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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TRUTH INITIATIVE FOUNDATION

Doing business as

TRUTH INITIATIVE

Number and street (or P O box if mail is not delivered to street address)

900 G STREET NW 4TH FLOOR

Room/suite

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

WASHINGTON, DC 20001

F Name and address of principal officer

ROBIN KOVAL

900 G STREET NW 4TH FLOOR

WASHINGTON, DC 20001

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

H(c) Group exemption number ▶

D Employer identification number

91-1956621

E Telephone number

(202) 454-5555

G Gross receipts \$ 281,114,556

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ TRUTHINITIATIVE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO

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

3 Number of voting members of the governing body (Part VI, line 1a)

310

4 Number of independent voting members of the governing body (Part VI, line 1b)

410

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5195

6 Total number of volunteers (estimate if necessary)

616

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a0

7b Net unrelated business taxable income from Form 990-T, line 34

7b0

Revenue

8 Contributions and grants (Part VIII, line 1h)

2,638,469

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

28,493,370

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,548,843

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

32,680,682

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

3,272,009

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

19,902,814

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶3,575

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

95,956,254

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

119,131,077

19 Revenue less expenses Subtract line 18 from line 12

-86,450,395

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

957,381,718

21 Total liabilities (Part X, line 26)

26,193,600

22 Net assets or fund balances Subtract line 21 from line 20

931,188,118

Prior Year

2,638,469

Current Year

3,203,950

Prior Year

0

Current Year

1,995

Prior Year

28,493,370

Current Year

62,053,927

Prior Year

1,548,843

Current Year

2,273,661

Prior Year

32,680,682

Current Year

67,533,533

Prior Year

3,272,009

Current Year

2,853,575

Prior Year

0

Current Year

0

Prior Year

19,902,814

Current Year

20,889,643

Prior Year

0

Current Year

0

Prior Year

95,956,254

Current Year

90,079,191

Prior Year

119,131,077

Current Year

113,822,409

Prior Year

-86,450,395

Current Year

-46,288,876

Prior Year

957,381,718

Current Year

1,019,042,166

Prior Year

26,193,600

Current Year

82,437,386

Prior Year

931,188,118

Current Year

936,604,780

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-07

Date

ANTHONY O'TOOLE CFIO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

WILLIAM E TURCO CPA

Preparer's signature

WILLIAM E TURCO CPA

Date

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400

Phone no (301) 296-3600

GAITHERSBURG, MD 208787340

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	69,281,680	including grants of \$	14,320)	(Revenue \$)
See Additional Data						

4b	(Code)	(Expenses \$	7,084,284	including grants of \$	78,728)	(Revenue \$)
See Additional Data						

4c	(Code)	(Expenses \$	4,608,649	including grants of \$	170,448)	(Revenue \$)
See Additional Data						

See Additional Data Table

4d	Other program services (Describe in Schedule O)					
	(Expenses \$	16,274,687	including grants of \$	2,572,079)	(Revenue \$	1,995)

4e	Total program service expenses ▶	97,249,300				
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	133	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	195	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , EG , TW , EZ , HU , ID , KS , MY , RP , TH , TU 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ ANTHONY T O'TOOLE CFIO 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001 (202) 454-5555

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

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

Form **990** (2016)

[illegible]

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	4,416,424	0	1,067,777

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MDC CORPORATE (US) INC 711 THIRD AVE 2ND FLOOR NEW YORK, NY 10017	MARKETING	54,752,110
72ANDSUNNY PARTNERS LLC 12101 W BLUFF CREEK DR PLAYA VISTA, CA 90094	MARKETING	8,858,624
GFK US HOLDINGS INC 120 EAGLE ROCK AVE STE 200 EAST HANOVER, NJ 079363590	RESEARCH	3,475,441
BEACONFIRE CONSULTING INC 2300 CLARENDON BLVD 925 ARLINGTON, VA 22201	MARKETING	1,349,727
THE ICEBOX LLC 700 LAKE AVENUE NE ATLANTA, GA 30307	MARKETING	697,680

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 35</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,374,608				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	829,342				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		3,203,950				
Program Service Revenue			Business Code				
	2a SALE OF EX PLATFORM		900099	1,995	1,995		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,995				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,319,950			16,319,950	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		49,081			49,081	
	6a Gross rents	(i) Real	(ii) Personal				
		2,224,390					
		b Less rental expenses	0				
		c Rental income or (loss)	2,224,390				
	d Net rental income or (loss)		2,224,390			2,224,390	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		259,315,000					
		b Less cost or other basis and sales expenses	213,584,953	-3,930			
		c Gain or (loss)	45,730,047	3,930			
	d Net gain or (loss)		45,733,977			45,733,977	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a						
	b Less direct expenses						
	b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19						
	a						
b Less direct expenses							
b							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
a							
b Less cost of goods sold							
b							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a OTHER INCOME		900099	190		190		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			190				
12 Total revenue. See Instructions			67,533,533	1,995	0	64,327,588	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,835,575	2,835,575		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,000	18,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,642,162	2,004,272	1,637,890	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	12,114,776	9,134,508	2,980,268	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,430,745	1,037,385	393,360	
9 Other employee benefits.	2,799,993	1,972,891	827,102	
10 Payroll taxes.	901,967	624,013	277,954	
11 Fees for services (non-employees):				
a Management.				
b Legal.	60,150	9,716	50,434	
c Accounting.	327,767		327,767	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,230,302		5,230,302	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	73,126,978	72,729,751	397,227	
12 Advertising and promotion.				
13 Office expenses.	1,188,687	288,172	900,515	
14 Information technology.	842,121	665,318	176,803	
15 Royalties.				
16 Occupancy.	2,448,459		2,448,459	
17 Travel.	1,338,252	1,148,724	189,528	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,126,948	1,095,594	31,354	
20 Interest.	1,573,909		1,573,909	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,623,181	143,977	1,479,204	
23 Insurance.	405,492	70,587	334,905	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INCOME TAX EXPENSE	46,852		46,852	
b EMPLOYEE MORALE	354,065	36,266	317,799	
c OTHER EXPENSES	264,351	151,427	109,349	3,575
d DUES/SUBSCRIPTIONS	121,677	97,172	24,505	
e All other expenses		3,185,952	-3,185,952	
25 Total functional expenses. Add lines 1 through 24e.	113,822,409	97,249,300	16,569,534	3,575
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		77,265,859	2	129,378,688
	3	Pledges and grants receivable, net		698,795	3	766,550
	4	Accounts receivable, net		435,960	4	242,766
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		19,850,000	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		335,509	9	939,618
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	42,001,606		
	b	Less: accumulated depreciation	10b	10,671,177		
				31,075,350	10c	31,330,429
	11	Investments—publicly traded securities		290,981,447	11	277,663,411
	12	Investments—other securities. See Part IV, line 11		535,678,971	12	577,576,790
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,059,327	15	1,143,414	
16	Total assets. Add lines 1 through 15 (must equal line 34)		957,381,718	16	1,019,042,166	
Liabilities	17	Accounts payable and accrued expenses		11,308,250	17	10,099,262
	18	Grants payable			18	
	19	Deferred revenue			19	28,799
	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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		14,885,350	25	72,309,325
	26	Total liabilities. Add lines 17 through 25		26,193,600	26	82,437,386
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		931,188,118	27	936,604,780
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		931,188,118	33	936,604,780	
34	Total liabilities and net assets/fund balances		957,381,718	34	1,019,042,166	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,533,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,822,409
3	Revenue less expenses Subtract line 2 from line 1	3	-46,288,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	931,188,118
5	Net unrealized gains (losses) on investments	5	49,423,033
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,282,505
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	936,604,780

