470,210. 0. | 0. 0. |
| (4) M. DAVID DOBBINS COO | (i) 316,074. (ii) 0. | 38,702. 0. | 4,022. 0. | 79,750. 0. | 36,740. 0. | 475,288. 0. | 0. 0. |
| (5) DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST) | (i) 378,953. (ii) 0. | 45,061. 0. | 25,023. 0. | 62,250. 0. | 28,006. 0. | 539,293. 0. | 0. 0. |
| (6) ERIC ASCHE CMO | (i) 277,591. (ii) 0. | 36,115. 0. | 1,587. 0. | 69,750. 0. | 31,048. 0. | 416,091. 0. | 0. 0. |
| (7) DONNA VALLONE CHIEF ESR | (i) 248,914. (ii) 0. | 14,713. 0. | 21,542. 0. | 64,750. 0. | 31,128. 0. | 381,047. 0. | 0. 0. |
| (8) RAYMOND NIAURA DIRECTOR OF SCIENCE | (i) 314,038. (ii) 0. | 20,829. 0. | 4,269. 0. | 39,750. 0. | 20,406. 0. | 399,292. 0. | 0. 0. |
| (9) AMANDA GRAHAM DIRECTOR, RESEARCH DEVELOPMENT | (i) 225,954. (ii) 0. | 39,306. 0. | 1,587. 0. | 36,459. 0. | 16,103. 0. | 319,409. 0. | 0. 0. |
| (10) WILLIAN FURMANSKI SVP, COMMUNICATIONS | (i) 251,530. (ii) 0. | 5,865. 0. | 22,017. 0. | 37,175. 0. | 12,506. 0. | 329,093. 0. | 0. 0. |
| (11) ANNA SPRIGGS SVP, HUMAN RESOURCES | (i) 232,250. (ii) 0. | 27,340. 0. | 1,417. 0. | 39,366. 0. | 33,489. 0. | 333,862. 0. | 0. 0. |
| (12) AMBER BULLOCK EVP CAYE THRU 01/2016 | (i) 237,878. (ii) 0. | 28,489. 0. | 2,461. 0. | 39,750. 0. | 38,550. 0. | 347,128. 0. | 0. 0. |
| | (i) (ii) (i) (ii) (i) (ii) (i) (ii) | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE, INCLUDING GROSS UP,

TO ROBIN KOVAL IN THE AMOUNT OF \$13,644 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

AMANDA GRAHAM - \$540

WILLIAM FURMANSKI - \$540

PART I, LINE 4B:

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ROBIN KOVAL INCLUDES 401(K)

CONTRIBUTIONS OF \$39,750. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE

30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY

Part III Supplemental Information

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

1. 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED. THE 2015 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$80,000.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O' TOOLE INCLUDES 401(K) CONTRIBUTIONS OF \$39,750. 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 2015 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$80,000.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID DOBBINS INCLUDES 401(K) CONTRIBUTIONS OF \$39,750. 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 2015 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$40,000.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES

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.

401(K) CONTRIBUTIONS OF \$39,750. 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 2015 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 \$39,750. 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 2015 CALENDAR YEAR DEFERRED COMPENSATION

REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$22,500.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ERIC ASCHE INCLUDES 401(K)

CONTRIBUTIONS OF \$39,750. 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 2015 CALENDAR YEAR DEFERRED COMPENSATION

REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$30,000.

Part III Supplemental Information

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

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DONNA VALLONE INCLUDES

401(K) CONTRIBUTIONS OF \$39,750. 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 2015 CALENDAR YEAR DEFERRED COMPENSATION

REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$25,000.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR RAYMOND NIAURA INCLUDES

401(K) CONTRIBUTIONS OF \$39,750.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR AMANDA GRAHAM INCLUDES

401(K) CONTRIBUTIONS OF \$36,459.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR WILLIAM FURMANSKI INCLUDES

401(K) CONTRIBUTIONS OF \$37,175.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANNA SPRIGGS INCLUDES 401(K)

CONTRIBUTIONS OF \$39,366.

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.

