

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310003399

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 NO 4TH FL

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 NO 4TH FL

WASHINGTON, DC 20001

D Employer identification number

91-1956621

E Telephone number

(202) 454-5555

G Gross receipts \$ 338,048,842

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) . . . . .

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,710

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

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

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

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

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

2019-11-04

Date

ANTHONY O'TOOLE EVP/CFIO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00369217

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500

Phone no (301) 296-3600

GAITHERSBURG, MD 20878

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 (2018)

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	65,932,284	including grants of \$	356,183 )	(Revenue \$ )
-----------	---------	--------------	------------	------------------------	-----------	---------------

See Additional Data

<b>4b</b>	(Code )	(Expenses \$	8,470,753	including grants of \$	760,658 )	(Revenue \$ 2,072 )
-----------	---------	--------------	-----------	------------------------	-----------	---------------------

See Additional Data

<b>4c</b>	(Code )	(Expenses \$	6,476,162	including grants of \$	1,027,660 )	(Revenue \$ )
-----------	---------	--------------	-----------	------------------------	-------------	---------------

See Additional Data

(Code )	(Expenses \$	4,985,110	including grants of \$	(Revenue \$	96,356 )
---------	--------------	-----------	------------------------	-------------	----------

TOBACCO CESSATION INNOVATIONS TRUTH INITIATIVE'S INNOVATIONS CENTER IS A GROUP OF LEADING SCIENTISTS AND DIGITAL DESIGNERS WORKING TO BUILD SCALABLE AND SUSTAINABLE DIGITAL SOLUTIONS FOR SMOKERS LOOKING TO QUIT THROUGH OUR PUBLIC PROGRAM BECOMEANEX AND OUR ENTERPRISE PRODUCT THEEXPROGRAM, HUNDREDS OF THOUSANDS OF SMOKERS HAVE JOINED A NETWORK OF STEP-BY-STEP GUIDANCE, COACHING RESOURCES AND COMMUNITY SUPPORT THAT HAS BEEN SHOWN THROUGH RIGOROUS EVALUATION TO BE HIGHLY EFFECTIVE IN HELPING SMOKERS TO QUIT THIS GROUP HAS ALSO DEVELOPED THIS IS QUITTING, A FIRST OF ITS KIND TEXT SUPPORT PROGRAM FOR YOUTH AND YOUNG ADULTS LOOKING TO QUIT VAPING THE INNOVATIONS GROUP ALSO IS A LEADING CENTER OF RESEARCHING INNOVATIVE APPROACHES TO QUITTING SMOKING AND HAS MADE SUBSTANTIAL CONTRIBUTIONS TO THE ACADEMIC LITERATURE AND REAL-WORLD DEPLOYMENT OF DIGITAL CESSATION TOOLS

**4d** Other program services (Describe in Schedule O )

(Expenses \$	4,985,110	including grants of \$	(Revenue \$	96,356 )
--------------	-----------	------------------------	-------------	----------

<b>4e</b>	<b>Total program service expenses</b>	85,864,309
-----------	---------------------------------------	------------

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	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
<b>33</b>	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	
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</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		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	152	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	192			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		No
<b>4a</b> 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)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ► EG , IS , KS , TW See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b>	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>15b</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).		
<b>16a</b>	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>16b</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, 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-A 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 EVPCFIO 900 G STREET NW NO 4TH FL WASHINGTON, DC 20001 (202) 454-5555

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HON MIKE MOORE CHAIR SINCE 05/2017	6 00	X		X				0	0	0
(2) NANCY BROWN VICE CHAIR SINCE 12/2017	5 00	X		X				0	0	0
(3) HON DOUG PETERSON TREASURER SINCE 05/2017	6 00	X		X				0	0	0
(4) MARY T BASSETT MD MPH DIRECTOR	5 00	X						0	0	0
(5) GEORGES C BENJAMIN MD DIRECTOR	5 00	X						0	0	0
(6) HON HERB CONAWAY MD DIRECTOR	5 00	X						0	0	0
(7) HON JAMES DUNNIGAN DIRECTOR	5 00	X						0	0	0
(8) HON GARY R HERBERT DIRECTOR	5 00	X						0	0	0
(9) STEVE OYER DIRECTOR	5 00	X						0	0	0
(10) HON GINA RAIMONDO DIRECTOR	5 00	X						0	0	0
(11) HON JOSH STEIN DIRECTOR	5 00	X						0	0	0
(12) ROBIN KOVAL PRESIDENT & CEO	37 50			X				729,443	0	151,059
(13) ANTHONY T O'TOOLE EVP/CFIO	37 50			X				520,808	0	161,520
(14) ROBERT FALK GEN. COUNSEL/CORP. SECRETARY	37 50			X				273,059	0	49,145
(15) M DAVID DOBBINS COO	37 50				X			391,428	0	120,306
(16) ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	37 50				X			395,861	0	104,656
(17) DONNA VALLONE CHIEF RESEARCH OFFICER	37 50					X		405,149	0	93,709

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMANDA GRAHAM SVP, INNOVATIONS	37 50					X		288,559	0	60,420
(19) PATRICIA KENNEY CHIEF COMMUNICATIONS OFFICER	37 50					X		266,316	0	78,390
(20) AMY TAYLOR SVP, COMMUNITY & YOUTH ENGAGEMENT	37 50					X		253,141	0	76,863
(21) ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMIN	37 50					X		274,248	0	78,943
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,798,012	0	975,011

