

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493262002207 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public

Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 04-01-2016 , and ending 03-31-2017 D Employer identification number B Check if applicable TOBACCO-FREE KIDS ACTION FUND ☐ Address change ☐ Name change Doing business as ☐ Initial return Final □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 I STREET NW STE 1200 ☐ Amended return (202) 296-5469 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20005 G Gross receipts \$ 24,807,583 Name and address of principal officer H(a) Is this a group return for MATTHEW L MYERS ☐Yes ☑No subordinates? 1400 I STREET NW STE 1200 H(b) Are all subordinates WASHINGTON, DC 20005 ☐ Yes ☐No ıncluded? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(4) **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TOBACCOFREEKIDS ORG L Year of formation 1996 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE SOCIAL WELFARE BY EDUCATING THE PUBLIC AND CONDUCTING ADVOCACY CONCERNING THE NEED FOR PUBLIC POLICIES TO PROTECT CHILDREN FROM TOBACCO PRODUCTS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 75 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 21 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 9,025,752 24,039,532 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 32,940 41,528 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 9,058,692 24,081,060 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,070,706 9,247,751 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,937,078 3,106,959 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶16,197 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,584,762 5,024,371 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15.592.546 17,379,081 19 Revenue less expenses Subtract line 18 from line 12 . -6,533,854 6,701,979 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 32,843,612 38,881,685 544,156 21 Total liabilities (Part X, line 26) . 1,197,204 22 Net assets or fund balances Subtract line 21 from line 20 31,646,408 38,337,529 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

Signature of officer

MATTHEW L MYERS PRESIDENT Type or print name and title

any knowledge

Paid
Preparer
Use Only

Sign Here

Print/Type preparer's name WILLIAM E TURCO CPA	Preparer's signature WILLIAM E TURCO CPA	Date	Check If PTIN P00369217 self-employed					
Firm's name RSM US LLP		Firm's EIN ► 42-0714325						
Firm's address ▶ 9737 WASHINGTONIAN		Phone no (301	) 296-3600					
GAITHERSBURG, MD 20	8787340							

May the IRS discuss this return with the preparer shown above? (see instructions)

2017-09-15

✓ Yes 🗆 No

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statement	t of Program Servi	ce Accomplis	hments		
	Check if Scho	edule O contains a resp	onse or note to	any line in this Part III		🗆
1		organization's mission		,		
PRO	OTE SOCIAL WELFAR	RE BY EDUCATING THE	PUBLIC AND CO	NDUCTING ADVOCACY	CONCERNING THE NEED FOR PUB	LIC POLICIES TO
PRO1	ECT CHILDREN FROM	1 TOBACCO PRODUCTS				
	Did the every patien		-nt nuaguam cau	was diving the very	ibiah wara nat liatad an	
2	-	n undertake any signific		<del>-</del> •		□yes VNo
	•	or 990-EZ?				⊔ Yes ⊻ No
_	•	ese new services on Sc				
3	-	n cease conducting, or r	<u>-</u>	-	ucts, any program	□ □
						☐ Yes 🗹 No
	If "Yes," describe th	ese changes on Schedu	le O			
4					largest program services, as meas	
		nd 501(c)(4) organizati nue, if any, for each pro			of grants and allocations to others,	the total
	, ,	, ,,	,	!		
4a	(Code	) (Expenses \$	13,630,916	including grants of \$	7,141,032 ) (Revenue \$	)
	See Additional Data					
						_
4b	(Code	) (Expenses \$	2,320,702	including grants of \$	1,973,719 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	1,275,788	including grants of \$	133,000 ) (Revenue \$	<u> </u>
	See Additional Data	, (=F +	_,			,
4d	Other program serv	rices (Describe in Sched	ule O )			
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)
4e	Total program ser	rvice expenses >	17,227,4	06		
						Form <b>990</b> (2016)

Yes

Page 3

No

No

No

No

Nο

Nο

No

No

Nο

No

Nο

Nο

No

No

Νo

No

No

Νo

Form **990** (2016)

or X as applicable

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💆 . . . . . . . . . . . . . . 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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3 4 5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

 Circulated integration (continued)	
	7

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**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

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

No

Yes

Yes

Page 4

Νo Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

orm	990 (2016)			Page
Par	t 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			<b>✓</b>
	Enter the growth or growth due Box 2 of Ferma 1000 Februa 0 of each angleable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 29  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4	.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•	If fee, to line 50 of 55, and the organization me form 5000 f. I.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	F		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
ט	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Tu				

orm 9	990 (2016)			Page (
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Sec	tion A. Governing Body and Management		T	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  11	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or	-		
	similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent			
	<b>1b</b> 14	<u>+</u>		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			110
	members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a ·	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Codi	e.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in</i>	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			110
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
	List the States with which a copy of this Form 990 is required to be filed  AK , AL , AR , CA , CT , FL , GA , IL , KS ,  NC , NJ , NH , NM , NY , OK , OR , PA , RI  WI , WV , KY			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	_		_
L <b>9</b>	Own website Another's website Upon request Other (explain in Schedule O)  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	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶JACQUELINE M BOLT 1400 I STREET NW STE 1200 WASHINGTON, DC 20005 (202) 296-5469			
	- 30-2403 (202) 230-3403		orm 00	0 (2016

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

Form 990 (2	2016) Page <b>7</b>
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
year ● Lıst all	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "
who receive	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations
• List all o	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Office: Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

FLAT NO 10/12 GOLF APT SUJAN SING NEW DELHI IN

compensation from the organization ▶ 7

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

Page **8** 

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u an off	t che unles ficer	eck moss ss pers r and a tee)	son a	Repo compe fron organiza	(D) (E) portable pensation om the ization (W-199-MISC)  (E) Reportable compensation from related organizations 2/1099-MISC)		n <b>i</b> [W-	Estima amount o compen from organizat	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Офорт	Key employee	Highest compensated employee	Former	2/1095	<b>J-MI</b> 2C)	5\10AA-M12C	-)	related organizations	
See Additional Data Table		<del> </del>	$\vdash$	-	$\vdash$	<u> </u>	+	<u> </u>			$\dashv$		
		-	+	$\vdash$	$\vdash$	$\vdash$	+				$\dashv$		
			+	$\vdash$	$\vdash$	$\vdash$	+				1		
					$\vdash$						$\exists$		
		<u> </u>	<u> </u>		igspace	<u> </u>	<u></u>						
		<u> </u>		<u>                                     </u>	igspace	<u> </u>	<u> </u>				_		
		-	_	<u>                                     </u>	$\vdash$	—	<u> </u>				$\dashv$		
1b Sub-Total			Ш	<u></u> '	L	<u> </u>   ▶					$\dashv$		
c Total from continuation sheets to Pa	art VII, Sectio	on A .				•							207.429
d Total (add lines 1b and 1c)						re) who	o rec		356,144 re than \$1	1,646,93	16		397,428
of reportable compensation from the													<u> </u>
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3			:ee, k	ey e	mpl·	oyee,	or hı	ghest com	npensated	i employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization.										n the			140
<ul><li>individual</li><li>5 Did any person listed on line 1a received.</li></ul>			• • F	·		· ·					4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization					,			_		• • •	5		No
Section B. Independent Contract													
Complete this table for your five high from the organization Report comper											mper	nsation	
	(A) and business addre	ess		_	_					(B) cription of services		Comper	nsation
LLC CONCEPT								_ /	ADVOCACY	SERVICES			200,700
119034 OSTOZHENKA ST 7/1 MOSCOW 125993 RS													
NANDINI VERMA, D2A/2 VASANT VIHAR NEW DELHI 110057								,	ADVOCACY	SERVICES			138,036
IN ZUCKERMAN SPAEDER LLP								<del></del>	ADVOCACY	SERVICES			120,000
1800 M STREET NW SUITE 1000 WASHINGTON, DC 200365802													
HARRIS SIAGIAN, JL BANGKA RAYA NO 25A PELE-MAMPA JAKARTA SELETAN						,		-	ADVOCACY	SERVICES			108,732
SURI & COMPANY LAW FIRM								<del> </del> ,	ADVOCACY	SERVICES			108,238