RETIREMENT AND OTHER DEFERRED COMPENSATION FOR AMBER BULLOCK INCLUDES

401(K) CONTRIBUTIONS OF \$39,750.

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 \$18,000.

OTHER REPORTABLE COMPENSATION FOR ANTHONY O' TOOLE CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000.

OTHER REPORTABLE COMPENSATION FOR ELLEN VARGYAS CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000.

OTHER REPORTABLE COMPENSATION FOR DAVID ABRAMS CONSISTS PARTLY OF

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.

457(B) CONTRIBUTIONS OF \$18,000.

OTHER REPORTABLE COMPENSATION FOR DONNA VALLONE CONSISTS PARTLY OF

457(B) CONTRIBUTIONS OF \$18,000.

OTHER REPORTABLE COMPENSATION FOR WILLIAM FURMANSKI CONSISTS PARTLY OF

457(B) CONTRIBUTIONS OF \$18,000.

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

2015

Open to Public
Inspection

Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

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

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.

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

SMOKING RATES ACROSS THE COUNTRY.

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

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GRANTS:

TRUTH INITIATIVE AWARDS GRANTS THROUGH TWO MECHANISMS: IN RESPONSE TO
NATIONAL CALLS FOR PROPOSALS AND THROUGH A DISCRETIONARY GRANT MAKING
MODE. EACH GRANT AIMS TO AFFECT ONE OR MORE OF THE FOUNDATION'S GOALS.
IN FISCAL YEAR 2016, TRUTH INITIATIVE HELD NATIONAL CALLS FOR PROPOSALS
AND ISSUED GRANTS TO SUPPORT TOBACCO-FREE EFFORTS AT COMMUNITY COLLEGES
AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES. TRUTH INITIATIVE ALSO
CONTINUES TO PROVIDE DISCRETIONARY GRANTS ON A VERY LIMITED BASIS.
EXPENSES \$ 3,065,202. INCLUDING GRANTS OF \$ 2,325,304. REVENUE \$ 0.

GOVERNMENT AFFAIRS:

THE GOVERNMENT AFFAIRS EXPERTISE CENTER EDUCATES POLICYMAKERS AT THE

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

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.

EXPENSES \$ 581,321. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 0.

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 TOBACCO'S SOCIAL AND ECONOMIC CONSEQUENCES ON OUR SOCIETY. THE AWARD-WINNING COMMUNICATIONS EXPERTISE CENTER MANAGES AND EXECUTES ALL INTERNAL AND EXTERNAL COMMUNICATIONS INCLUDING MEDIA RELATIONS, PUBLIC RELATIONS, AND STAKEHOLDER OUTREACH. ALSO, THE TEAM PROVIDES STRATEGIC AND TACTICAL COMMUNICATIONS SUPPORT FOR TRUTH INITIATIVE PROGRAMS, THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND SENIOR STAFF. COMMUNICATIONS ACTIVITIES INCLUDE MAINTAINING RELATIONSHIPS WITH MEMBERS OF THE MEDIA; DEVELOPING AND ISSUING PRESS

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RELEASES AND STATEMENTS; CONDUCTING NEWS BRIEFINGS; MANAGING SOCIAL

MEDIA CHANNELS AND THE ORGANIZATION'S WEBSITE; ADVISING ON CRISIS

SITUATIONS; SPEECHWRITING; PUBLICIZING TRUTH INITIATIVE PROGRAMS AND

ACTIVITIES BY DEVELOPING AND DISSEMINATING MATERIALS THAT PROVIDE

INFORMATION ABOUT OUR PROGRAMS (BROCHURES, FLYERS, POSTCARDS) AND THE

ISSUES (FACT SHEETS, REPORTS); COLLABORATING WITH PARTNERS IN THE

NON-PROFIT, PUBLIC HEALTH, AND GOVERNMENT SECTORS AT THE NATIONAL,

STATE AND LOCAL LEVELS; AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS

AND INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS (I.E.,

WARNER SERIES AND WEBINARS), SPEAKING OPPORTUNITIES, AND SPONSORSHIPS.

COMMUNICATIONS IS ALSO RESPONSIBLE FOR THE EXECUTION OF MEETINGS,

CONFERENCES, AND EVENTS.