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

COMMUNICATIONS TRUTH INITIATIVE SEEKS TO INCREASE AWARENESS ABOUT THE ISSUE OF TOBACCO USE IN AMERICA BY EDUCATING THE GENERAL PUBLIC AND KEY INFLUENCERS ABOUT THE ADDICTIVENESS OF NICOTINE, THE TOLL OF DEATH AND DISEASE FROM TOBACCO USE, AND TOBACCO'S SOCIAL AND ECONOMIC CONSEQUENCES ON OUR SOCIETY THE AWARD-WINNING COMMUNICATIONS EXPERTISE CENTER MANAGES AND EXECUTES ALL INTERNAL AND EXTERNAL COMMUNICATIONS INCLUDING MEDIA RELATIONS, PUBLIC RELATIONS, AND STAKEHOLDER OUTREACH ALSO, THE TEAM PROVIDES STRATEGIC AND TACTICAL COMMUNICATIONS SUPPORT FOR TRUTH INITIATIVE PROGRAMS, THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND SENIOR STAFF COMMUNICATIONS ACTIVITIES INCLUDE MAINTAINING RELATIONSHIPS WITH MEMBERS OF THE MEDIA, DEVELOPING AND ISSUING PRESS RELEASES AND STATEMENTS, CONDUCTING NEWS BRIEFINGS, MANAGING SOCIAL MEDIA CHANNELS AND THE ORGANIZATION'S WEBSITE, ADVISING ON CRISIS SITUATIONS, SPEECHWRITING, PUBLICIZING TRUTH INITIATIVE PROGRAMS AND ACTIVITIES BY DEVELOPING AND DISSEMINATING MATERIALS THAT PROVIDE INFORMATION ABOUT OUR PROGRAMS (BROCHURES, FLYERS, POSTCARDS) AND THE ISSUES (FACT SHEETS, REPORTS), COLLABORATING WITH PARTNERS IN THE NON-PROFIT, PUBLIC HEALTH, AND GOVERNMENT SECTORS AT THE NATIONAL, STATE AND LOCAL LEVELS, AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS AND INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS (I E WARNER SERIES AND WEBINARS), SPEAKING OPPORTUNITIES, AND SPONSORSHIPS COMMUNICATIONS IS ALSO RESPONSIBLE FOR THE EXECUTION OF MEETINGS, CONFERENCES, AND EVENTS

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

(Code) (Expenses \$ 377,692 including grants of \$ 17,000) (Revenue \$)

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

(Code) (Expenses \$ 2,655,934 including grants of \$ 1,905,361) (Revenue \$)

GRANTS TRUTH INITIATIVE AWARDS GRANTS THROUGH TWO MECHANISMS IN RESPONSE TO NATIONAL CALLS FOR PROPOSALS AND THROUGH A DISCRETIONARY GRANT MAKING MODE EACH GRANT AIMS TO AFFECT ONE OR MORE OF THE FOUNDATION'S GOALS IN FISCAL YEAR 2017, TRUTH INITIATIVE HELD NATIONAL CALLS FOR PROPOSALS AND ISSUED GRANTS TO SUPPORT TOBACCO-FREE EFFORTS AT COMMUNITY COLLEGES AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TRUTH INITIATIVE ALSO CONTINUES TO PROVIDE DISCRETIONARY GRANTS ON A VERY LIMITED BASIS

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

(Code)	(Expenses \$ 4,587,057	including grants of \$)	(Revenue \$)
SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES RESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) A) CONDUCT INTERVENTION AND POLICY RESEARCH TO MAKE A PUBLIC HEALTH IMPACT ON PREVENTING THE DISEASE BURDEN OF TOBACCO USE BEHAVIOR THROUGH ORIGINAL RESEARCH AND COMMISSIONING "HOT BUTTON" RAPID RESEARCH, B) IDENTIFY AND PROMOTE STRATEGIC RESEARCH OPPORTUNITIES FOR THE SCIENTIFIC AND FUNDING COMMUNITIES, AND C) TRAIN THE NEXT GENERATION OF SCIENTISTS IN CUTTING EDGE STRATEGIES TO ADVANCE PRACTICE AND POLICY THE SI CONVENES, COORDINATES, AND COMMUNICATES STAKEHOLDER EFFORTS, SERVES AS A TOBACCO CONTROL RESOURCE CENTER, AND EFFECTIVELY SYNTHESIZES SCIENTIFIC EVIDENCE IN KEY PRIORITY AREAS TO INFORM NATIONAL POLICY			
(Code)	(Expenses \$ 4,054,821	including grants of \$ 633,518)	(Revenue \$)
COMMUNITY AND YOUTH ENGAGEMENT COMMUNITY AND YOUTH ENGAGEMENT EXPERTISE CENTER EMPOWERS INDIVIDUALS, COALITIONS AND ORGANIZATIONAL PARTNERS TO TAKE ACTION IN THEIR COMMUNITIES AROUND TOBACCO PREVENTION WE EDUCATE, TRAIN AND MOBILIZE YOUTH ACTIVISTS, RECRUIT NEW ACTIVISTS AND RUN TOBACCO PREVENTION EDUCATIONAL AND ADVOCACY CAMPAIGNS IN THEIR COMMUNITIES TO EDUCATE AND MOBILIZE THEIR PEERS AROUND TOBACCO FREE COMMUNITIES WE BUILD PARTNERSHIPS WITH YOUTH SERVING ORGANIZATIONS TO EDUCATE AND TRAIN THEIR YOUTH MEMBERSHIP ABOUT TOBACCO PREVENTION WE ALSO WORK WITH MINORITY SERVING COLLEGES AND UNIVERSITIES AND COMMUNITY COLLEGES TO PASS 100% SMOKE FREE POLICIES			