**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 **51**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	No
<b>4</b> 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>	<b>4</b> Yes	
<b>5</b> 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>	<b>5</b>	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
TARGETCAST LLC (DBA ASSEMBLY) 711 THIRD AVE 2ND FLOOR NEW YORK, NY 10017	MARKETING	49,186,658
MDC CORPORATE (US) INC (DBA 72ANDSUNNY) 745 FIFTH AVE 19TH FL NEW YORK, NY 10151	MARKETING	9,080,499
HAYMAKER INDUSTRIES LLC 4126 W JEFFERSON BLVD LOS ANGELES, CA 90016	MARKETING	1,622,910
CRUX RESEARCH INC 1 NORTH MAIN STREET HONEOYE FALLS, NY 14472	RESEARCH	1,011,697
GFK US HOLDINGS INC 120 EAGLE ROCK AVE 200 EAST HANOVER, NJ 079363590	RESEARCH	955,645

**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 **31**



Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,245,372				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,899,961				
	g	Noncash contributions included in lines 1a - 1f \$ _____						
	h	Total. Add lines 1a-1f . . . . . ▶	3,145,333					
Program Service Revenue			Business Code					
	2a	SALE OF EX PLATFORM	900099	69,356	69,356			
	b	CONTRACT SERVICE REV	900099	27,000	27,000			
	c	EXPERT TESTIMONY REV	900099	2,072	2,072			
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶	98,428					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	16,787,949			16,787,949	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties . . . . . ▶	72,467			72,467	
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d		Net rental income or (loss) . . . . . ▶		185,110			185,110
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d		Net gain or (loss) . . . . . ▶		78,428,688			78,428,688
	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	18,512		18,512	
b		_____						
c		_____						
d		All other revenue . . . . .						
e		Total. Add lines 11a-11d . . . . . ▶		18,512				
12		Total revenue. See Instructions . . . . . ▶		98,736,487	98,428	0	95,492,726	

**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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,144,501	2,144,501		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,904,226	1,028,768	1,875,458	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	14,189,690	10,845,631	3,344,059	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,986,129	1,549,543	436,586	
<b>9</b> Other employee benefits.	2,765,700	1,938,739	826,961	
<b>10</b> Payroll taxes.	1,107,724	760,785	346,939	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	83,649		83,649	
<b>c</b> Accounting.	249,173		249,173	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	4,784,536		4,784,536	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	62,842,835	62,641,804	201,031	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	719,766	274,900	444,866	
<b>14</b> Information technology.	1,189,671	952,640	237,031	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	2,805,244		2,805,244	
<b>17</b> Travel.	1,302,307	1,138,364	163,943	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	963,028	889,057	73,971	
<b>20</b> Interest.	1,606,072		1,606,072	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	1,804,623	952,010	852,613	
<b>23</b> Insurance.	370,153	79,067	291,086	
<b>24</b> 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):				
<b>a</b> EMPLOYEE MORALE	320,494	42,789	277,705	
<b>b</b> DIGITAL PROMOTIONS	298,754	298,754		
<b>c</b> PROFESSIONAL DEVELOPMENT	124,718	69,550	55,168	
<b>d</b> INCOME TAX EXPENSE	46,864		46,864	
<b>e</b> All other expenses	370,232	257,407	109,115	3,710
<b>25</b> Total functional expenses. Add lines 1 through 24e.	104,980,089	85,864,309	19,112,070	3,710
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	500	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments . . . . .	117,003,711	<b>2</b>	122,089,560
	<b>3</b> Pledges and grants receivable, net . . . . .	341,642	<b>3</b>	246,851
	<b>4</b> Accounts receivable, net . . . . .	127,506	<b>4</b>	105,663
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	7,918
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,612,436	<b>9</b>	1,621,144
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	11,819,557		
	<b>b</b> Less: accumulated depreciation	6,765,522		
		30,167,338	<b>10c</b>	5,054,035
	<b>11</b> Investments—publicly traded securities . . . . .	290,664,581	<b>11</b>	289,946,483
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	552,233,431	<b>12</b>	502,365,785
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	324,372	<b>15</b>	947,281	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	992,475,517	<b>16</b>	922,385,220	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,486,816	<b>17</b>	10,264,174
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	240,643	<b>19</b>	82,485
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	71,809,869	<b>25</b>	71,567,907
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	88,537,328	<b>26</b>	81,914,566
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	903,938,189	<b>27</b>	840,470,654
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	903,938,189	<b>33</b>	840,470,654	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	992,475,517	<b>34</b>	922,385,220	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	98,736,487
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	104,980,089
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-6,243,602
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	903,938,189
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-55,736,341
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,487,592
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	840,470,654