EXPENSES \$ 5,147,325. INCLUDING GRANTS OF \$ 107,500. REVENUE \$ 0.

COMMUNITY AND YOUTH ENGAGEMENT:

COMMUNITY AND YOUTH ENGAGEMENT EXPERTISE CENTER EMPOWERS INDIVIDUALS,

COALITIONS AND ORGANIZATIONAL PARTNERS TO TAKE ACTION IN THEIR

COMMUNITIES AROUND TOBACCO PREVENTION. WE EDUCATE AND TRAIN YOUTH

ACTIVISTS AND FELLOWS TO LEAD AND RUN TOBACCO PREVENTION EDUCATIONAL

AND ADVOCACY CAMPAIGNS/PROJECTS IN THEIR COMMUNITIES TO EDUCATE AND

MOBILIZE THEIR PEERS, WE BUILD NATIONAL PARTNERSHIPS WITH YOUTH SERVING

ORGANIZATIONS TO EDUCATE AND TRAIN THEIR YOUTH MEMBERSHIP ABOUT TOBACCO

PREVENTION. WE ALSO WORK WITH HISTORICALLY BLACK COLLEGES AND

UNIVERSITIES AND COMMUNITY COLLEGES TO PASS 100% SMOKE FREE POLICIES.

EXPENSES \$ 4,131,566. INCLUDING GRANTS OF \$ 610,769. REVENUE \$ 0.

OTHER PROGRAM EXPENSES

EXPENSES \$ 1,375,796. INCLUDING GRANTS OF \$ 114,574. REVENUE \$ 0.

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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, 2017, 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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

EGYPT, TAIWAN, SOUTH KOREA, TURKEY,
INDONESIA, PHILIPPINES, THAILAND

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.

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.

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

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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.

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 CFO, 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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SC, TN, UT, VA, WI, WV

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 120,823. |
| MANAGEMENT AND GENERAL EXPENSES | 64,698. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 185,521. |

CONSULTING:

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|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 393,965. |
| MANAGEMENT AND GENERAL EXPENSES | 176,287. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 570,252. |

CONTRACT SERVICES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 79,572,700. |
| MANAGEMENT AND GENERAL EXPENSES | 189,844. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 79,762,544. |

BOND FEES:

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| PROGRAM SERVICE EXPENSES | 0. |
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| MANAGEMENT AND GENERAL EXPENSES | 3,278. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 3,278. |

HONORARIUM:

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|--|-------------|
| PROGRAM SERVICE EXPENSES | 29,950. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 29,950. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 80,551,545. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|------------------------------------|-------------|
| UNREALIZED LOSS ON SWAPS | -2,101,204. |
| ROUNDING VARIANCE | 6. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -2,101,198. |

2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS

TRUTH INITIATIVE FOUNDATION D/B/A TRUTH INITIATIVE (TRUTH INITIATIVE)

QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS

AND CIRCUMSTANCES BECAUSE (A) IT NORMALLY RECEIVES A SUBSTANTIAL PART

OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR INDIRECT

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 OF A PUBLICLY SUPPORTED ORGANIZATION

TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG.

1.170-A-9(F)(3)(III) THROUGH (VII).

A. TEN PERCENT SUPPORT LIMITATION. TRUTH INITIATIVE NORMALLY RECEIVES

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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 2011 - 2015 WAS 12.10%.

ATTRACTION OF PUBLIC SUPPORT. TRUTH INITIATIVE MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT. THE TOTAL AMOUNT OF PUBLIC SUPPORT RAISED BY THE ORGANIZATION IN TAXABLE YEARS 2011-2015 AS A RESULT OF THESE EFFORTS WAS NEARLY \$14.4 MILLION.