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

(Code) (Expenses \$	3,850,218	including grants of \$) (Revenue \$	1,995)
INNOVATIONS INNOVATIONS EXPERTISE CENTER DESIGNS, BUILDS, AND MARKETS NOVEL DIGITAL PRODUCTS FOR TOBACCO CESSATION GROUNDED IN PROVEN SCIENTIFIC EVIDENCE AND CLINICAL BEST PRACTICES, OUR INNOVATIVE PROGRAMS CENTER AROUND WEB AND MOBILE APPLICATIONS, ONLINE SOCIAL NETWORKS, AND TEXT MESSAGING WE MARKET AND SELL OUR CESSATION PROGRAMS TO EMPLOYERS, HEALTH PLANS, AND GOVERNMENT ENTITIES ACROSS THE U S WE WORK CLOSELY WITH OUR CLIENTS TO HELP THEM CUSTOMIZE, IMPLEMENT, PROMOTE, AND EVALUATE OUR PROGRAMS IN REACHING AND ENGAGING SMOKERS AND REDUCING SMOKING PREVALENCE WE CONDUCT ONGOING RESEARCH TO OPTIMIZE THE REACH AND EFFECTIVENESS OF OUR PROGRAMS, AND TO ADVANCE THE SCIENCE OF DIGITAL BEHAVIOR CHANGE INTERVENTIONS OUR RESEARCH IS SUPPORTED BY FEDERALLY FUNDED AWARDS AND CONDUCTED IN PARTNERSHIP WITH COLLEAGUES FROM LEADING ACADEMIC INSTITUTIONS WE SHARE OUR EXPERTISE IN SOFTWARE DEVELOPMENT AT LOCAL AND NATIONAL INDUSTRY CONFERENCES AND MEETUPS AND AN INTERNALLY-HOSTED WEBLOG WE DISSEMINATE THE FINDINGS FROM OUR RESEARCH THROUGH PEER REVIEWED ACADEMIC PUBLICATIONS AND PRESENTATIONS AT STATE, NATIONAL, AND INTERNATIONAL CONFERENCES REVENUE GENERATED BY INNOVATIONS PROGRAMS SUPPORTS OTHER WORK WITHIN TRUTH INITIATIVE					
(Code) (Expenses \$	748,965	including grants of \$	16,200) (Revenue \$)
OTHER PROGRAMS					

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HON MIKE MOORE CHAIR SINCE 05/2017	6 00	X		X				0	0	0
HON TOM MILLER CHAIR UNTIL 04/2017	6 00	X		X				0	0	0
M CASS WHEELER VICE CHAIR	6 00	X		X				0	0	0
HON DOUG PETERSON TREASURER	6 00	X		X				0	0	0
GEORGES C BENJAMIN MD DIRECTOR	5 00	X						0	0	0
NANCY BROWN DIRECTOR	5 00	X						0	0	0
HON HERB CONAWAY MD DIRECTOR	5 00	X						0	0	0
HON KEMP HANNON DIRECTOR	5 00	X						0	0	0
HON GARY R HERBERT DIRECTOR	5 00	X						0	0	0
HON GINA RAIMONDO DIRECTOR	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD K BOSWELL DIRECTOR UNTIL 12/16	5 00	X						0	0	0
HON JEREMIAH W JAY NIXON DIRECTOR UNTIL 12/16	5 00	X						0	0	0
HON GREG ZOELLER DIRECTOR UNTIL 03/17	5 00	X						0	0	0
ROBIN KOVAL PRESIDENT & CEO	37 50			X				622,033	0	138,520
ANTHONY T O'TOOLE CFIO	37 50			X				471,767	0	152,482
ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY	37 50			X				347,818	0	83,719
M DAVID DOBBINS COO	37 50				X			351,782	0	102,340
DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST)	37 50				X			438,307	0	81,070
ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	37 50				X			308,669	0	94,790
DONNA VALLONE CHIEF ESR	37 50				X			278,879	0	86,070

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMANDA GRAHAM SVP, INNOVATIONS	37 50				X			291,695	0	48,669
RAYMOND NIAURA DIRECTOR OF SCIENCE	37 50					X		333,950	0	56,243
WILLIAN FURMANSKI SVP, COMMUNICATIONS	37 50					X		271,214	0	46,449
ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMIN	37 50					X		249,580	0	65,421
MICHAEL COHEN VP, CORP PARTNERSHIPS THRU 12/16	37 50					X		233,928	0	53,136
NICOLE LEMOND-DORRLER SVP, MARKETING & MEDIA INVESTMENT	37 50					X		216,802	0	58,868

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization TRUTH INITIATIVE FOUNDATION		Employer identification number 91-1956621

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,384,402	1,956,547	2,826,741	2,638,469	3,203,950	15,010,109
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,384,402	1,956,547	2,826,741	2,638,469	3,203,950	15,010,109
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						15,010,109

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	4,384,402	1,956,547	2,826,741	2,638,469	3,203,950	15,010,109
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,134,988	23,191,820	24,069,316	17,709,010	18,593,421	101,698,555
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	137,555	4,674	11,512	1,037	190	154,968
11	Total support. Add lines 7 through 10						116,863,632
12	Gross receipts from related activities, etc. (see instructions)					12	1,994
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 12.840 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 12.100 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test
SEE SCHEDULE O

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2012 AMOUNT \$ 137,555 2013 AMOUNT \$ 4,674 2014 AMOUNT \$ 11,512 2015 AMOUNT \$ 1,037 2016 AMOUNT \$ 190

Schedule A Form 990 or 990-EZ 2016

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493312037057	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization TRUTH INITIATIVE FOUNDATION				Employer identification number 91-1956621	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,280,000		7,280,000
b Buildings		22,558,184	5,559,836	16,998,348
c Leasehold improvements		4,359,853	689,499	3,670,354
d Equipment		2,462,322	1,796,425	665,897
e Other		5,341,247	2,625,417	2,715,830
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				31,330,429

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) COMMINGLED/Common Trust Funds	203,588,844	F
(B) Hedge Funds	94,361,250	F
(C) Private Equity Funds	157,950,925	F
(D) Private Equity Fund of Funds	121,675,771	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	577,576,790	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
SECURITY DEPOSITS PAYABLE	1,010,581
INTEREST RATE SWAP	4,667,289
DEFERRED COMPENSATION	1,108,576
DEFERRED RENT	5,310,116
LINE OF CREDIT	60,000,000
REFUNDABLE ADVANCES	212,763
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	72,309,325

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	111,726,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	49,423,033
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	49,423,033
3	Subtract line 2e from line 1	3	62,303,231
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,230,302
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	5,230,302
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	67,533,533