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

art	VIII Statement of	Revenue							- age 3
	Check ıf Schedul		response	or note to an		VIII			🗆
					( <b>A)</b> Total revenue	2	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1a Federated campaig	ns	1a				revenue		512-514
ons, Giffs, Grants Similar Amounts	<b>b</b> Membership dues		1b						
512 110 110	<b>c</b> Fundraising events		1c						
₹. §	<b>d</b> Related organizatio	ons	1d						
<u> </u>	<b>e</b> Government grants (co	ontributions)	1e						
Sir. Sir.	f All other contributions and similar amounts n		İ						
	above	lot included	1f	24,039,532					
	g Noncash contribution								
Contributions, Giffs, Grants and Other Similar Amounts	ın lınes 1a-1f \$	16	_						
	<b>h Total.</b> Add lines 1a-1	lr	<u> </u>	<b>&gt;</b>   Busines	24,039,532 ss Code	2		1	
Service Revenue	2a			Busines	33 COUC				
4									
- e	6								
ž	d ———		_						
Ē	e ————		_						
Program	<b>f</b> All other program se	rvice revenue							
4	<b>gTotal.</b> Add lines 2a-2f	f	•						
	3 Investment income (iii similar amounts) .				4	3,051			43,051
	4 Income from investme				•				
	<b>5</b> Royalties				<b>•</b>				
	_	(ı) Real		(II) Personal					
	<b>6a</b> Gross rents								
	<b>b</b> Less rental expenses								
	c Rental income or								
	(loss)								
	d Net rental income o			• • •					
	7a Gross amount	(ı) Securit	es	(II) Other					
	from sales of assets other	7:	25,000						
	than inventory								
	<b>b</b> Less cost or other basis and	7	26,523						
	sales expenses		-1,523						
	c Gain or (loss) d Net gain or (loss)		·	•		1,523			-1,523
	8a Gross income from fi	undraising eve							
ne	(not including \$ contributions reporte		of						
Ş	See Part IV, line 18		а						
æ	<b>b</b> Less direct expense		b						
Other Revenue	c Net income or (loss)  9a Gross income from g			· · <b>&gt;</b>	_				
ō	See Part IV, line 19		-3						
			a						
	<b>b</b> Less direct expense <b>c</b> Net income or (loss)		b						
	10aGross sales of invent		activities	· · •	1				
	returns and allowand	ces							
	<b>b</b> Less cost of goods s	aald	a b						
	c Net income or (loss)			•					
	Miscellaneous			Business Code					
	11a								
	b								
	С								
	d All other revenue								
	e Total. Add lines 11a			. •					
	12 Total revenue. See	Instructions	<u> </u>	· · · •	24,08	1,060		0	0 41,528
									Form <b>990</b> (2016)

IV. line 22

and 16

Part IX Statement of Functional Expenses

domestic governments See Part IV, line 21

4 Benefits paid to or for members

section 4958(c)(3)(B) . 7 Other salaries and wages

**9** Other employee benefits .

**d** Lobbying . . . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties

**16** Occupancy

20 Interest . .

23 Insurance .

21 Payments to affiliates . .

expenses on Schedule O ) a PUBLIC SVCS/MEDIA

d ALLOCATED OVERHEAD

e All other expenses

**b** TRANSLATIONS

c RESEARCH

**17** Travel .

14 Information technology

11 Fees for services (non-employees) a Management . . .

f Investment management fees .

10 Payroll taxes . .

**b** Legal .

c Accounting

key employees .

Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

(k) and 403(b) employer contributions) .

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

 $oldsymbol{
eq}$ 

5,882

8,186 737

824

568

(B) (C) Do not include amounts reported on lines 6b, (A)

Program service Management and

11,781

33,275

2,995

3,152 2,504

18,674

21,068

17,723

8,726

15,580

135,478

16,197

Form 990 (2016)

Total expenses

7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 133,000 133,000

(D)

Fundraisingexpenses

9,114,751

484,068

2,088,392

187,956

202,797

143,746

25,071

21,068

229,924

2,971,262

64,763

88,681

197,075

334.162

382,066

8,726

597.768

66,435

18,808

15,580

2,982

17,379,081

9,114,751

466,405

2,046,931

184,224

198.821

140,674

6,397

229,924

2,971,262

47.040

88,681

197,075

334.162

382,066

597,768

66.435

18,808

2.982

17,227,406

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing		1	
2 Savings and temporary cash investments	24,105,285	2	23,885,242

12,000,000 Pledges and grants receivable, net . . . 5,775,000 3 7.160 4 7,910 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net . . . . Inventories for sale or use . 8 12.398 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

9.600 b Less accumulated depreciation 10b 10c 2.978,933 2.943.769 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . . .

15 15 Other assets See Part IV, line 11 . 32,843,612 38.881.685 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 839,043 17 422,489

18 Grants payable . . 18 19 19 Deferred revenue . . . . 20

Tax-exempt bond liabilities . . . . . . 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,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . .

24 24 Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, 358.161 25 121.667 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

1,197,204

4.323.907

27.322.501

31,646,408

32.843.612

26

27

28

29

30

31 32

33

34

544,156

4.847.422

33,490,107

38,337,529

38.881.685

Form **990** (2016)

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Yes

Nο

Form 990 (2016)

2c

3a

3b

### Additional Data

Software ID:

Software Version:

**EIN:** 52-1974904

Name: TOBACCO-FREE KIDS ACTION FUND

Form 990 (2016) Form 990, Part III, Line 4a:

INTERNATIONAL PROGRAMS MANAGED AN INTERNATIONAL PROGRAM TO SUPPORT THE ADOPTION OF STRATEGIES TO REDUCE THE CONSUMPTION OF TOBACCO GLOBALLY, STAFF MANAGE AN INTERNATIONAL GRANT PROGRAM THAT PROVIDES FUNDS TO ORGANIZATIONS IN LOW AND MIDDLE-INCOME COUNTRIES TO ADOPT AND IMPLEMENT TOBACCO CONTROL LAWS, REGULATIONS, POLICIES AND PROGRAMS, INCLUDING TAX AND PRICE MEASURES, ADVERTISING BANS, CONSUMER WARNINGS

AND SMOKE-FREE WORKPLACES AND PUBLIC PLACES LAWS, AND PROVIDED ASSISTANCE TO GRANTEE AND PARTNER ORGANIZATIONS IN STRATEGY DEVELOPMENT. CAMPAIGN IMPLEMENTATION, COMMUNICATIONS AND MEDIA OUTREACH, POLICY RESEARCH AND LEGAL DRAFTING AND ANALYSIS

Form 990, Part III, Line 4b: GLOBAL HEALTH ADVOCACY INCUBATOR AN INTERNATIONAL PROGRAM THAT MANAGES A UNIT THAT TRAINS AND ADVISES OTHER ORGANIZATIONS ON THE CONDUCT OF HEALTH POLICY CAMPAIGNS IN LOW AND MIDDLE INCOME COUNTRIES