EXAMPLES OF EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTING PERIOD INCLUDE THE FOLLOWING:

FEDERAL GOVERNMENT GRANTS AND CONTRACTS. TRUTH INITIATIVE 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 STAFF IN BOTH ITS SCHROEDER RESEARCH INSTITUTE AND FINANCE DEPARTMENT TO ASSIST WITH APPLICATIONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED. FROM TAX YEAR 2011 THROUGH 2015, TRUTH INITIATIVE SUBMITTED OVER 85 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2015 ALONE, WE SUBMITTED 16 APPLICATIONS TO THE NATIONAL INSTITUTES OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR SUPPORT FOR RESEARCH AND RELATED ACTIVITIES. ALL OF THESE APPLICATIONS WERE CONSISTENT WITH TRUTH INITIATIVE'S CHARITABLE PURPOSE OF MITIGATING THE TOLL OF DEATH AND DISEASE CAUSED BY THE TOBACCO EPIDEMIC. OVER THE FIVE YEAR PERIOD, TRUTH INITIATIVE WAS AWARDED 34 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF \$32,676,170 MILLION.

OTHER GRANTS. DURING THE FIVE-YEAR TESTING PERIOD, TRUTH INITIATIVE

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ALSO SUBMITTED FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES. THE ORGANIZATION RECEIVED 13 AWARDS FOR A TOTAL AMOUNT AWARDED OF \$389,105. IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM, FOR EXAMPLE, DC DEPARTMENT OF PUBLIC HEALTH THROUGH NEW YORK UNIVERSITY.

B. PERCENTAGE OF FINANCIAL SUPPORT. TRUTH INITIATIVE WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT 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 COMPANIES FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO. THE STATES REQUESTED THAT A PORTION OF THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGANIZATION 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 ALSO RECEIVED FUNDING FROM A SIMILAR SETTLEMENT AGREEMENT ENTERED INTO BETWEEN THE STATES AND THE SMOKELESS TOBACCO COMPANIES. EARLY ON TRUTH INITIATIVE'S BOARD OF DIRECTORS VOTED TO ALLOCATE A SIGNIFICANT PORTION OF THE SETTLEMENT FUNDS RECEIVED FROM 1999 - 2003 FOR LONG-TERM INVESTMENTS (RESERVE FUND), WHICH OPERATES LIKE A QUASI-ENDOWMENT TO SUPPORT FUTURE CHARITABLE AND EDUCATIONAL ACTIVITIES IN THE YEARS AFTER THE SETTLEMENT PAYMENTS WOULD CEASE. THE ORGANIZATION'S LONG-TERM INVESTMENTS (RESERVE FUND) AT JUNE 30, 2016 WAS \$843.8 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, TRUTH INITIATIVE HAS RECEIVED AN INCREASINGLY HIGH

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PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS LONG-TERM

INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCENTAGE HAS

DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR THE

ORGANIZATION 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 INVESTMENT INCOME GENERATED

BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF NEARLY \$14.4

MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY SUPPORTED

ORGANIZATION. AS SET FORTH IN REG. 1.170A-9(F)(3)(III), THE FACT

THAT 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 EVIDENCE OF ORGANIZATIONAL

COMPLIANCE WITH THE FACTS AND CIRCUMSTANCES TEST.

REPRESENTATIVE GOVERNING BODY. TRUTH INITIATIVE HAS A GOVERNING BODY

WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, OTHER THAN THE

PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS. UNDER THE

ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF

TWO DIRECTORS 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 MISSOURI, THE ATTORNEYS GENERAL OF IOWA AND INDIANA, A STATE

SENATOR FROM NEW YORK AND A STATE ASSEMBLYMAN FROM NEW JERSEY, THE

CLASS A DIRECTORS ELECT 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

DIRECTORS SHALL HAVE EXPERTISE IN MEDICAL, CHILD PSYCHOLOGY, OR PUBLIC

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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 ASSOCIATION, THE CHIEF EXECUTIVE OFFICER OF THE AMERICAN HEART ASSOCIATION, A FORMER STATE ATTORNEY GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES, AND THE CHIEF EXECUTIVE OFFICER EMERITUS OF THE AMERICAN HEART ASSOCIATION. RECENT FORMER CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN CALIFORNIA REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE THEN-ASSOCIATE DEAN FOR PUBLIC HEALTH PRACTICE AT THE HARVARD SCHOOL OF PUBLIC HEALTH, A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, AN IMMEDIATE PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A DISTINGUISHED PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT 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. (CONT)

2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)

AVAILABILITY OF PUBLIC FACILITIES AND SERVICES; PUBLIC PARTICIPATION IN PROGRAMS.