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

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

1	Total expenses and losses per audited financial statements	1	106,309,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-2,282,508
e	Add lines 2a through 2d	2e	-2,282,508
3	Subtract line 2e from line 1	3	108,592,107
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,230,302
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	5,230,302
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	113,822,409

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	TRUTH INITIATIVE IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) IN ADDITION, TRUTH INITIATIVE HAS BEEN CLASSIFIED AS AN ORGANIZATI ON THAT IS NOT A PRIVATE FOUNDATION INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSES, L ESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES THE COM PANY IS A SINGLE-MEMBER, LIMITED LIABILITY COMPANY (LLC) AND, AS SUCH, IS A DISREGARDED EN TITY FOR FEDERAL INCOME TAX PURPOSES, PURSUANT TO SECTION 7701 OF THE IRC TRUTH INITIATIV E HAD UNRELATED BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS EN DED JUNE 30, 2017 AND 2016 TRUTH INITIATIVE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFIT S CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THIS GUIDANCE, TRUTH INITIATIVE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION W ILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF TH E POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHO OD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST, PENALTIES ON INCO ME TAXES AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED TRUTH INITIATIVE'S TAX PO SITIONS AND CONCLUDED THAT TRUTH INITIATIVE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQU IRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF T HE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES GENERALLY, TRUTH INITIATIVE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTH ORITIES FOR YEARS BEFORE 2014

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET GAIN ON INTEREST RATE SWAP AGREEMENT -2,282,508

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUTH INITIATIVE FOUNDATION

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-1956621

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			17,048,820
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			17,048,820

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 91-1956621

Name: TRUTH INITIATIVE FOUNDATION

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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		4,753,625
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		11,456,439
NORTH AMERICA	0	0	INVESTMENTS		838,756

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As Filed Data -

DLN: 93493312037057

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	9	18,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH 624 N BROADWAY HAMPTON HOUSE ROOM 280B BALTIMORE, MD 21205	52-0595110	501(C)(3)	78,728				RESEARCH GRANTS
AMERICAN NON-SMOKERS RIGHTS FOUNDATION 2530 SAN PABLO AVENUE STE J BERKELEY, CA 94702	94-2922136	501(C)(3)	156,773				STRATEGIC ALLIANCE GRANTS, SPONSOR - 2017 SUMMIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	1,202,252				STRATEGIC ALLIANCE GRANTS, COORDINATOR CAMP TRAVEL & HOTEL REIMBURSEMENT
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS 909 12TH STREET SACRAMENTO, CA 95814	94-1641240	501(C)(3)	102,209				STRATEGIC ALLIANCE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 37925 EAGLE WAY CHICAGO, IL 60678	36-2275597	501(C)(3)	75,011				STRATEGIC ALLIANCE GRANTS
ASIAN PACIFIC PARTNERS FOR EMPOWERMENT ADVOCACY AND LEADERSHIP 300 FRANK H OGAWA PLAZA STE 620 OAKLAND, CA 94612	20-2028771	501(C)(3)	124,078				STRATEGIC ALLIANCE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	39,736				STRATEGIC ALLIANCE GRANTS
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK, NY 10017	52-1736502	501(C)(3)	103,029				STRATEGIC ALLIANCE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE 4805 MT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	31,286				STRATEGIC ALLIANCE GRANTS
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 919 IRVING ST SUITE 104 UCSF BOX 0939 SAN FRANCISCO, CA 941430939	94-6036493	501(C)(3)	90,567				STRATEGIC ALLIANCE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYMAN CENTER INC 600 KIWANIS DRIVE ST LOUIS, MO 63025	43-0653263	501(C)(3)	50,925				TA AND PARTNERSHIP GRANT
FAYETTEVILLE STATE UNIVERSITY 1200 MURCHINSON ROAD FAYETTEVILLE, NC 28301	58-1238736	501(C)(3)	15,000				COMMUNITY COLLEGE INITIATIVE GRANTS, HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEMOYNE-OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	7,500				COMMUNITY COLLEGE INITIATIVE GRANTS
SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE STREET ORANGEBURG, SC 29117	57-6000950	501(C)(3)	7,500				COMMUNITY COLLEGE INITIATIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIMS JUNIOR COLLEGE DISTRICT PO BOX 69 GREELEY, CO 80632	84-0575852	501(C)(3)	7,500				HBCU GRANTS
ANTELOPE VALLEY COLLEGE 3041 WEST AVENUE K LANCASTER, CA 93536	95-2228663	501(C)(3)	10,000				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE 31 COLLEGE DRIVE CONCORD, NH 03301	90-0531902	501(C)(3)	10,000				HBCU GRANTS
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT 12345 EL MONTE ROAD LOS ALTOS HILLS, CA 94022	94-1597718	GOV'T	9,998				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAIN COUNTY COMMUNITY COLLEGE 1005 NORTH ABBE ROAD ELYRIA, OH 44035	34-0930187	501(C)(3)	10,000				HBCU GRANTS
PIEDMONT COMMUNITY COLLEGE 1715 COLLEGE DRIVE PO BOX 1197 ROXBORO, ND 27573	56-0990351	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALT LAKE COMMUNITY COLLEGE 4600 SOUTH REDWOOD ROAD TAYLORSVILLE, UT 84123	87-6000448	GOV'T	10,000				HBCU GRANTS
ST PETERSBURG COLLEGE BOARD OF TRUSTEE 14025 58TH STREET NORTH CLEANWATER, FL 33760	59-1211489	GOV'T	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TERRA STATE COMMUNITY COLLEGE 2830 NAPOLEON ROAD FREMONT, OH 43420	34-1054067	501(C)(3)	9,931				HBCU GRANTS
THE UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 452190970	31-0896555	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION 700 DANDINI BLVD RDMT 200A RENO, NV 89512	88-0185319	501(C)(3)	10,000				HBCU GRANTS
BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION 2201 W COLLEGE PARKWAY CARSON CITY, NV 89703	88-6000024	GOV'T	10,000				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI SRS ACCOUNTING PO BOX 932641 CLEVELAND, OH 44193	31-6000989	501(C)(3)	7,500				HBCU GRANTS
CITRUS COMMUNITY COLLEGE DISTRICT 1000 W FOOTHILL BLVD GLEN DORA, CA 91741	95-6006670	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAVILAN JOINT COMMUNITY COLLEGE DISTRICT 5055 SANTA TERESA BLVD GILROY, CA 95020	94-2278279	501(C)(3)	7,500				HBCU GRANTS
METROPOLITAN COMMUNITY COLLEGE PO BOX 3777 OMAHA, NE 681030777	47-0557228	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION INC 750 CHASE PARKWAY WATERBURY, CT 06708	23-7165869	501(C)(3)	7,500				HBCU GRANTS
OXNARD COLLEGE FOUNDATION 4000 SOUTH ROSE AVENUE OXNARD, CA 93033	77-0003378	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITT COMMUNITY COLLEGE 1986 PITT TECH ROAD WINTERVILLE, NC 28590	56-0793335	501(C)(3)	7,500				HBCU GRANTS
SAN JOSE EVERGREEN COMMUNITY COLLEGE DISTRICT 40 SOUTH MARKET STREET SAN JOSE, CA 951132367	77-0100756	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE CENTER COMMUNITY COLLEGE DISTRICT 1525 EAST WELDON AVE FRESNO, CA 93704	94-1574802	501(C)(3)	7,500				HBCU GRANTS
TREASURE VALLEY COMMUNITY COLLEGE 650 COLLEGE BLVD ONTARIO, OR 97914	93-0507187	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT 255 W STANLEY AVENUE VENTURA, CA 93001	95-2224338	501(C)(3)	7,500				HBCU GRANTS
VERMONT STATE COLLEGES PO BOX 500 RANDOLPH CENTER, VT 05061	03-0213787	501(C)(3)	7,496				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VALLEY-MISSION COMMUNITY COLLEGE 14000 FRUITVALE AVE SARATOGA, CA 950705698	77-0268786	501(C)(3)	7,500				HBCU GRANTS
LONG BEACH COMMUNITY COLLEGE DISTRICT 4901 E CARSON STREET LONG BEACH, CA 90808	95-2654140	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COLLEGE 2201 BLUE GUM AVENUE PO BOX 4065 MODESTO, CA 95352	52-1566989	501(C)(3)	7,500				HBCU GRANTS
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403	23-7225601	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOODS COMMUNITY COLLEGE DISTRICT 7351 TOMPKINS HILL ROAD EUREKA, CA 95501	94-2022980	501(C)(3)	7,500				HBCU GRANTS
KERN COMMUNITY COLLEGE DISTRICT 2100 CHESTER AVENUE BAKERSFIELD, CA 93301	95-6006644	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COLLEGE DISTRICT 9401 FARWEST DR SW LAKEWOOD, WA 984881999	91-0821742	501(C)(3)	7,500				HBCU GRANTS
PERALTA COMMUNITY COLLEGE DISTRICT COLLEGE OF ALAMEDA 333 E 8TH STREET OAKLAND, CA 94607	94-1590799	501(C)(3)	7,500				HBCU GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL NETWORK PUBLIC HEALTH INSTITUTES 1100 POYDRAS STREET STE 950 NEW ORLEANS, LA 70163	72-1505359	501(C)(3)	50,000				SPONSOR - NCTOH STEERING COMMITTEE 3/17
INDEPENDENT SECTOR 1602 L STREET NW SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	25,000				SPONSOR - ANNUAL CONF 11/16