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

YOUTH AND YOUNG ADULT PUBLIC EDUCATION TRUTH INITIATIVE'S PUBLIC HEALTH EDUCATION CAMPAIGN TRUTH HAS BEEN A LEADING DRIVER IN REDUCING YOUTH AND YOUNG ADULT TOBACCO USE FOR TWO DECADES THE CURRENT ITERATION OF THE CAMPAIGN, WHICH WAS RELAUNCHED IN 2014, HAS BEEN SHOWN TO BE A SUBSTANTIAL FACTOR IN RECENT DECLINES IN YOUTH TOBACCO USE IT HAS BEEN PROVEN TO BE BOTH COST SAVING AND COST EFFECTIVE WE HAVE SHOWN THROUGH MONITORING A LONGITUDINAL COHORT OF OVER 10,000 YOUTH AND YOUNG ADULTS THAT, IN THE LAST FOUR YEARS, TRUTH HAS BEEN INSTRUMENTAL IN OVER 2.5 MILLION YOUTH AND YOUNG ADULTS MAKING THE DECISION TO NOT TAKE UP CIGARETTE SMOKING WE CONTINUE AS A STRONG PRESENCE WITH OUR AUDIENCE WITH OVER 75% RECOGNITION OF OUR MESSAGING IN FY2018 IN 2018, INITIALLY IN PARTNERSHIP WITH THE AD COUNCIL AND THE ONDCP AND CONSISTENT WITH THE TERMS OF THE MASTER SETTLEMENT AGREEMENT, WE EXPANDED TRUTH'S MESSAGING TO TAKE ON THE NATIONAL OPIOID ABUSE EPIDEMIC OUR MESSAGING FOCUSES ON YOUTH AND YOUNG ADULT PREVENTION AND EDUCATION

**Form 990, Part III, Line 4b:**

RESEARCH POLICY AND PRACTICE TRUTH INITIATIVE IS A LEADER IN TOBACCO CONTROL RESEARCH AND POLICY WITH A STRONG TEAM OF RESEARCH SCIENTISTS IN OUR SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES AND A DEDICATED TEAM OF POLICY PROFESSIONALS WHO PARTICIPATE IN THE ONGOING DISCUSSION AROUND THE BEST APPROACHES FOR REDUCING TOBACCO RELATED DEATH AND DISEASE SCHROEDER INSTITUTE SCIENTISTS PRODUCE PEER-REVIEWED PAPERS ON ISSUES RELATED TO TOBACCO CONTROL, SPEAK AT NATIONAL AND LOCAL CONFERENCES, AND ALONG WITH OUR POLICY TEAM CREATE A SUITE OF RESOURCES AND GUIDANCE ON ISSUES FROM E-CIGARETTES TO TOBACCO INDUSTRY MARKETING TACTICS FOR USE BY TOBACCO CONTROL PROFESSIONALS AT BOTH THE LOCAL AND NATIONAL LEVEL OUR POLICY TEAM REGULARLY WEIGHS IN ON FEDERAL REGULATORY APPROACHES TO TOBACCO CONTROL VIA FORMAL COMMENTS AND LETTERS TO FDA AND OTHER FEDERAL AGENCIES

---

**Form 990, Part III, Line 4c:**

ENGAGEMENT, ACTIVISM AND PARTNERSHIPSTRUTH INITIATIVE ACTIVELY RECRUITS AND SUPPORTS YOUTH WHO ARE LOOKING TO HAVE INFLUENCE ON TOBACCO CONTROL ISSUES THROUGH A VARIETY OF DIFFERENT PROGRAMS THIS INCLUDES TRAINING OF YOUTH LEADERS ON THE HIGH SCHOOL LEVEL, A YOUTH FELLOWSHIP PROGRAM FOR COLLEGE-AGED INDIVIDUALS INTERESTED IN TOBACCO CONTROL AND OUR ON-GOING GRANT PROGRAM TO HELP COLLEGES AND UNIVERSITIES INSTITUTE TOBACCO-FREE CAMPUS POLICIES WE ALSO WORK WITH OTHER NON-PROFIT ORGANIZATIONS, PARTICULARLY THOSE SERVING POPULATIONS DISPROPORTIONATELY IMPACTED BY TOBACCO, TO ENGAGE THEIR MEMBERSHIP ON ISSUES RELATED TO TOBACCO CONTROL

---

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> TRUTH INITIATIVE FOUNDATION	<b>Employer identification number</b> 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		
<b>Total</b>						



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,826,741	2,638,469	3,203,950	2,624,532	3,145,333	14,439,025
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	<b>Total.</b> Add lines 1 through 3	2,826,741	2,638,469	3,203,950	2,624,532	3,145,333	14,439,025
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	<b>Public support.</b> Subtract line 5 from line 4						14,439,025

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	2,826,741	2,638,469	3,203,950	2,624,532	3,145,333	14,439,025
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,069,316	17,709,010	18,593,421	20,353,559	17,045,526	97,770,832
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.)	11,512	1,037	190	49,162	18,512	80,413
11	<b>Total support.</b> Add lines 7 through 10						112,290,270
12	Gross receipts from related activities, etc. (see instructions)					12	136,154
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 12.860 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 11.300 %
<b>16a</b>	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>b</b>	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>	Yes	No
	<b>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>	
<b>b</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>		
	<b>3b</b>	

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2014 AMOUNT \$ 11,512 2015 AMOUNT \$ 1,037 2016 AMOUNT \$ 190 2017 AMOUNT \$ 49,162 2018 AMOUNT \$ 18,512

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
TRUTH INITIATIVE FOUNDATION

Employer identification number  
91-1956621

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" 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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" 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

► \$



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			
b	Buildings			
c	Leasehold improvements	4,359,853	1,467,902	2,891,951
d	Equipment	1,518,459	1,283,883	234,576
e	Other	5,941,245	4,013,737	1,927,508
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			5,054,035