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, SOCIAL MEDIA AND OTHER ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN

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CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES. IN THE
SUMMER OF 2014, 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 COMMITTED TO SUPPORTING THE CAMPAIGN WITH
A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE YEARS THROUGH ITS
2016 TAX YEAR AND HAS RENEWED A SUBSTANTIAL FUNDING COMMITMENT FOR THE
CAMPAIGN FOR TAX YEARS BEYOND THAT. THE CAMPAIGN IS REACHING MILLIONS
OF YOUTH AND AFFECTING THEIR ATTITUDES ABOUT TOBACCO AND THEIR
INTENTIONS TO SMOKE. IN 2008, 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
AS WELL AS A COMPANION TEXT MESSAGING PROGRAM TO OFFER TAILORED
CESSATION RESOURCES. THE SITE PROTOCOL WAS DEVELOPED IN CONJUNCTION
WITH THE MAYO CLINIC AND MAYO CLINIC STAFF PROVIDE 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 2015, THERE WERE WELL
OVER 150,000 UNIQUE VISITORS TO THE WEBSITE, IN TAX YEAR 2014, AND
CONTINUING THROUGH TAX YEAR 2015, TRUTH INITIATIVE INITIATED A PROGRAM
IN WHICH IT PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO COMMUNITY
COLLEGES AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU'S) TO
SUPPORT THE ESTABLISHMENT OF TOBACCO-FREE POLICIES AT THESE
INSTITUTIONS WHICH SERVE LARGE NUMBERS OF YOUNG ADULTS FROM LOW-INCOME
AND MINORITY COMMUNITIES. IN THE FIRST TWO YEARS OF THE PROGRAM,
THROUGH TAX YEAR 2015, TRUTH INITIATIVE AWARDED APPROXIMATELY \$525,000

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IN GRANTS TO 70 COMMUNITY COLLEGES AND \$750,000 TO 117 HBCU'S. TRUTH INITIATIVE'S YOUTH ACTIVISM PROGRAMS ALSO REACH OUT TO TEENS AND YOUNG ADULTS TO EDUCATE THEM ABOUT THE DANGERS OF TOBACCO AND HELP THEM BECOME CHANGE AGENTS IN THEIR COMMUNITIES. IN TAX YEAR 2015, WE DIRECTLY REACHED A TOTAL OF ABOUT 25,000 TEENS AND YOUNG ADULTS AND, THROUGH OUR NATIONAL SUMMIT ON YOUTH ACTIVISM AND FELLOWSHIP PROGRAMS, PROVIDED TECHNICAL ASSISTANCE TO APPROXIMATELY 100 YOUTH LEADERS IN CONNECTION WITH PLANNING AND EXECUTING COMMUNITY BASED PROJECTS TO HIGHLIGHT THE TOLL OF TOBACCO AND RECRUIT THEIR PEERS. EACH YEAR 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.

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 209 ARTICLES IN PEER-REVIEWED SCIENTIFIC, MEDICAL AND OTHER SCHOLARLY JOURNALS. NINETY PEER-REVIEWED ARTICLES WERE PUBLISHED IN TAX YEAR 2015, ALONE. 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.

EXAMPLES OF RECENT TRUTH INITIATIVE PUBLICATIONS INCLUDE: SYSTEMATIC

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REVIEW AND META-ANALYSIS OF INTERNET INTERVENTIONS FOR SMOKING
 CESSATION AMONG ADULTS,(MAY 2016); CORRELATES OF CURRENT MENTHOL
 CIGARETTE AND FLAVORED OTHER TOBACCO PRODUCT USE AMONG U.S. YOUNG
 ADULTS (2016); 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).

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| M STREET HOLDINGS, LLC - 91-1956621 2030 M STREET, NW WASHINGTON, DC 20036 | PROPERTY RENTAL/MGMT. | DELAWARE | 39,772. | 0. | TRUTH INITIATIVE FOUNDATION |
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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 |
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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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

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 organization 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 |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) All dis- partners sec. 301(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | |
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Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.