(DOMESTIC) ADVOCACY/ COMMUNICATIONS/ RESEARCH/ YOUTH SERVICES SUPPORTED THE U.S. DEPARTMENT OF JUSTICE'S 1999 CIVIL LAWSUIT AGAINST THE MAJOR TOBACCO COMPANIES, ADVOCATED FOR FUNDING FOR TOBACCO PREVENTION AND TOBACCO CESSATION PROGRAMS AS WELL AS EXPANDED INSURANCE COVERAGE FOR CESSATION SERVICES, CONTINUED TO SUPPORT IMPLEMENTATION OF THE FOOD AND DRUG ADMINISTRATION'S AUTHORITY OVER TOBACCO PRODUCTS, PLANNED AND IMPLEMENTED STATE-WIDE ADVOCACY CAMPAIGNS THAT HOLD ELECTED OFFICIALS ACCOUNTABLE FOR TOBACCO ISSUES. PROMOTE THE PROVEN SOLUTIONS THAT

REDUCE TOBACCO USE AND GENERATE VOTER SUPPORT FOR INITIATIVES THAT ADVANCE TOBACCO-CONTROL

Form 990, Part III, Line 4c:

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Highest compenso Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

			कें		пеd			
WILLIAM D NOVELLI	1 00	×		x		0	0	
BOARD CHAIR		,		^		,	,	
CHRISTOPHER CONLEY	1 00	×				O	0	
FINANCE COMMITTEE CHAIR		^						

Х

Х

Х

Х

Х

Х

Х

1 00

1 00

1 00

1 00

1 00

1 00

......

.......

......

................

......

......

BOARD CHAIR		^	^		
CHRISTOPHER CONLEY	1 00	v			
FINANCE COMMITTEE CHAIR		^			
BARRIE FISKE	1 00	v			
DEVELOPMENT COMMITTEE CHAIR		^			
JONAH SHACKNAI	1 00				

DEVELOPMENT COMMITTEE CHAIR

DOUG ULMAN

EILEEN HOWARD BOONE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

NANCY BROWN

SPENCER FLANDERS

MICHAEL MOORE

JOHN R SEFFRINPHD

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and Highest compensat Former MISC) MISC) employee

(F)

Estimated

compensation

from the

related organizations

38,703

31,592

40,860

40,390

26,620

43,207

0

199,243

128,776

135,094

166,893

201,555

194,750

99,247

32,169

69,182

44,364

9,032

66,624

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

1 00

1 00

27 00

13 00 32 00

8 00 26 00

14 00 31 00

9 00 38 00

2 00 30 00

10 00

......

.......

.................

......

Х

Х

Х

Х

Х

Х

Х

Χ

Х

	organizations below dotted line)	ndrwdual trustee ir director	Institutional Trustee
DR JOXEL GARCIA	1 00	X	
DIRECTOR		^	
DR BECHARA CHOUCAIR MD MS	1 00		
	•••••	X	

DIRECTOR

DIRECTOR

DIRECTOR

PRESIDENT

WILLIAM LEE

GARY M REEDY

BRYCE MOORE

MATTHEW MYERS

EXECUTIVE DIRECTOR

DANIEL MCGOLDRICK

VINCENT WILLMORE

VP, COMMUNICATIONS

YOLONDA RICHARDSON

EVP, GLOBAL PROGRAMS

VP, BI INCUBATOR/OBESITY

VP, FINANCE & ADMIN, TREASURER

JACQUELINE BOLT

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation amount of other compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations for related (W-2/1099-(W-2/1099organization and 95 MISC) MISCI

(F)

Estimated

from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	organizations below dotted line)	individual trustee or director	Institutional Trustee	sey employee	Highest compensated amplionee	Former	`MISC)	` MISC)	related organizations
ANNE FORD	22 00			х			86,801	106,190	34,07
VP, FEDERAL RELATIONS	18 00			^			80,801	100,190	34,07
PATRICIA LAMBERT	6 00				x		198 731	35 172	30 55

		e E	Ustee		∺nsat⊖d			
ANNE FORD	22 00			х		86,801	106,190	
VP, FEDERAL RELATIONS	18 00			^		80,801	100,190	-
PATRICIA LAMBERT	6 00				~	100 721	25 172	_
DIR, INTERNATIONAL LEGAL	34 00				X	198,731	35,172	3
STEVAN MILLER	39 00							

ANNE FORD	22 00		Y		86,801	106,190	34,079
VP, FEDERAL RELATIONS	18 00		^		80,801	100,190	34,079
PATRICIA LAMBERT	6 00			,	400 724	25 4 72	20.550
DIR, INTERNATIONAL LEGAL				X	198,731	35,172	30,559
STEVAN MILLER	39 00			.,			
				Х	3,800	186,199	22,440

•	10 00						1
PATRICIA LAMBERT	6 00						
				x	198,731	35,172	30,559
DIR, INTERNATIONAL LEGAL	34 00						
STEVAN MILLER	39 00						
				Х	3,800	186,199	22,440
DIR, DEVELOPMENT	1 00						
DATRICIA COCA	28 00						

Х

Х

138,220

52,431

40,905

122,438

31,114

27,701

STEVAN MILLER	39 00			.,		105 100	
DIR, DEVELOPMENT	1 00			Х	3,800	186,199	22,440
PATRICIA SOSA	28 00			· ·	FF F43	120 701	20.462
DID LATIN AFFAIRC				Х	55,543	129,701	30,163

				X	3,800	186,199	
DIR, DEVELOPMENT	1 00						
PATRICIA SOSA	28 00						
				Х	55,543	129,701	

9.00

31 00 28 00

12 00

......

PAMELA COFFEY

VANDANA AGARWAI

DIR. SOUTHEAST ASIA

DIR, INTERNATIONAL GRANTS

DIR, DEVELOPMENT	1 00			~	3,000	100,133	
PATRICIA SOSA	28 00						
				Х	55,543	129,701	
DIR, LATIN AFFAIRS	12 00				, i	·	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

## Political Campaign and Lobbying Activities

Political Callipaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

2016

OMB No 1545-0047

Open to Public Inspection

DLN: 93493262002207

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** TOBACCO-FREE KIDS ACTION FUND 52-1974904 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016 Cat No 50084S

Grassroots ceiling amount
(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

activity

Volunteers?

1

b

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

## **Supplemental Financial Statements**

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

DLN: 93493262002207 OMB No 1545-0047

(Form 990)

► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** TOBACCO-FREE KIDS ACTION FUND 52-1974904 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	4111	Organizations M	aintaining Coi	lections c	or Art,	HISTOR	icai ii	eas	ures, or	otne	r Similar	Assets (	continu	ed)
3		the organization's acq (check all that apply)	quisition, accession	n, and other	records		any of	the f	ollowing t	hat are	a significar	nt use of it	s collect	cion
а		Public exhibition				d		Loai	n or excha	ange pro	grams			
b		Scholarly research				e		Oth	er					
c		Preservation for future	e generations											
4	Provid Part X	de a description of the	organization's col	lections and	l explain	how the	ey furth	er th	ne organiz	ation's	exempt pu	rpose in		
5		g the year, dıd the org s to be sold to raıse fur									mılar	□ <b>Y</b>	es [	□No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Fo	rm 990	), Part	IV,	line 9, oi	report	ted an am	nount on	Form 9	90, Part
1a		organization an agent led on Form 990, Part		an or other	interme	diary for	contril	outio	ns or othe	er assets	s not	□ <b>Y</b>	es [	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the f	ollowing	table		[			Amount		
c	Begin	ning balance								1c				
d	Addıtı	ons during the year								1d				
е	Distril	butions during the year	r							1e				
f	Endin	g balance								1f				
<b>2</b> a		ne organization include		•	•	•					,	☐ Y		<b>□ N</b> o
b	_	s," explain the arrange												
Pa	rt V	Endowment Fun	<b>ds.</b> Complete if											
1.	Roginni	ing of year balance .		(a)Currer	nt year	<b>(b)</b> ₽	rior yeai	-	(c)Two ye	ears back	(d)Three	years back	(e)Fou	r years back
	-	outions												
		estment earnings, gair	ne and losses											
		or scholarships												
	Other e	expenditures for facilities												
£		ograms												
		strative expenses .												
_		year balance		L		/1 4			XX 1 1 1					
2		de the estimated perce I designated or quasi-e	_	ent year end	palance	e (line I	g, colui	mn (a	a)) neid a	S				
a		anent endowment <b>&gt;</b>	endowinent P											
b														
С		orarily restricted endov		ld agual 100	304									
За		ercentages on lines 2a nere endowment funds				tion tha	t are h	ald a	nd admini	stered f	or the			
		ization by	mot in the posses	51011 01 1110	organiza	cion cha		J.u u	ila adiiliili	J.C.C.	01 1112		Y	'es No
	(i) un	related organizations										<u> </u>	a(i)	
		elated organizations			٠							<u> </u>	a(ii)	
4		s" on 3a(II), are the re Ibe In Part XIII the Inte	_					•		• •			3b	
	rt VI	Land, Buildings,			ii s eiiuc	WITTETIC	iulius							
-(4)	UVI	Complete if the or			on For	m 990,	, Part I	V, lı	ne 11a.	See Fo	rm 990, I	Part X, lın	e 10.	
	Descri	ption of property	(a) Cost or oth (Investme		(b)Cost	or other	basis (d	ther)	( <b>c)</b> Accı	ımulated	depreciation	n	<b>(d)</b> Book	value
1a	Land								+					
	Building	gs												
		old improvements												
		nent												
	Other													
		lines 1a through 1e (Co	olumn (d) must e	qual Form 9	90, Part	X, colui	mn (B),	line	10(c))		<b>&gt;</b>			0

	Investments—Other Securities. Complete if the orga	anızat	ion ansv	vered 'Yes' on Form 990	O, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book value		d of valuation
(1)Financial	(including name of security) derivatives		value	Cost of end-of	f-year market value
	neld equity interests	_			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	ation and	swared 'Ves' on Form O	00 Part IV line 11c
Part VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.				
	(a) Description of investment	<b>(b)</b> Bo	ok value		od of valuation f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes' of	on Form	m 000 P-	ort IV June 11d. See Form I	200 Part V line 15
	(a) Description	311 1 011	11 330, 1 4	merv, merra secrom	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15 )				
Part X	Other Liabilities. Complete If the organization answer			orm 990, Part IV, line 1	
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value	
(1) Federal ı	ncome taxes				
DUE TO BEL	ATED ORGANIZATION			121 667	
(2)	ATED ORGANIZATION			121,667	
(3)					
(4)					
(5)					
(6)		+			
(7)					
(8)		+			
(9)		+			
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		121,667	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the fo	otnote		ganization's financial state	_

1

2

b

d

3

4

а

b

c

Part XIII

5

Schedule D (Form 990) 2016

2e

3

4c

5

Page 4

17,379,081

17.379.081

17,379,081

Schedule D (Form 990) 2015

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	-10,858	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grapts	20		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Other (Describe in Part XIII ) . . . . . -10,858 е Add lines 2a through 2d . . . . . . 2e 3 Subtract line 2e from line 1 . 3 24,081,060

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII ) . . . . . . 4b b

4 Add lines 4a and 4b . . . 4c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . 5 24,081,060 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.

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

Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) .

Other losses .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Amounts included on line 1 but not on Form 990, Part IX, line 25

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Explanation

2a

2b 2c

2d

Page <b>5</b>		Schedule D (Form 990) 2015
	tal Information <i>(continued)</i>	Part XIII Supplemental Info
xplanation		Return Reference

Schedule D (Form 990) 2016

## **Additional Data**

Software ID: Software Version:

**EIN:** 52-1974904

Name: TOBACCO-FREE KIDS ACTION FUND

**Supplemental Information** 

Return Reference	Explanation
PART X, LINE 2	THE ACTION FUND IS EXEMPT, UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, FROM FEDE RAL INCOME TAX, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME THERE WAS NO FEDERAL INCOME T AX EXPENSE FOR THE YEARS ENDED MARCH 31, 2017 AND 2016 MANAGEMENT EVALUATED THE ACTION FU ND'S TAX POSITIONS AND CONCLUDED THAT THE ACTION FUND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS GENERALLY, THE ACTION FUND IS NO LON GER SUBJECT TO TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YE ARS BEFORE 2014

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )	efile GRAPHIC prin	t - DO NOT P	ROCESS	As Filed Data	-	DLN	: 93493262002207	
Part I General Information and Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  Part I General Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.  Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.  1 For grantmakers.Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region (b) Number of offices in the region (The following Part I) in region (c) Number of contractors in region (d) Activities conducted in program service, describe specific type of service(s) in region (f) Total expenditures for and investments in region (1) See Add'll Data (1) See Add'll Data (2)		State	ment of	ited States				
Department of the Treasury Internal Revenue Service    Name of the organization   TOBACCO-FREE KIDS ACTION FUND   Torganization   Toganization   Toganizatio	(1 31111 333)	990,	2016					
Name of the Treasuration   Name of the Treasuration   Name of the organization   TOBACCO-FREE KIDS ACTION FUND   Employer identification number   52-1974904								
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (1) See Add'l Data (2)	Department of the Treasury  Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.							
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?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)  (a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region  (1) See Add'l Data  (2)						Employer idei	ntification number	
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?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region  (b) Number of employees, agents, and independent contractors in region  (c) Number of employees, agents, and independent contractors in region  (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region  (1) See Add'l Data  (1) See Add'l Data	TOBACCO-FREE KIDS AC	TION FOND				52-1974904		
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundrasing, program services, investments, grants to recipients located in the region)  (1) See Add'l Data  (2)  (2)  (3)  (4)  (4)  (4)  (5)  (6)  (7)  (6)  (7)  (7)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (1)  (1				Outside the U	<b>Jnited States.</b> Comple	ete if the organization a	answered "Yes" to	
to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)  (1) See Add'l Data  (2) Ves   (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)	1 For grantmaker	s.Does the org	anızatıon mai	ntain records to s	substantiate the amount	of its grants and		
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundraising, program service, investments, grants to recipients located in the region)  (1) See Add'l Data  (2) See Add'l Data	•	-	- '	ne grants or assis	stance, and the selection	criteria used		
outside the United States  Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )  (a) Region (b) Number of offices in the region (c) Number of offices in the region (b) Number of offices in the region (c) Number of offices in the region (b) Vipe) (e g , fundraising, program service, describe specific type of service(s) in region (c) Number of offices in the region (d) Activities conducted in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (d) Activities conducted in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (d) Activities conducted in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (d) Activities conducted in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service, describe specific type of service (s) in region (f) Total expenditures	to award the grar	nts or assistanc	:e <sup>?</sup>				🗹 Yes 🗌 No	
(a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region  (1) See Add'l Data  (c) Number of employees, agents, and independent contractors in region  (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region  (f) Total expenditures for and investments in region  (f) Total expenditures for and investments or activity listed in (d.) is a program service, describe specific type of service(s) in region  (1) See Add'l Data			Part V the org	anızatıon's proce	dures for monitoring the	use of its grants and ot	her assistance	
offices in the region of the region offices in the specific type of service(s) in region of the region offices in the specific type of service(s) in region of service(s) in region of the regio	3 Activites per Regio	n (The following	g Part I, line 3	table can be duplı	cated if additional space is	needed )		
(2)	(a) Region		offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments	
	( 1) See Add'l Data							
(3)	( 2)							
	(3)							
(4)	(4)							
(5)	( 5)							
3a Sub-total         6         14         9,114,7           b Total from continuation sheets to Part I         0         0	<b>b</b> Total from continua	tion sheets to		6 14 0 0			9,114,751	
	c Totals (add lines 3						9,114,751	