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE 55 PARK PLACE SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	25,000				SPONSOR - LED PROJECT
NATIONAL COALITION ON HEALTH CARE 1825 K STREET NW SUITE 411 WASHINGTON, DC 20006	52-1687849	501(C)(3)	20,000				MEMBERSHIP 20K LEVEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PARTNERSHIP FOR A DRUG-FREE AMERICA INC 352 PARK AVENUE SOUTH 9TH FL NEW YORK, NY 10010	13-3413627	501(C)(3)	10,000				JOIN TOGETHER PARTNERSHIP RENEWAL
EFFIE WORLDWIDE INC (EFFIE AWARDS) 148 MADISON AVENUE 4TH FLOOR NEW YORK, NY 10016	20-8875698		8,750				TABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDLABISTRO HOLDINGS LLC (CLIO AWARDS) 825 8TH AVENUE FL 29 NEW YORK, NY 10019	38-3952293		6,000				SPONSOR - AWARDS TABLE 9/16
HAYMARKET MEDIA INC 275 7TH AVENUE 10TH FLOOR NEW YORK, NY 10001	13-3241585		5,670				40 UNDER 40 AWARDS DINNER 9/16

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I

Questions Regarding Compensation

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

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE, INCLUDING GROSS UP, TO ROBIN KOVAL IN THE AMOUNT OF \$10,765 AND THESE WERE TREATED AS TAXABLE INCOME THE ORGANIZATION PAID HEALTH CLUB DUES AND OTHER HEALTH BENEFITS FOR THE FOLLOWING EMPLOYEES THE HEALTH CLUB DUES AND OTHER HEALTH BENEFITS WERE TREATED AS TAXABLE INCOME TO THE RECIPIENT ANTHONY T O'TOOLE - \$540 ELLEN VARGYAS - \$540 ERIC ASCHE - \$540 DONNA VALLONE - \$540 AMANDA GRAHAM - \$540 WILLIAM FURMANSKI - \$540 NICOLE LEMOND-DORRLER - \$540

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4B	RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ROBIN KOVAL INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$80,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O'TOOLE INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$70,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID DOBBINS INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$35,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$35,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID ABRAMS INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$20,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ERIC ASCHE INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$30,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DONNA VALLONE INCLUDES 401(K) CONTRIBUTIONS OF \$39,750 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2016 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$25,000

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 7	ALL BONUS AMOUNTS REPORTED ON SCHEDULE J, PAGE 2, PART II, ARE PERFORMANCE BASED

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B (III), OTHER COMPENSATION	OTHER REPORTABLE COMPENSATION FOR ROBIN KOVAL CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000 OTHER REPORTABLE COMPENSATION FOR ANTHONY O'TOOLE CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000 OTHER REPORTABLE COMPENSATION FOR ELLEN VARGYAS CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000 OTHER REPORTABLE COMPENSATION FOR DAVID ABRAMS CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000 OTHER REPORTABLE COMPENSATION FOR DONNA VALLONE CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000 OTHER REPORTABLE COMPENSATION FOR WILLIAM FURMANSKI CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$18,000