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	188,103,028	F
(B) HEDGE FUNDS	73,720,519	F
(C) PRIVATE EQUITY FUNDS	129,712,056	F
(D) PRIVATE EQUITY FUND OF FUNDS	110,830,182	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	502,365,785	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTEREST RATE SWAP	4,926,858
DEFERRED COMPENSATION	1,571,458
DEFERRED RENT	4,547,366
LINE OF CREDIT	60,000,000
REFUNDABLE ADVANCES	522,225
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	71,567,907

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	38,215,610
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-55,736,341
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-55,736,341
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	93,951,951
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,784,536
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,784,536
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	98,736,487

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	101,683,141
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,487,588
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,487,588
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	100,195,553
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,784,536
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,784,536
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	104,980,089

**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 TRUTH I NITIATIVE HAD UNRELATED BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS ENDED JUNE 30, 2019 AND 2018 TRUTH INITIATIVE FOLLOWS THE ACCOUNTING STANDARD ON AC COUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINA NCIAL STATEMENTS UNDER THIS GUIDANCE, TRUTH INITIATIVE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL B E SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POS ITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE ME ASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZ ED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AL SO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST, PENALTIES ON INCOME TAXES AND ACCOU NTING IN INTERIM PERIODS MANAGEMENT EVALUATED TRUTH INITIATIVE'S TAX POSITIONS AND CONCLU DED THAT TRUTH INITIATIVE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET LOSS ON INTEREST RATE SWAP AGREEMENT 1,487,588

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			20,075,010
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			20,075,010

**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.

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

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



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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 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, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**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).

ReturnReference	Explanation

**Additional Data**

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

**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		4,620,540
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		14,375,075

**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
NORTH AMERICA	0	0	INVESTMENTS		1,079,395

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
TRUTH INITIATIVE FOUNDATION

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . 56

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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 COMMUNICATION BETWEEN THE PO AND THE GRANTEE, AS WELL AS TECHNICAL ASSISTANCE AND SITE VISITS AS NEEDED PO'S ARE ALSO RESPONSIBLE FOR ENSURING THAT THE REPORTING OF GRANT EXPENDITURES AND DELIVERABLES MEET COMPLIANCE STANDARDS SET BY TRUTH INITIATIVE EACH GRANT CONTRACT HAS A SCHEDULE OF REPORTING REQUIREMENTS GRANTEES ARE REQUIRED TO SUBMIT EXPENSE REPORTS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED BUDGET AND/OR CERTIFY GRANT EXPENDITURES IN ACCORDANCE WITH THE APPROVED BUDGET THE NARRATIVE REPORTING REQUIREMENTS ON THE DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE AND FUNDING INITIATIVE MINIMALLY, ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON PROGRAM ACTIVITIES FEDERAL SUBAWARD GRANTS ARE EXECUTED AND MONITORED BY TRUTH INITIATIVE'S SPONSORED GRANTS DEPARTMENT IN ACCORDANCE WITH THE REQUIREMENTS CONTAINED WITHIN THE UNIFORM GUIDANCE TITLE 2 PART 200 OF THE CODE OF FEDERAL REGULATIONS (2 CFR 200) TRUTH INITIATIVE STAFF PERFORM A RISK ASSESSMENT OF EACH SUBRECIPIENT EVALUATING INTERNAL CONTROLS, ORGANIZATION HISTORY AND STRUCTURE, LATEST FINANCIAL STATEMENTS AND GOVERNMENT AUDITS PRIOR TO ANY GRANT AWARD INVOICES SUBMITTED FOR PAYMENT ARE EVALUATED FOR COST ALLOWABILITY AND PROGRAMMATIC PROGRESS BY BOTH SPONSORED GRANTS STAFF AND THE PRINCIPAL INVESTIGATOR SUBRECIPIENTS ALSO SUBMIT PROGRAM PROGRESS REPORTS, THE DETAILS OF WHICH ARE INCLUDED IN TRUTH INITIATIVE'S REPORTING TO PRIME NIH SPONSORS

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
AMERICAN NON-SMOKERS RIGHTS FOUNDATION 2530 SAN PABLO AVENUE STE J BERKELEY, CA 94702	94-2922136	501(C)(3)	174,471				STRATEGIC ALLIANCE GRANTS
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	1,000,000				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
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS 909 12TH STREET SACRAMENTO, CA 95814	94-1641240	501(C)(3)	44,112				STRATEGIC ALLIANCE GRANTS
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE 4805 MT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	5,600				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
GIRL SCOUTS COUNCIL OF THE NATION'S CAPITAL 4301 CONNECTICUT AVE NW SUITE M-2 WASHINGTON, DC 20008	54-0732966	501(C)(3)	137,921				STRATEGIC ALLIANCE GRANTS
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	45,334				STRATEGIC ALLIANCE GRANTS, TIME TO THRIVE 02/16-18/18