(16)

seriedale i (Form 330)								rage <b>2</b>
		ssistance to Organ cipient who received				ete if the organization of the space is needed.	on answered "Yes" t	o Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1) See Add'l Data	3							
( 2)								
(3)								
(4)								
-, -, exempt by the I	RS, or for whic	organizations listed the grantee or cou	<del>nsel has provided a s</del>	<del>lection 501(c)(3) equ</del>	ılvalency letter	recognized as tax-		
3 Enter total numb	per of other or	ganizations or entities		<u> </u>	<u> </u>			74
(7)								, ,
(8)							Schedule	F (Form 990) 2016
(9)								
( 10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3** 

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
( 2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t 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	<b>☑</b> 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)		
	2/15th decidents for 1 Grinis GS2G and GS2G Fry	☐ Yes	<b>☑</b> 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)		
	Corporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> 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	<b>☑</b> 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)		
	(see Instructions for Form 6005)	☐ Yes	<b>✓</b> 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)	∐ Yes	<b>✓</b> No

Schedule F (Form 990) 2016 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). Return Explanation Reference PART I THE TOBACCO-FREE KIDS ACTION FUND (TFKAF) INTERNATIONAL GRANTS SUPPORT NON-LOBBYING AND LOBBYING LINE 2 ACTIVITIES OF NON-GOVERNMENTAL AND CIVIL SOCIETY ORGANIZATIONS WORKING TO HELP PASS. IMPLEMENT AND ENFORCE TOBACCO CONTROL POLICIES IN LOW- AND MIDDLE-INCOME FOREIGN COUNTRIES TO EFFECTIVELY CONTROL AND MONITOR THE RECIPIENT'S USE OF THE GRANT FUNDS, THE ACTION FUND MAINTAINS THE FOLLOWING POLICIES & PROCEDURES O THE ACTION FUND DOES A CAREFUL PROGRAMMATIC AND FINANCIAL REVIEW OF ALL GRANT APPLICANTS AND PROPOSALS TO ENSURE THAT PROJECT OBJECTIVES AND ACTIVITIES ARE IN LINE WITH TFKAF GOALS AND FIT WITHIN THE APPLICANT ORGANIZATION'S CAPACITY AND EXPERIENCE - THE ACTION FUND DOES NOT FUND ANY GRANT ACTIVITIES THAT MIGHT INCLUDE SUPPORTING OR OPPOSING CANDIDATES FOR ELECTED OFFICE - THE ACTION FUND REQUIRES DETAILED INFORMATION FROM EACH GRANT APPLICANT SO THAT IT

CAN FOLLOW THE U.S. DEPARTMENT OF THE TREASURY ANTI-TERRORIST FUNDING GUIDELINES REGARDING CHARITABLE GRANTS TO FOREIGN ENTITIES OR INDIVIDUALS AMONG OTHER THINGS. THE ACTION FUND ENSURES. PRIOR TO ISSUING ANY GRANT, THAT NEITHER THE RECIPIENT ORGANIZATION NOR ANY OF ITS DIRECTORS, TOP EXECUTIVE STAFF. MAJOR FUNDERS OR MAJOR RECIPIENTS OF ORGANIZATION GRANTS ARE LISTED ON ANY OF THE MAJOR DATABASES OF PERSONS AND ORGANIZATIONS LINKED WITH TERRORISM - THE INTERNATIONAL GRANT AGREEMENTS, THEMSELVES, CONTAIN SPECIFIC PROVISIONS TO PROTECT AGAINST GRANT FUNDS BEING USED TO SUPPORT TERRORIST ORGANIZATIONS OR ACTIVITIES, TO SUPPORT OR OPPOSE ANY CANDIDATES FOR POLITICAL OFFICE, OR IN VIOLATION OF ANY APPLICABLE LAWS - EXCEPT FOR SOME RELATIVELY SMALL GRANTS WITH SHORT TIME FRAMES. THE ACTION FUND BREAKS UP ITS PAYMENT OF THE TOTAL GRANT AMOUNTS INTO INSTALLMENT PAYMENTS TO HELP ENSURE COMPLIANCE WITH THE GRANT AGREEMENTS AND SO THAT THE ENTIRE GRANT AMOUNTS ARE NEVER AT RISK OF IMPROPER USE OR DIVERSION. THE ACTION FUND ALSO REQUIRES INTERIM REPORTS, INCLUDING FINANCIAL REPORTING, THAT MUST BE RECEIVED AND APPROVED TO ENSURE PROPER USE OF RECEIVED GRANT FUNDS BEFORE ADDITIONAL INSTALLMENT PAYMENTS ARE MADE. AS PART OF THE FINANCIAL REPORTING, GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT ANNUAL FINANCIAL STATEMENTS AND/OR AUDIT DOCUMENTS - FOR LARGER GRANTS, THE ACTION FUND UNDERTAKES SITE VISITS, AS WELL, TO ENSURE THE PROPER USE OF GRANT FUNDS. TO CHECK THE INTERNAL FINANCIAL CONTROL SYSTEMS OF THE RECIPIENT ORGANIZATIONS, AND TO ENGAGE IN OTHER OVERSIGHT AND SUPPORT ACTIVITIES. - AT THE CONCLUSION OF ALL GRANTS. GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT FINAL NARRATIVE AND FINANCIAL REPORTS. WHICH ARE ANALYZED TO ENSURE THAT ALL GRANT ACTIVITIES HAVE BEEN COMPLETED, ALL FUNDS HAVE BEEN EXPENDED AND EXPENDED IN ACCORDANCE WITH U.S. GOVERNMENT AND LOCAL GOVERNMENT REGULATIONS AND RESTRICTIONS. AND ALL OTHER REQUIREMENTS HAVE BEEN FULFILLED UNDER THE TERMS OF THE GRANT

### **Additional Data**

(a) Region

EUROPE (INCLUDING ICELAND

& GREENLAND)

NORTH AMERICA

# Software ID: Software Version:

EIN: 52-1974904

Name: TOBACCO-FREE KIDS ACTION FUND

225,670

344,306

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Form	990	Schedule	F Part T	- Activities	Outside '	The United States	
		Schledale		ACCITICIOS	O a coluc	The Officea States	

0

	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC	2		GRANTS TO RECIPIENTS LOCATED IN REGION		3,823,244