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBIN KOVAL PRESIDENT & CEO	(i)539,000	37,000	46,033	119,750	22,859	764,642	0
	(ii)0	0	0	0	- 0	- 0	0
1ANTHONY T O'TOOLECFIO	(i)400,918	45,000	25,849	109,750	60,451	641,968	0
	(ii)0	0	0	0	- 0	- 0	0
2ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY	(i)310,961	14,000	22,857	74,750	31,568	454,136	0
	(ii)0	0	0	0	- 0	- 0	0
3M DAVID DOBBINSCO	(i)312,760	35,000	4,022	74,750	38,688	465,220	0
	(ii)0	0	0	0	- 0	- 0	0
4DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST)	(i)372,358	37,000	28,949	59,750	26,469	524,526	0
	(ii)0	0	0	0	- 0	- 0	0
5ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	(i)272,271	34,000	2,398	69,750	32,758	411,177	0
	(ii)0	0	0	0	- 0	- 0	0
6DONNA VALLONECHIEF ESR	(i)243,994	13,000	21,885	64,750	35,010	378,639	0
	(ii)0	0	0	0	- 0	- 0	0
7AMANDA GRAHAM SVP, INNOVATIONS	(i)268,838	21,000	1,857	39,750	15,491	346,936	0
	(ii)0	0	0	0	- 0	- 0	0
8RAYMOND NIAURA DIRECTOR OF SCIENCE	(i)307,961	21,000	4,989	39,750	22,376	396,076	0
	(ii)0	0	0	0	- 0	- 0	0
9WILLIAN FURMANSKI SVP, COMMUNICATIONS	(i)247,197	2,000	22,017	37,229	12,904	321,347	0
	(ii)0	0	0	0	- 0	- 0	0
10ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMIN	(i)228,263	20,000	1,317	37,832	36,530	323,942	0
	(ii)0	0	0	0	- 0	- 0	0
11MICHAEL COHEN VP, CORP PARTNERSHIPS THRU 12/16	(i)228,600	0	5,328	34,366	22,986	291,280	0
	(ii)0	0	0	0	- 0	- 0	0
12NICOLE LEMOND-DORRLER SVP, MARKETING & MEDIA INVESTMENT	(i)191,090	21,900	3,812	33,028	36,579	286,409	0
	(ii)0	0	0	0	- 0	- 0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUTH INITIATIVE FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-1956621

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, PART VI, AND PART VII - BOARD COUNT	A TOTAL OF THIRTEEN PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR THOSE THIRTEEN ARE SHOWN IN PART VII OF FORM 990 AS OF JUNE 30, 2016 THERE WERE A TOTAL OF TEN VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 3B	TRUTH INITIATIVE FOUNDATION IS AWAITING ADDITIONAL INFORMATION IN ORDER TO TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF MAY 15, 2018 THE AMOUNT SHOWN AS NET UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B OF PAGE 1 OF THE FORM 990 IS AN ESTIMATE BASED ON AVAILABLE INFORMATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 65,413 MANAGEMENT AND GENERAL EXPENSES 62,832 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 128,245 CONSULTING PROGRAM SERVICE EXPENSES 660,459 MANAGEMENT AND GENERAL EXPENSES 215,508 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 875,967 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 71,998,779 MANAGEMENT AND GENERAL EXPENSES 88,887 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 72,087,666 HONORARIUM PROGRAM SERVICE EXPENSES 5,100 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,100 MANAGEMENT FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 30,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON SWAPS 2,282,508 ROUNDDING VARIANCE -3

990 Schedule O, Supplemental Information

Return Reference	Explanation
2016 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	<p>TRUTH INITIATIVE FOUNDATION D/B/A TRUTH INITIATIVE (TRUTH INITIATIVE) QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS AND CIRCUMSTANCES BECAUSE (A) IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR INDIRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, UNDER THE STANDARDS SET FORTH IN REG 1.170A-9(F)(3)(I) AND (II), AND (B) IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG 1.170A-9(F)(3)(III) THROUGH (VII) A TEN PERCENT SUPPORT LIMITATION. TRUTH INITIATIVE NORMALLY RECEIVES AT LEAST 10 PERCENT OF ITS TOTAL SUPPORT FROM PUBLIC SOURCES. AS SET FORTH IN SCHEDULE A, PART II, THE ORGANIZATION'S PUBLIC SUPPORT FOR TAXABLE YEARS 2012 - 2016 WAS 12.84%. ATTRACTION OF PUBLIC SUPPORT. TRUTH INITIATIVE MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT. THE TOTAL AMOUNT OF PUBLIC SUPPORT RAISED BY THE ORGANIZATION IN TAXABLE YEARS 2012-2016 AS A RESULT OF THESE EFFORTS WAS NEARLY \$15 MILLION. EXAMPLES OF EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTING PERIOD INCLUDE THE FOLLOWING: FEDERAL GOVERNMENT GRANTS AND CONTRACTS. TRUTH INITIATIVE MAINTAINS A BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW AND ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT. AS PART OF THIS PROGRAM, THE ORGANIZATION HAS DEDICATED STAFF IN BOTH ITS SCHROEDER RESEARCH INSTITUTE AND FINANCE DEPARTMENT TO ASSIST WITH APPLICATIONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED. FROM TAX YEAR 2012 THROUGH 2016, TRUTH INITIATIVE SUBMITTED 88 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2016 ALONE, WE SUBMITTED 15 APPLICATIONS TO THE NATIONAL INSTITUTES OF HEALTH FOR SUPPORT FOR RESEARCH AND RELATED ACTIVITIES. ALL OF THESE APPLICATIONS WERE CONSISTENT WITH TRUTH INITIATIVE'S CHARITABLE PURPOSE OF MITIGATING