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 CALIFORNIA SAN FRANCISCO 919 IRVING ST SUITE 104 UCSF BOX 0939 SAN FRANCISCO, CA 941430939	94-6036493	501(C)(3)	110,423				STRATEGIC ALLIANCE GRANTS
YOUNG INVINCIBLES 1725 DESALES ST NW SUITE 715 WASHINGTON, DC 20036	46-2214021	501(C)(3)	28,572				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
ALAMANCE COMMUNITY COLLEGE 1247 JIMMIE KERR ROAD GRAHAM, NC 27253	56-6052379	501(C)(3)	11,524				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
ALLEN UNIVERSITY 1530 HARDEN STREET COLUMBIA, SC 29203	57-0341191	501(C)(3)	10,074				COMMUNITY COLLEGE AND HBCU 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
BALTIMORE CITY COMMUNITY COLLEGE 2901 LIBERTY HEIGHTS AVENUE BALTIMORE, MD 21215	52-6002033	501(C)(3)	11,345				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT 114 SOUTH DEL ROSA DRIVE SAN BERNARDINO, CA 92408	95-6002754	501(C)(3)	6,735				COMMUNITY COLLEGE AND HBCU 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
HAMPTON UNIVERSITY 100 EAST QUEEN STREET HAMPTON, VA 23668	54-0505990	501(C)(3)	9,197				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
NEW JERSEY CITY UNIVERSITY 2039 KENNEDY BLVD JERSEY CITY, NJ 07305	22-2830882	501(C)(3)	14,986				COMMUNITY COLLEGE AND HBCU 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
NORTH LAKE COLLEGE 4343 IH 30 MESQUITE, TX 75150	75-1213149	501(C)(3)	5,088				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
ROXBURY COMM COLLEGE 1234 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-2726857	501(C)(3)	13,396				COMMUNITY COLLEGE AND HBCU 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
WEST SHORE COMMUNITY COLLEGE 3000 N STILES ROAD SCOTTSVILLE, MI 49454	38-1852447	501(C)(3)	5,228				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
WEST VIRGINIA STATE UNIVERSITY PO BOX 1000 201 ACEOP ADMIN BLDG INSTITUTE, WV 25112	55-0708567	501(C)(3)	12,202				COMMUNITY COLLEGE AND HBCU 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
WESTERN NEBRASKA COMM COLLEGE 1601 EAST 27TH STREET SCOTTSBLUFF, NE 69361	47-6005299	501(C)(3)	14,240				COMMUNITY COLLEGE AND HBCU INITIATIVE GRANTS
SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO INC 2424 AMERICAN LANE MADISON, WI 53704	52-1906424	501(C)(3)	12,500				SPONSOR - HEALTH DISPARITIES SCHOLARSHIP

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 ADVERTISING COUNCIL 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	13-0417693	501(C)(3)	15,000				SPONSOR - ANNUAL DINNER
EFFIE WORLDWIDE INC 148 MADISON AVENUE 4TH FLOOR NEW YORK, NY 10016	20-8875698	CORPORATION	9,750				SPONSOR - EFFIE AWARDS

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
NASHVILLE PRIDE PO BOX 330931 NASHVILLE, TN 37203	62-1828153	501(C)(3)	6,000				SPONSOR - NASHVILLE PRIDE FESTIVAL
NY WOMEN IN COMMUNICATIONS FOUNDATION 355 LEXINGTON AVE 15TH FLOOR NEW YORK, NY 10017	13-4111956	501(C)(3)	5,400				SPONSOR - MATRIX AWARDS

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
BROWN UNIVERSITY 1 PROSPECT STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	81,187				FEDERAL SUBAWARDS
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW SUITE 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	17,274				FEDERAL SUBAWARDS

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 SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA, SC 29208	57-6001153	501(C)(3)	9,708				FEDERAL SUBAWARDS
BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201	31-4379427	501(C)(3)	33,262				FEDERAL SUBAWARDS