0 GRANTS TO RECIPIENTS

0 GRANTS TO RECIPIENTS

LOCATED IN REGION

LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) RUSSIA AND NEIGHBORING IGRANTS TO RECIPIENTS 320.817 STATES LOCATED IN REGION SOUTH AMERICA IGRANTS TO RECIPIENTS 1,780,477 LOCATED IN REGION SOUTH ASIA 6 IGRANTS TO RECIPIENTS 1,417,777 LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region reaion recipients located in the region) 0 IGRANTS TO RECIPIENTS 1.202.460 SUB-SAHARAN AFRICA LOCATED IN REGION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH TOBACCO 281,906 WIRE AMERICA **ICONTROL** IGRANT SOUTH ASIA ITOBACCO 89.961 WIRE **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 136,292 WIRE ICONTROL IGRANT SOUTH ASIA ITOBACCO 59.585 WIRE **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 179,274 WIRE ICONTROL IGRANT SOUTH ASIA ITOBACCO 37.497 WIRE **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 30,026 WIRE **ICONTROL** IGRANT SOUTH ASIA ITOBACCO 80.806 WIRE ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH AMERICA ITOBACCO 90,000 WIRE CONTROL GRANT EUROPE TOBACCO 100,000 WIRE (INCLUDING CONTROL ICELAND & IGRANT IGREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ITOBACCO 478,925 WIRE AMERICA **ICONTROL** IGRANT. IGLOBAL **IHEALTH GRANT** SOUTH IGLOBAL 330.051 WIRE HEALTH GRANT IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 90,277 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 125.261 WIRE IAND THE ICONTROL PACIFIC GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 122,960 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 115.061 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 17,681 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 368.596 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 30,000 WIRE EAST ASIA TOBACCO IAND THE CONTROL PACIFIC IGRANT LEAST ASIA ITOBACCO 93.957 WIRE IAND THE ICONTROL. PACIFIC IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 142,392 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 24.088 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 14,983 WIRE IAND THE CONTROL PACIFIC IGRANT LEAST ASIA ITOBACCO 30.199 WIRE IAND THE ICONTROL. PACIFIC IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 45,350 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 132.430 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 320,000 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 35.980 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 49,384 WIRE EAST ASIA ANDITOBACCO THE PACIFIC CONTROL IGRANT SOUTH ITOBACCO 183.326 WIRE AMERICA ICONTROL IGRANT. IGLOBAL

HEALTH GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (a) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH GLOBAL 87.741 WIRE IAMERICA HEALTH GRANT ISOUTH GLOBAL 122.363 WIRE lamerica HEALTH GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH AMERICA IGLOBAL 86,231 WIRE IHEALTH IGRANT RUSSIA AND ITOBACCO 98.000 WIRE INEIGHBORING ICONTROL STATES IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 66,240 WIRE **ICONTROL** IGRANT SOUTH ASIA ITOBACCO 76.928 WIRE ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA TOBACCO 33,397 WIRE **ICONTROL** IGRANT ISOUTH ASIA TOBACCO 23.792 WIRE E028055 -ICONTROL. 07/31/17 IGRANT 05 36PM IWORKSHEET SCHEDULE F

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 23,161 WIRE **ICONTROL** IGRANT SOUTH ASIA ITOBACCO 14.334 WIRE ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 14,927 WIRE **ICONTROL** IGRANT SOUTH ASIA ITOBACCO 14.830 WIRE ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 199,377 WIRE ICONTROL IGRANT SOUTH ASIA ITOBACCO 89.778 WIRE **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 163,881 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 147.754 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 202,961 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 25.877 WIRE IAND THE ICONTROL

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 99,967 WIRE IAND THE CONTROL PACIFIC IGRANT LEAST ASIA ITOBACCO 25.090 WIRE IAND THE ICONTROL. PACIFIC IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 97,932 WIRE EAST ASIA TOBACCO IAND THE CONTROL PACIFIC IGRANT least asia ITOBACCO 81.113 WIRE IAND THE ICONTROL. PACIFIC IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH TOBACCO 173,347 WIRE AMERICA **ICONTROL** IGRANT NORTH ITOBACCO 170.959 WIRE AMERICA **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RUSSIA AND TOBACCO 42,778 WIRE INEIGHBORING ICONTROL ISTATES GRANT EAST ASIA AND ITOBACCO 138.743 WIRE THE PACIFIC **ICONTROL** GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA ITOBACCO 102,764 WIRE ICONTROL IGRANT SOUTH ASIA ITOBACCO 115.520 WIRE **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH TOBACCO 99,934 WIRE AMERICA **ICONTROL** IGRANT least asia anditobacco 200.651 WIRE THE PACIFIC **ICONTROL** IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 51,942 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 224.524 WIRE IAND THE ICONTROL PACIFIC GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND TOBACCO 58,452 WIRE THE PACIFIC CONTROL GRANT EUROPE TOBACCO 125.670 WIRE (INCLUDING CONTROL ICELAND & IGRANT IGREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN GLOBAL 1,202,460 WIRE IAFRICA IHEALTH GRANT SOUTH ASIA TOBACCO 26.788 WIRE CONTROL GRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) IRUSSIA AND ITOBACCO 86,550 WIRE INEIGHBORING ICONTROL ISTATES IGRANT EAST ASIA AND ITOBACCO 89.144 WIRE THE PACIFIC ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) IRUSSIA AND ITOBACCO 93,489 WIRE INEIGHBORING ICONTROL ISTATES IGRANT SOUTH AMERICA ITOBACCO 20.000 WIRE ICONTROL IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 79,000 WIRE EAST ASIA TOBACCO IAND THE CONTROL PACIFIC IGRANT least asia ITOBACCO 91.644 WIRE IAND THE ICONTROL. PACIFIC IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA TOBACCO 108,326 WIRE IAND THE ICONTROL PACIFIC GRANT **LEAST ASIA** TOBACCO 177.644 WIRE IAND THE ICONTROL

PACIFIC

GRANT

ile GRAPHIC print - DO NOT PROCES	S As Filed Data -					DLN: 93493262002207
chedule I orm 990)  artment of the assury rnal Revenue Service	Grants and C Governments Complete if the organiza	tion answered "Yes," o Attach to Form	s in the United on Form 990, Part IV 990.	d States , line 21 or 22.		OMB No 1545-0047  2016  Open to Public Inspection
ne of the organization BACCO-FREE KIDS ACTION FUND					1	identification number
art I General Information on Gra					52-19749	904
Does the organization maintain records to the selection criteria used to award the gratic Describe in Part IV the organization's processital Grants and Other Assistance to Eart II that received more than \$5,000 Pairs	nts or assistance? dures for monitoring the us- comestic Organizations ar	e of grant funds in the Un	ited States			Yes No
(a) Name and address of organization or government	(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 non-cash assis	
1) 13-561379 MERICAN HEART SSOCIATION 272 GREENVILLE AVENUE ALLAS, TX 75231	7 501(C)(3)	78,000				TOBACCO CONTROL GRANT
2) 81-262668 AMPAIGN FOR A HEALTHY OLORADO (ONSITE PUBLIC FFAIRS) 001 BRIGHTON BLVD SUITE 03 ENVER, CO 80216	7	52,500				TOBACCO CONTROL GRANT
Enter total number of section 501(c)(3) an	-				•	1
Enter total number of other organizations I					•	Schedule I (Form 990) 2016

Page **2** 

	'	,	, , , , ,	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

(d) Amount of

non-cash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

Return Reference

PART I, LINE 2

Schedule I (Form 990) 2016

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

**Explanation** 

recipients

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

(c) Amount of

cash grant

CLARIFYING ANY ISSUES RAISED RELATING TO A PROPOSAL. INCLUDING POSSIBLE REVISIONS TO THE PROPOSAL. THOSE REVIEWING THE PROPOSALS RECOMMEND WHETHER OR NOT THE GRANT SHOULD BE MADE - THE PROPOSALS AND RELATED GRANT DOCUMENTS FOR RECOMMENDED GRANTS ARE REVIEWED BY THE TFKAF VICE PRESIDENT FOR STATE ISSUES, GENERAL COUNSEL, AND VICE PRESIDENT FOR FINANCE & ADMINISTRATION UPON THEIR APPROVAL, THE GRANT AGREEMENT DOCUMENT IS SUBMITTED TO TFKAF'S PRESIDENT FOR FINAL APPROVAL AND SIGNATURE AFTER THE CHECK IS DISBURSED. THE RELEVANT ACTION FUND REGIONAL ADVOCACY DIRECTOR WORKS WITH THE GRANTEE ON AN ONGOING BASIS TO CONFIRM THAT THE GRANT FUNDS ARE USED CONSISTENTLY WITH THE GRANT AGREEMENT - THE GENERAL PURPOSE GRANT LETTERS PROVIDE THAT THE FUNDS MAY BE USED ONLY FOR ACTIVITIES 501(C)(4) NONPROFITS MAY LEGALLY ENGAGE IN AND MUST BE USED EITHER FOR GENERAL PURPOSE OF PREVENTING AND REDUCING TOBACCO USE OR ITS HARMS OR FOR ONLY FOR THE SPECIFIED PROJECT