THE TOLL OF DEATH AND DISEASE CAUSED BY THE TOBACCO EPIDEMIC. OVER THE FIVE YEAR PERIOD, TRUTH INITIATIVE WAS AWARDED 32 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF \$24,162,374 MILLION. OTHER GRANTS. DURING THE FIVE-YEAR TESTING PERIOD, TRUTH INITIATIVE ALSO SUBMITTED FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES. THE ORGANIZATION RECEIVED 14 AWARDS FOR A TOTAL AMOUNT AWARDED OF \$1,935,802. IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM, FOR EXAMPLE, GEORGE WASHINGTON UNIVERSITY AND CVS HEALTH FOUNDATION. B. PERCENTAGE OF FINANCIAL SUPPORT. TRUTH INITIATIVE WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT NEGOTIATED BY THE ATTORNEYS GENERAL OF 46 STATES, THE DISTRICT OF COLUMBIA AND FIVE U.S. TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED AGAINST THE MAJOR U.S. TOBACCO COMPANIES FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO. THE STATES REQUESTED THAT A PORTION OF THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGANIZATION PRIMARILY DEDICATED TO STUDYING AND PREVENTING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2016 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	<p>OVING PUBLIC EDUCATION ABOUT THE IMPACT OF TOBACCO IN ORDER TO REDUCE ITS USE AND ASSOCIATED DEATH AND DISEASE THE ORGANIZATION ALSO RECEIVED FUNDING FROM A SIMILAR SETTLEMENT AGREEMENT ENTERED INTO BETWEEN THE STATES AND THE SMOKELESS TOBACCO COMPANIES EARLY ON TRUTH INITIATIVE'S BOARD OF DIRECTORS VOTED TO ALLOCATE A SIGNIFICANT PORTION OF THE SETTLEMENT FUNDS RECEIVED FROM 1999 - 2003 FOR LONG-TERM INVESTMENTS (RESERVE FUND), WHICH OPERATES LIKE A QUASI-ENDOWMENT TO SUPPORT FUTURE CHARITABLE AND EDUCATIONAL ACTIVITIES IN THE YEARS AFTER THE SETTLEMENT PAYMENTS WOULD CEASE THE ORGANIZATION'S LONG-TERM INVESTMENTS (RESERVE FUND) AT JUNE 30, 2017 WAS \$857.6 MILLION UNDER THE TERMS OF THE SETTLEMENT AGREEMENTS, THE LAST OF THE NORMALLY SCHEDULED PAYMENTS WERE RECEIVED DURING ITS 2007 TAXABLE YEAR (ENDING JUNE 30, 2008) SINCE THAT TIME, BECAUSE OF THE CESSATION OF THE SETTLEMENT PAYMENTS, TRUTH INITIATIVE HAS RECEIVED AN INCREASINGLY HIGH PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCENTAGE HAS DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR THE ORGANIZATION FOR THE FIRST TIME NO LONGER QUALIFIED UNDER THE 33 1/3 PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD HOWEVER, WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTMENT INCOME GENERATED BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF \$15 MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION AS SET FORTH IN REG. 1.170A-9(F)(3)(III), THE FACT THAT TRUTH INITIATIVE'S PUBLIC SUPPORT PERCENTAGE IS LOW BECAUSE A HIGH PERCENTAGE OF ITS TOTAL SUPPORT COMES FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) IS EVIDENCE OF ORGANIZATIONAL COMPLIANCE WITH THE FACTS AND CIRCUMSTANCES TEST REPRESENTATIVE GOVERNING BODY TRUTH INITIATIVE HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, OTHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS UNDER THE ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF TWO DIRECTORS APPOINTED BY EACH OF THE NATIONAL ASSOCIATION OF ATTORNEYS GENERAL, THE NATIONAL GOVERNORS ASSOCIATION, AND THE NATIONAL CONFERENCE OF STATE LEGISLATURES FROM AMONG THEIR MEMBERS AS OF THE END OF THE REPORTING YEAR, THESE DIRECTORS (CLASS A DIRECTORS) INCLUDED THE GOVERNORS OF UTAH AND RHODE ISLAND, THE ATTORNEYS GENERAL OF IOWA AND NEBRASKA, A STATE SENATOR FROM NEW YORK AND A STATE ASSEMBLYMAN FROM NEW JERSEY THE CLASS A DIRECTORS ELECT BY MAJORITY VOTE THE REMAINING FIVE DIRECTORS, THE CLASS B DIRECTORS THE BYLAWS PROVIDE THAT ONE OF THE CLASS B DIRECTORS SHALL HAVE EXPERTISE IN PUBLIC HEALTH ISSUES AND FOUR DIRECTORS SHALL HAVE EXPERTISE IN MEDICAL, CHILD PSYCHOLOGY, OR PUBLIC HEALTH DISCIPLINES AS OF THE END OF THE REPORTING YEAR, CLASS B DIRECTORS INCLUDED THE EXECUTIVE DIRECTOR OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE CHIEF EXECUTIVE OFFICER OF THE AMER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2016 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	ICAN HEART ASSOCIATION, A FORMER STATE ATTORNEY GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES, AND THE CHIEF EXECUTIVE OFFICER EMERITUS OF THE AMERICAN HEART ASSOCIATION RECENT FORMER CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN CALIFORNIA REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE THEN-ASSOCIATE DEAN FOR PUBLIC HEALTH PR ACTICE AT THE HARVARD SCHOOL OF PUBLIC HEALTH, A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, AN IMMEDIATE PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A DISTINGUISH ED PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT OF MEDICINE OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO THERE ARE ALSO TWO YOUTH LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAST NON-BINDING ADVISORY VOTES (CONT)