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
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	8,965				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
BRYN MAWR COLLEGE 101 N MERION AVENUE BRYN MAWR, PA 19010	23-1352621	501(C)(3)	7,808				COMMUNITY COLLEGE & HBCU 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
CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVENUE CHING HALL 110V 110V HONOLULU, HI 96816	99-0272261	501(C)(3)	8,439				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
COLUMBIA BASIN COLLEGE 2600 N 20TH AVENUE PASCO, WA 99301	91-0824589	501(C)(3)	11,238				COMMUNITY COLLEGE & HBCU 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
FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD KEY WEST, FL 33040	59-1209205	501(C)(3)	7,649				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
ISOTHERMAL COMMUNITY COLLEGE 286 ICC LOOP ROAD SPINDALE, NC 28160	56-0841505	501(C)(3)	7,213				COMMUNITY COLLEGE & HBCU 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
LAWSON STATE COMMUNITY COLLEGE 3060 WILSON ROAD SW BIRMINGHAM, AL 35221	63-0641064	501(C)(3)	7,244				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
LURLEEN B WALLACE COMMUNITY COLLEGE 1000 DANNELLY BLVD ANDALUSIA, AL 36420	63-0576487	501(C)(3)	10,570				COMMUNITY COLLEGE & HBCU 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
MILLS COLLEGE 5000 MACARTHUR BLVD OAKLAND, CA 94613	94-1156566	501(C)(3)	6,820				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
NORTH COUNTRY COMMUNITY COLLEGE 23 SANTANONI AVENUE SARANAC LAKE, NY 12983	14-1497536	501(C)(3)	8,779				COMMUNITY COLLEGE & HBCU 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
PIMA COUNTY COMMUNITY COLLEGE DISTRICT 4905-D EAST BROADWAY BLVD SUITE D-113 TUCSON, AZ 85709	86-0208787	501(C)(3)	5,479				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
ROBESON COMMUNITY COLLEGE 5160 FAYETTEVILLE ROAD BUILDING 2 LUMBERTON, NC 28359	56-0894344	501(C)(3)	8,686				COMMUNITY COLLEGE & HBCU 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
SAN JUAN COLLEGE 4601 COLLEGE BLVD FARMINGTON, NM 87402	85-0295969	501(C)(3)	7,966				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
FINGER LAKES COMMUNITY COLLEGE 3325 MARVIN SANDS DRIVE CANANDAIGUA, NY 14424	16-1336614	501(C)(3)	5,348				COMMUNITY COLLEGE & HBCU 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
TEXAS SOUTHERN UNIVERSITY 3100 CLEBURNE STREET HOUSTON, TX 77004	74-6001391	501(C)(3)	8,027				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
THE CORP OF SAINT MARY'S COLLEGE NOTRE DAME 153 LE MANS HALL NOTRE DAME, IN 46556	35-0868158	501(C)(3)	9,682				COMMUNITY COLLEGE & HBCU 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
UNIVERSITY OF WEST ALABAMA UWA STATION 2 LIVINGSTON, AL 35470	63-6001100	501(C)(3)	6,408				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
URBAN COLLEGE OF BOSTON 2 BOYLSTON STREET 2ND FLOOR BOSTON, MA 02116	04-3403049	501(C)(3)	7,694				COMMUNITY COLLEGE & HBCU 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
STATE CENTER COMMUNITY COLLEGE DISTRICT 1525 E WELDON AVENUE FRESNO, CA 93720	94-1574802	501(C)(3)	5,026				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
DOMINICAN COLLEGE 470 WESTERN HIGHWAY ORANGEBURG, NY 10962	13-1967322	501(C)(3)	5,550				COMMUNITY COLLEGE & HBCU 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
HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR ROAD HERKIMER, NY 13350	16-0919625	501(C)(3)	9,124				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
HOUSATONIC COMMUNITY COLLEGE 900 LAFAYETTE BLVD BRIDGEPORT, CT 06604	13-4310869	501(C)(3)	8,392				COMMUNITY COLLEGE & HBCU 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
LOS ANGELES VALLEY COLLEGE FOUNDATION 5800 FULTON AVENUE VALLEY GLEN, CA 91401	23-7349231	501(C)(3)	6,709				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	5,581				COMMUNITY COLLEGE & HBCU 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
ORANGE COAST COLLEGE FOUNDATION 2701 FAIRVIEW ROAD COSTA MESA, CA 92626	33-0071349	501(C)(3)	5,485				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT 2323 N BROADWAY SUITE 404-1 SANTA ANA, CA 92706	95-2696799	501(C)(3)	8,988				COMMUNITY COLLEGE & HBCU 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
SULLIVAN COUNTY COMM 112 COLLEGE ROAD LOCH SHELDRAKE, NY 12759	14-6025111	501(C)(3)	6,294				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
STATE BOARD FOR COMMUNITY COLLEGES & OCCUPATIONAL EDUCATION 5900 S SANTA FE DRIVE LITTLETON, CO 80160	38-3721881	501(C)(3)	5,242				COMMUNITY COLLEGE & HBCU 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
BRENAU UNIVERSITY 500 WASHINGTON STREET GAINESVILLE, GA 30501	58-0566143	501(C)(3)	5,530				COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>		OMB No 1545-0047
			2018
			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 Questions Regarding Compensation		Yes	No
<b>1a</b> 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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                         </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                         </div> </div>			
<b>b</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	<b>1b</b>	Yes	
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                         </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                         </div> </div>			
<b>4</b> 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			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	
<b>c</b> 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	<b>4c</b>		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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			
<b>a</b> The organization?	<b>5a</b>		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>		No
<b>6</b> 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			
<b>a</b> The organization?	<b>6a</b>		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	Yes	
<b>8</b> 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	<b>8</b>		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		

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.

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE, INCLUDING GROSS UP, TO ROBIN KOVAL IN THE AMOUNT OF \$11,437 AND THESE WERE TREATED AS TAXABLE INCOME. THE ORGANIZATION HAS A HEALTH CLUB/CLASS BENEFIT WHICH IS OFFERED TO ALL EMPLOYEES. THIS BENEFIT IS TREATED AS TAXABLE INCOME TO THE RECIPIENT. EIGHT OF THE EMPLOYEES LISTED IN SCHEDULE J RECEIVED THIS BENEFIT.