THE TOBACCO-FREE KIDS ACTION FUND (TFKAF) DOES NOT HAVE A FORMAL GRANT PROGRAM BUT DOES INTERMITTENTLY PROVIDE GRANTS TO 501(C)(3) AND 501 (C)(4) NONPROFITS IN THE UNITED STATES THROUGH BOTH GENERAL-PURPOSE AND PROJECT-SPECIFIC GRANTS, AND ALSO SOMETIMES MAKES CONTRIBUTIONS TO STATE OR LOCAL BALLOT MEASURE COMMITTEES EXCEPT FOR THE CONTRIBUTIONS TO BALLOT MEASURE COMMITTEES, GRANTS ARE GIVEN ONLY TO ORGANIZATIONS THAT TFKAF HAS WORKED WITH IN THE PAST AND WILL CONTINUE TO BE WORKING WITH ON AN ONGOING BASIS THIS FAMILIARITY WITH GRANT RECIPIENTS, AND THE CONTINUING WORKING RELATIONSHIPS, MAKES GRANT OVERSIGHT MUCH EASIER AND MORE DIRECT TO EFFECTIVELY CONTROL AND MONITOR THE RECIPIENT'S USE OF THE GRANT FUNDS, THE ACTION FUND ALSO MAINTAINS THE FOLLOWING POLICIES & PROCEDURES O GRANT APPLICATIONS ARE SOLICITED, PRIMARILY BY THE TFKAF TEAM OF REGIONAL ADVOCACY DIRECTORS, PRIMARILY FROM SUITABLE 501(C)(3) NONPROFITS, AND LESS OFTEN FROM 501(C)(4) NONPROFITS, THAT THE REGIONAL ADVOCACY DIRECTORS HAVE WORKED WITH IN THE PAST AND WILL BE WORKING WITH IN THE FUTURE - EACH FORMAL GRANT PROPOSAL IS SUBMITTED ON FORMS PROVIDED BY TFKAF THAT REQUIRE DETAILED INFORMATION TO ALLOW FOR A CAREFUL EVALUATION OF THE GRANT PROPOSAL AND THE RECIPIENTS ABILITY TO USE THE GRANT FUNDS EFFECTIVELY. AS WELL AS FORMAL CONFIRMATION OF THE APPLICANT'S 501(C)(3) OR 501(C)(4) STATUS GRANT REOUESTS ARE EVALUATED BY THE REGIONAL ADVOCACY DIRECTORS. THE VICE-PRESIDENT FOR STATE ISSUES AND OTHER RELEVANT TFKAF STAFF, SOMETIMES IN CONSULTATION WITH OTHERS FAMILIAR WITH THE APPLICANT OR THE PROPOSAL'S SUBJECT AFTER

DLN: 93493262002207

## OMB No 1545-0047

#### Schedule J

(Form 990)

### **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

101	DACCO-TIVEL KIDS ACTION FOND	52-1974904			
Pa	rt I Questions Regarding Compensation	-			
	Queenens negaranig compensation	•		Yes	No
<b>1</b> a		vided any of the following to or for a person listed on Form to provide any relevant information regarding these items			
	☐ First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		ganization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec	eimbursing or allowing expenses incurred by all are turned by all are turned to a line 1a?	2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens				
	Compensation committee	Written employment contract			
	□ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		<b>6</b> a		No
b	Any related organization?		6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in in Part III	oald or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes," describe			N ~
9		e rebuttable presumption procedure described in Regulations	9		No

Schedule J (Form 990) 2015							Page Z
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.
For each individual whose compensal instructions, on row (ii) Do not list al <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Return Reference	Explanation
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
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

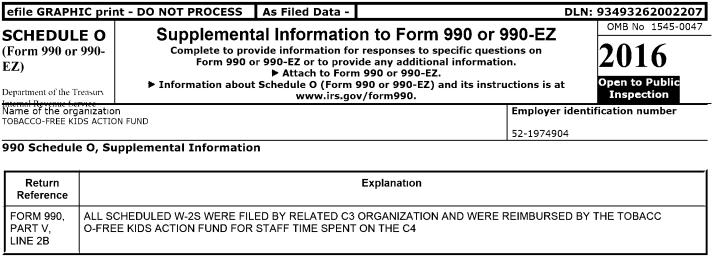
Software ID: Software Version:

**EIN:** 52-1974904

Name: TOBACCO-FREE KIDS ACTION FUND

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

(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	6C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation		(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1MATTHEW MYERS PRESIDENT	(1)	97,474	0	1,773	7,930	5,757	112,934	0
	(11)	195,682	0	3,561	15,920		226,717	0
1WILLIAM LEE EXECUTIVE DIRECTOR	(1)	31,929	0	240	2,998	3,877	39,044	0
	(11)	127,812	0	964	12,002		156,297	0
2JACQUELINE BOLT VP, FINANCE & ADMIN,	(1)	68,967	0	215	6,448	9,571	85,201	0
TREASURER	(11)	134,674	0	420	12,590		166,373	0
3DANIEL MCGOLDRICK VP, BI INCUBATOR/OBESITY	(1)	43,976	0	388	3,968	5,787	54,119	0
VI, BI INCODATOR, OBEST	(11)	165,475	0	1,418	14,515		202,566	0
4VINCENT WILLMORE VP, COMMUNICATIONS	(1)	9,004	0	28	817	429	10,278	0
VP, COMMONICATIONS	(11)	200,948	0	607	18,221		229,387	0
5YOLONDA RICHARDSON EVP, GLOBAL PROGRAMS	(1)	66,165	0	459	6,079	6,358		0
EVIT, GLOBAL I ROGIOVITO	(11)	193,404	0	1,346	17,771		231,107	0
6ANNE FORD VP, FEDERAL RELATIONS	(1)	86,374	0	427	7,954	8,281	103,036	0
VI, I EDERAL REDITIONS	(11)	105,670	0	520	9,730		126,049	0
<b>7</b> PATRICIA LAMBERT DIR, INTERNATIONAL LEGAL	(1)	197,183	0	1,548	17,999	10,002	226,732	0
21, 1112	(11)	34,898	0	274	3,186	 - 1,770	40,128	0
8STEVAN MILLER DIR, DEVELOPMENT	(1)	3,789	0	11	332	207	4,339	0
,	(11)	185,658	0	541	16,258	10,146	212,603	0
9PATRICIA SOSA DIR, LATIN AFFAIRS	(1)	55,270	0	273	5,123	5,278		0
	(11)	129,063	0	638	11,964		153,989	0
10PAMELA COFFEY DIR, INTERNATIONAL	(1)	137,781	0	439	12,709	12,698		0
GRANTS	(11)	40,775	0	130	3,761		48,424	0
11VANDANA AGARWAL DIR, SOUTHEAST ASIA	(1)	52,267	0	164	4,752	4,130		0
	(11)	122,058	0	380	11,087	9,648	143,173	0



Return Explanation
Reference

LINE 8B

FORM 990, NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE BOARD PART VI, SECTION A.