990 Schedule O, Supplemental Information

Return Reference	Explanation
2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)	<p>AVAILABILITY OF PUBLIC FACILITIES AND SERVICES, PUBLIC PARTICIPATION IN PROGRAMS TRUTH IN ITIATIVE PROVIDES FACILITIES AND SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC O N A CONTINUING BASIS THE ORGANIZATION'S TRUTH CAMPAIGN, BEGUN IN 2000, IS THE LARGEST NAT IONAL YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY, ITS AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, SOCIAL MEDIA AND OTHER ON-LINE MEDIA C OMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES IN THE SUMMER OF 2014, TRUTH INITIATIVE LAUNCHED A REDESIGNED AND UPDATED VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA PLATFORMS INCLUDING TELEVISION, SOCIAL MEDI A, ON-LINE AS WELL AS A GRASS ROOTS COMPONENT THE ORGANIZATION COMMITTED TO SUPPORTING TH E CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE YEARS THROUGH ITS 2016 TAX YEAR AND HAS RENEWED A SUBSTANTIAL FUNDING COMMITMENT FOR THE CAMPAIGN FOR TAX YEARS BEYOND THAT THE CAMPAIGN IS REACHING MILLIONS OF YOUTH AND AFFECTING THEIR ATTITUDES ABOU T TOBACCO AND THEIR INTENTIONS TO SMOKE IN 2008, TRUTH INITIATIVE AND A COALITION OF PUBL IC HEALTH GROUPS AND STATE PUBLIC HEALTH DEPARTMENTS BEGAN BECOME AN EX , AN INNOVATIVE SM OKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY TO QUIT BUT NEED HELP THE WEBSITE INCLUDES A COMMUNITY WHERE, AT NO CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SU PPORT AS WELL AS A COMPANION TEXT MESSAGING PROGRAM TO OFFER TAILORED CESSATION RESOURCES THE SITE PROTOCOL WAS DEVELOPED IN CONJUNCTION WITH THE MAYO CLINIC AND MAYO CLINIC STAFF PROVIDE CLINICAL SUPPORT IN THE FORM OF ONLINE INTERACTION WITH THE COMMUNITY WE CONTINU E TO SUPPORT THE BECOMEANEX ORG WEB SITE AND THE EX COMMUNITY THROUGH EARNED MEDIA AND PAI D ONLINE ADVERTISING FOR TAX YEAR 2016, THERE WERE WELL OVER 340,000 UNIQUE VISITORS TO T HE WEBSITE BEGINNING IN 2016, WE HAVE BEGUN AN EFFORT TO PROVIDE EX AS A SMOKING CESSATIO N SOLUTION FOR EMPLOYERS, HEALTH PLANS AND OTHER PAYORS THIS HAS INCLUDED A SUBSTANTIAL O VERHAUL OF THE TECHNICAL CAPABILITIES OF THE SITE, WHICH IS STILL PROVIDED FREE OF CHARGE TO THE GENERAL PUBLIC OUR HOPE IS THIS WILL PROVIDE A STREAM OF MISSION RELATED REVENUE T O SUPPORT AND SUSTAIN EX AND OTHER TRUTH INITIATIVE PROGRAMMING DURING THIS YEAR, FEE REV ENUE FROM THIS SERVICE HAS BEEN MINIMAL \$6,013 IN TAX YEAR 2014, AND CONTINUING THROUGH T AX YEAR 2016, TRUTH INITIATIVE INITIATED A PROGRAM IN WHICH IT PROVIDES GRANTS AND TECHNIC AL ASSISTANCE TO COMMUNITY COLLEGES AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU 'S) TO SUPPORT THE ESTABLISHMENT OF TOBACCO-FREE POLICIES AT THESE INSTITUTIONS WHICH SERV E LARGE NUMBERS OF YOUNG ADULTS FROM LOW-INCOME AND MINORITY COMMUNITIES IN THREE YEARS O F THIS PROGRAM, THROUGH TAX YEAR 2016, TRUTH INITIATIVE HAS AWARDED APPROXIMATELY \$1,126,2 50 IN GRANTS TO COMMUNITY COLL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)	<p>EGES AND HBCU'S TRUTH INITIATIVE'S YOUTH ACTIVISM PROGRAMS ALSO REACH OUT TO TEENS AND YOUNG ADULTS TO EDUCATE THEM ABOUT THE DANGERS OF TOBACCO AND HELP THEM BECOME CHANGE AGENTS IN THEIR COMMUNITIES DURING TAX YEAR 2016, THIS PROGRAM WAS SUPPORTED BY \$750,000 IN GRANT FUNDING PROVIDED BY THE CVS FOUNDATION IN TAX YEAR 2016, WE DIRECTLY REACHED A TOTAL OF ABOUT 116,000 TEENS AND YOUNG ADULTS AND, THROUGH OUR NATIONAL SUMMIT ON YOUTH ACTIVISM AND FELLOWSHIP PROGRAMS, PROVIDED TECHNICAL ASSISTANCE TO APPROXIMATELY 100 YOUTH LEADERS IN CONNECTION WITH PLANNING AND EXECUTING COMMUNITY BASED PROJECTS TO HIGHLIGHT THE TOLL OF TOBACCO AND RECRUIT THEIR PEERS EACH YEAR TRUTH INITIATIVE AWARDS THE DR ALMA S ADAMS SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS DEDICATED TO IMPROVING PUBLIC HEALTH AND TO RAISING AWARENESS ABOUT THE RISKS OF TOBACCO USE TRUTH INITIATIVE ALSO SUPPORTS AND CONDUCTS RESEARCH ON THE CAUSES OF TOBACCO ADDICTION AND METHODS FOR CONTROLLING TOBACCO USE, INCLUDING BY YOUNG PEOPLE, AND IT REGULARLY PUBLISHES SCHOLARLY STUDIES WHICH MAKE THE RESULTS OF THIS RESEARCH AVAILABLE THROUGHOUT THE PUBLIC HEALTH AND BROADER SCIENTIFIC COMMUNITIES FORTY-FOUR ARTICLES WERE PUBLISHED IN BETWEEN JULY 2016 - JUNE 2017 THESE PUBLICATIONS AND JOURNALS HAVE INCLUDED THE NEW ENGLAND JOURNAL OF MEDICINE, NICOTINE AND TOBACCO RESEARCH, TOBACCO CONTROL, AMERICAN JOURNAL OF PREVENTIVE MEDICINE, THE JOURNAL OF SUBSTANCE ABUSE TREATMENT, THE JOURNAL OF HEALTH COMMUNICATION, ADDICTIVE BEHAVIOR, JMIR RESEARCH PROTOCOL, BMC PUBLIC HEALTH, ADDICTION, TOBACCO REGULATORY SCIENCE, AND THE JOURNAL OF FAMILY AND COMMUNITY HEALTH EXAMPLES OF RECENT TRUTH INITIATIVE PUBLICATIONS INCLUDE PROGRESSION TO ESTABLISHED PATTERNS OF CIGARETTE SMOKING AMONG YOUNG ADULTS (2017), MOBILE MARKETING AN EMERGING STRATEGY TO PROMOTE ELECTRONIC NICOTINE DELIVERY (2017), TRAJECTORIES OF HOOKAH USE HARM PERCEPTIONS FROM YOUTH TO YOUNG ADULTHOOD (2017), OVERVIEW OF ELECTRONIC NICOTINE DELIVERY SYSTEMS A SYSTEMATIC REVIEW (2017), IMPROVING ADHERENCE TO SMOKING CESSATION TREATMENT INTERVENTION EFFECTS IN A WEB-BASED RANDOMIZED TRIAL (2017), IDENTIFYING "SOCIAL SMOKING" U S YOUNG ADULTS USING AN EMPIRICALLY-DRIVEN APPROACH (2017) YOUNG ADULT UTILIZATION OF A SMOKING CESSATION WEBSITE AN OBSERVATIONAL STUDY COMPARING YOUNG AND OLDER ADULT PATTERNS OF USE (2016), VALIDITY OF A SUBJECTIVE FINANCIAL SITUATION MEASURE TO ASSESS SOCIOECONOMIC STATUS IN U S YOUNG ADULTS (2016), CORRELATES OF CURRENT MENTHOL CIGARETTE AND FLAVORED OTHER TOBACCO PRODUCT USE AMONG U S YOUNG ADULTS (2016)</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRUTH INITIATIVE FOUNDATION

Employer identification number
91-1956621

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) M STREET HOLDINGS LLC 2030 M STREET NW WASHINGTON, DC 20036 91-1956621	PROPERTY RENTAL/MGMT	DE	0	0	TRUTH INITIATIVE FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

b Gift, grant, or capital contribution to related organization(s)

1b

c Gift, grant, or capital contribution from related organization(s)

1c

d Loans or loan guarantees to or for related organization(s)

1d

e Loans or loan guarantees by related organization(s)

1e

f Dividends from related organization(s)

1f

g Sale of assets to related organization(s)

1g

h Purchase of assets from related organization(s)

1h

i Exchange of assets with related organization(s)

1i

j Lease of facilities, equipment, or other assets to related organization(s)

1j

k Lease of facilities, equipment, or other assets from related organization(s)

1k

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

o Sharing of paid employees with related organization(s)

1o

p Reimbursement paid to related organization(s) for expenses

1p

q Reimbursement paid by related organization(s) for expenses

1q

r Other transfer of cash or property to related organization(s)

1r

s Other transfer of cash or property from related organization(s)

1s

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

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

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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