Return Reference	Explanation
PART I, LINE 4B	EMPLOYEES LISTED BELOW PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN EMPLOYER CONTRIBUTION DURING THE CALENDAR YEAR 2018 ARE AS FOLLOWS ROBIN KOVAL - \$90,000 ANTHONY T O'TOOLE - \$80,000 ROBERT FALK - \$16,500 M DAVID DOBBINS - \$50,000 ERIC ASCHE - \$37,000 DONNA VALLONE - \$30,000 AMANDA GRAHAM - \$12,500 PATRICIA KENNEY - \$12,500 AMY TAYLOR - \$12,500 ANNA SPRIGGS - \$12,500 NICOLE LEMON - \$12,500



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

Additional Data

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

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

(A) Name and Title		(B) 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				
ROBIN KOVAL PRESIDENT & CEO	(i)	625,000	56,500	47,943	131,250	24,215	884,908	0
	(ii)	0	0	0	0	0	0	0
ANTHONY T O'TOOLE EVP/CFIO	(i)	428,207	65,600	27,001	121,250	53,807	695,865	0
	(ii)	0	0	0	0	0	0	0
ROBERT FALK GEN COUNSEL/CORP SECRETARY	(i)	247,557	3,000	22,502	39,955	12,219	325,233	0
	(ii)	0	0	0	0	0	0	0
M DAVID DOBBINS COO	(i)	342,659	45,000	3,769	91,250	35,901	518,579	0
	(ii)	0	0	0	0	0	0	0
ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	(i)	349,109	45,000	1,752	78,250	34,760	508,871	0
	(ii)	0	0	0	0	0	0	0
DONNA VALLONE CHIEF RESEARCH OFFICER	(i)	342,542	26,500	36,107	71,250	34,585	510,984	0
	(ii)	0	0	0	0	0	0	0
AMANDA GRAHAM SVP, INNOVATIONS	(i)	256,955	30,000	1,604	50,750	16,100	355,409	0
	(ii)	0	0	0	0	0	0	0
PATRICIA KENNEY CHIEF COMMUNICATIONS OFFICER	(i)	233,224	30,000	3,092	51,984	35,091	353,391	0
	(ii)	0	0	0	0	0	0	0
AMY TAYLOR SVP, COMMUNITY & YOUTH ENGAGEMENT	(i)	224,397	27,500	1,244	50,456	33,726	337,323	0
	(ii)	0	0	0	0	0	0	0
ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMIN	(i)	243,575	29,000	1,673	53,750	33,500	361,498	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

**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, 2020 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, AND CHIEF RESEARCH OFFICER THE CEO MAKES COMPENSATION DECISIONS FOR OTHER SENIOR LEVEL EMPLOYEES, UPON RECOMMENDATION OF THEIR EXPERTISE CENTER LEADER

# 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 0 MANAGEMENT AND GENERAL EXPENSES 21,361 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,361 CONSULTING PROGRAM SERVICE EXPENSES 182,574 MANAGEMENT AND GENERAL EXPENSES 77,430 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 260,004 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 62,441,601 MANAGEMENT AND GENERAL EXPENSES 99,821 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,541,422 HONORARIUM PROGRAM SERVICE EXPENSES 300 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 300 MANAGEMENT FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,419 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,419 NRT - CONTRACT SERVICES PROGRAM SERVICE EXPENSES 11,591 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,591 FULFILLMENT SERVICES PROGRAM SERVICE EXPENSES 5,685 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,685 REFERRAL FEES PROGRAM SERVICE EXPENSES 53 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 53

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN (LOSS) ON SWAPS -1,487,588 VARIANCE -4