# 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	THE FINANCE & ADMINISTRATION STAFF, IN CONSULTATION WITH OUR OUTSIDE ACCOUNTING FIRM, PREP
PART VI,	ARES THE 990 FORM EACH YEAR ONCE IT IS COMPLETED AND APPROVED BY THE VICE-PRESIDENT FOR F
SECTION B,	NANCE & ADMINISTRATION AND THE PRESIDENT, IT IS PRESENTED TO THE FINANCE COMMITTEE OF THE
LINE 11B	BOARD OF DIRECTORS (WHICH INCLUDES THE TREASURER) AND ALSO THE FULL BOARD OF DIRECTORS FO
	R THEIR FINAL REVIEW AND APPROVAL, ALONG WITH KEY UNDERLYING DATA AND RECORDS THE FINANCE
	COMMITTEE AND BOARD ARE GIVEN READY ACCESS TO RELEVANT STAFF AS WELL AS THE ACCOUNTING FI
	RM IN THE EVENT THAT THE COMMITTEE HAS QUESTIONS OR WANTS TO REVIEW ANY DATA OR RECORDS TH
	AT WERE NOT INITIALLY PROVIDED ONCE THE FINANCE COMMITTEE APPROVES THE 990 FORM IT IS SUB
	MITTED TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TOBACCO-FREE KIDS ACTION FUND HAS A FORMAL, WRITTEN CONFLICT OF INTEREST POLICY FOR STAFF THAT IS PERIODICALLY REVIEWED AND, AS NEEDED, UPDATED AND REVISED THE WRITTEN POLICY IS P ERIODICALLY DISTRIBUTED TO ALL STAFF AND BOARD MEMBERS, AND ALWAYS DISTRIBUTED WHEN ANY SI GNIFICANT CHANGES ARE MADE ALL NEW STAFF MEMBERS AND NEW BOARD MEMBERS ARE GIVEN A COPY O F THE WRITTEN STAFF CONFLICTS OF INTEREST POLICY, AND IT IS INCLUDED IN THE EMPLOYEE MANUA L AND IS AVAILABLE ON THE CAMPAIGN'S INTERNAL COMPUTER NETWORK THE CONFLICT OF INTEREST POLICY CLEARLY STATES THAT STAFF MUST DISCLOSE ANY OF THEIR EXISTING OR PLANNED ACTIVITIES THAT MIGHT CONSTITUTE A CONFLICT OF INTEREST AND THAT THE CAMPAIGN RESERVES THE RIGHT TO TAKE ANY REASONABLE ACTION TO RESOLVE A CONFLICT SITUATION, INCLUDING THE POSSIBLE TERMINAT ION OF AN EMPLOYEE A WRITTEN CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS AND RELATED PROCEDURES HAS BEEN COMPLETED AND APPROVED BY THE BOARD

Return

Reference	
FORM 990,	THE PRESIDENT AND EXECUTIVE DIRECTOR'S COMPENSATION ARE REVIEWED AND APPROVED ANNUALLY BY
PART VI,	THE COMPENSATION COMMITTEE THAT IS COMPRISED OF FOUR BOARD MEMBERS WHO WORK AT SIMILAR ORG
SECTION B,	ANIZATIONS AND ARE FAMILIAR WITH COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED INDIVIDUA
LINE 15	LS THE COMPENSATION COMMITTEE EVALUATES THE PERFORMANCE OF THE PRESIDENT AND EXECUTIVE DI
	RECTOR ANNUALLY AND MAKES RECOMMENDATIONS TO THE BOARD ON SALARY INCREASES BASED ON PERFOR
	MANCE AND THE AVERAGE RATE OF INFLATION COMPENSATION IS CONSIDERED AND APPROVED IN AN EXE
	CUTIVE SESSION BY THE FULL BOARD OF DIRECTORS THE BOARD ALSO REVIEWS THE SALARIES OF THE
	EXECUTIVE MANAGEMENT TEAM THE PRESIDENT REVIEWS THE EXECUTIVE MANAGEMENT TEAM'S PERFORMAN
	CE AND COMPENSATION AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON THEIR SALARY IN
	CREASES BASED ON THE AVERAGE RATE OF INFLATION PERIODICALLY, THE COMPENSATION OF THE EXEC
	UTIVE MANAGEMENT TEAM IS REVIEWED TO ENSURE THAT COMPENSATIONS ARE IN LINE WITH SIMILARLY
	QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT OTHER NON-PROFIT ORGANIZATIONS WE ALSO U
	SE COMPENSATION SURVEYS TO REVIEW STAFF SALARIES

Explanation

Return Explanation
Reference

LINE 19

FORM 990, ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA TEMENTS AVAILABLE BY PUBLIC FILING AND/OR BY REQUEST SECTION C.

Return Explanation

FORM 990, PROGRAM CONSULTANTS PROGRAM SERVICE EXPENSES 2,971,262 MANAGEMENT AND GENERAL EXPENSES 0
PART IX, FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,971,262
LINE 11G

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493262002207 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** TOBACCO-FREE KIDS ACTION FUND 52-1974904 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	<b>s</b> Complete if t	the organi	ization a	answered '	'Yes" on Fo	orm 990,	, Part IV	, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary acti	vity	Legal dom	c) nicile (state n country)	(d) Exempt Cod	e section	Public cl	(e) harity status in 501(c)(3))	Dır	(f) rect controlling entity	Section (13) co ent	512(b)
											Yes	No
(1)CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I STREET NW SUITE 1200	PUBLIC HEALTH SERVICES		[	OC .	501(C)(3)		LINE 7					No
WASHINGTON, DC 20005 52-1969967									N/A			
												_
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.		Cat	t No 5013!	5Y				Sche	edule R (Form	990) 20	016

(a) Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gene mana parti	ral or aging	(k) Percenta ownersh
					,			Yes	No		Yes	No	
		+					1						
Identification of Related Orga because it had one or more relate						zation ansi	wered "Yes	" on F	orm 9!	90, Part IV,	line	34	
Identification of Related Orga because it had one or more relate (a)  Name, address, and EIN of related organization		s a corporation		t during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	(h	) ntage	  Se  (1	L3) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	(i) ection 5 13) contr entity Yes
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5: 13) conti entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) con entit

(1)CAMPAIGN FOR TOBACCO-FREE KIDS

(2)CAMPAIGN FOR TOBACCO-FREE KIDS

(3)CAMPAIGN FOR TOBACCO-FREE KIDS

1n Yes

Yes |1p | **1**q

No

No

No

1o | Yes

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

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		No							
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes								
c Gift, grant, or capital contribution from related organization(s)	1c		No							
d Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)	1e		No							

С	Girt, grant, or capital contribution from related organization(s)	1	140
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No

d Loans or loan guarantees to or for related organization(s)	1	d	No
e Loans or loan guarantees by related organization(s)	1	e	No
f Dividends from related organization(s)	1	.f	No
g Sale of assets to related organization(s)	1	g	No
<b>h</b> Purchase of assets from related organization(s)	1	h	No
i Exchange of assets with related organization(s)	1	li .	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	.j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1	k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	.1	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1	m	No

(b)

Transaction

type (a-s)

Ν

0

(c)

Amount involved

106,286

3,106,959

458,368

FMV

FMV

FMV

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

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(f) (g) Share of total Share end-of- asse	total   end-of-vear	(g) Share of end-of-year assets  (h) Disproprtionat allocations?		(h) Disproprtionate allocations?		General or managing partner?		<b>(k)</b> Percentage ownership
l l			514)	Yes	No	l 1		Yes	No		Yes	No	1		
								·							
				_						Schedul	e R (Form	1 99	0) 2016		