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
2018 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 2014 - 2018 WAS 12.86%.</p> <p>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 2014-2018 AS A RESULT OF THESE EFFORTS WAS \$14.4 MILLION. EXAMPLES OF EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTING PERIOD INCLUDE THE FOLLOWING: FEDERAL GOVERNMENT GRANTS AND CONTRACTS. TRUTH INITIATIVE MAINTAINS A BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW AND ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT. AS PART OF THIS PROGRAM, THE ORGANIZATION HAS DEDICATED STAFF IN BOTH ITS SCHROEDER RESEARCH INSTITUTE, INNOVATIONS, AND FINANCE DEPARTMENT TO ASSIST WITH APPLICATIONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED. FROM TAX YEAR 2014 THROUGH 2018, TRUTH INITIATIVE SUBMITTED 67 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2018 ALONE, WE SUBMITTED 7 APPLICATIONS FOR NATIONAL INSTITUTES OF HEALTH FUNDED GRANTS TO SUPPORT OUR 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 22 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF \$23,061,466. OTHER GRANTS. DURING THE FIVE-YEAR TESTING PERIOD, TRUTH INITIATIVE ALSO SUBMITTED FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES. THE ORGANIZATION RECEIVED 10 AWARDS FOR A TOTAL AMOUNT AWARDED OF \$2,663,179. IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM CVS HEALTH FOUNDATION.</p> <p>B. PERCENTAGE OF FINANCIAL SUPPORT. TRUTH INITIATIVE WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT NEGOTIATED BY THE ATTORNEYS GENERAL OF 46 STATES, THE DISTRICT OF COLUMBIA AND FIVE U.S. TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED AGAINST THE MAJOR U.S. TOBACCO COMPANIES FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO. THE STATES REQUESTED THAT A PORTION OF THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGANIZATION PRIMARILY DEDICATED TO STUDYING AND PROVIDING PUBLIC EDUCATION ABOUT THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
2018 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	<p>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, 2019 WAS \$79.2 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 \$14.4 MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION AS SET FORTH IN REG. 1.170A-9(f)(3)(iii), THE FACT THAT TRUTH INITIATIVE'S PUBLIC SUPPORT PERCENTAGE IS LOW BECAUSE A HIGH PERCENTAGE OF ITS TOTAL SUPPORT COMES FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) IS EVIDENCE OF ORGANIZATIONAL COMPLIANCE WITH THE FACTS AND CIRCUMSTANCES TEST REPRESENTATIVE GOVERNING BODY TRUTH INITIATIVE HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, OTHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS UNDER THE ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF TWO DIRECTORS APPOINTED BY EACH OF THE NATIONAL ASSOCIATION OF ATTORNEYS GENERAL, THE NATIONAL GOVERNORS ASSOCIATION, AND THE NATIONAL CONFERENCE OF STATE LEGISLATURES FROM AMONG THEIR MEMBERS 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 NORTH CAROLINA AND NEBRASKA, A STATE REPRESENTATIVE FROM UTAH 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 AMERICAN HEART ASSOCIATION</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
2018 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS	, A FORMER STATE ATTORNEY GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES RECENT FORMER CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN CALIFORNIA REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE THEN-ASSOCIATE DEAN FOR PUBLIC HEALTH PRACTICE A T THE HARVARD SCHOOL OF PUBLIC HEALTH, A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIAT ION, AN IMMEDIATE PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A DISTINGUISHED PROFE SSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT OF MEDICINE OF THE UNIVERSITY OF CALIFORN IA, SAN FRANCISCO THERE ARE ALSO TWO YOUTH LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAS T NON- BINDING ADVISORY VOTES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
2018 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 NON -GOVERNMENTAL NATIONAL YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY, ITS AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, SOCIAL MEDIA AND OTHE R ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOU TH SMOKING RATES IN THE SUMMER OF 2014, TRUTH INITIATIVE LAUNCHED A REDESIGNED AND UPDATE D VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA PLATFORMS INCLUDING TELEVI SION, SOCIAL MEDIA, ON-LINE AS WELL AS A GRASS ROOTS COMPONENT THE ORGANIZATION COMMITTED TO SUPPORTING THE CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE YEARS THROUGH ITS 2016 TAX YEAR AND HAS RENEWED A SUBSTANTIAL FUNDING COMMITMENT FOR THE CAMPAI GN FOR TAX YEARS BEYOND THAT INCLUDING TAX YEARS 2017 AND 2018 THE CAMPAIGN IS REACHING M ILLIONS OF YOUTH AND AFFECTING THEIR ATTITUDES ABOUT TOBACCO AND THEIR INTENTIONS TO SMOKE IN 2008, TRUTH INITIATIVE AND A COALITION OF PUBLIC HEALTH GROUPS AND STATE PUBLIC HEALT H DEPARTMENTS BEGAN BECOME AN EX, AN INNOVATIVE SMOKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY TO QUIT BUT NEED HELP THE WEBSITE INCLUDES A COMMUNITY WHERE , AT NO CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SUPPORT AS WELL AS A COMPANION TEXT MESSAG ING PROGRAM TO OFFER TAILORED CESSATION RESOURCES THE SITE PROTOCOL WAS DEVELOPED IN CONJ UNCTION WITH THE MAYO CLINIC AND MAYO CLINIC STAFF PROVIDE CLINICAL SUPPORT IN THE FORM OF ONLINE INTERACTION WITH THE COMMUNITY WE CONTINUE TO SUPPORT THE BECOMEANEX ORG WEB SITE AND THE EX COMMUNITY THROUGH EARNED MEDIA AND PAID ONLINE ADVERTISING BEGINNING IN 2016, WE HAVE BEGUN AN EFFORT TO PROVIDE EX AS A SMOKING CESSATION SOLUTION FOR EMPLOYERS, HEAL TH PLANS AND OTHER PAYORS THIS HAS INCLUDED A SUBSTANTIAL OVERHAUL OF THE TECHNICAL CAPAB ILITIES OF THE SITE, WHICH IS STILL PROVIDED FREE OF CHARGE TO THE GENERAL PUBLIC OUR HOP E IS THIS WILL PROVIDE A STREAM OF MISSION RELATED REVENUE TO SUPPORT AND SUSTAIN EX AND O THER TRUTH INITIATIVE PROGRAMMING DURING THIS YEAR, FEE REVENUE FROM THIS SERVICE HAS BEE N MINIMAL \$69,357 IN TAX YEAR 2014, AND CONTINUING THROUGH TAX YEAR 2018, TRUTH INITIATIV E INITIATED A PROGRAM IN WHICH IT PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO COMMUNITY CO LLEGES AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU'S) TO SUPPORT THE ESTABLISHM ENT OF TOBACCO-FREE POLICIES AT THESE INSTITUTIONS WHICH SERVE LARGE NUMBERS OF YOUNG ADUL TS FROM LOW-INCOME AND MINORITY COMMUNITIES IN FIVE YEARS OF THIS PROGRAM, THROUGH TAX YE AR 2018, TRUTH INITIATIVE HAS AWARDED MORE THAN \$1 3 MILLION IN GRANTS TO COMMUNITY COLLEG ES AND HBCU'S TRUTH INITIATIV</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
2018 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)	E'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 TA X YEARS 2016 THROUGH 2018, THIS PROGRAM WAS SUPPORTED BY \$2 3 MILLION IN GRANT FUNDING PRO VIDED BY THE CVS FOUNDATION IN TAX YEAR 2018, WE DIRECTLY REACHED OVER 725,000 TEENS AND YOUNG ADULTS AND, THROUGH OUR COMMUNITY LEADERS, TRUTH COLLEGE LEADERS, TRAINING TEAM, AND TRUTH AMBASSADORS PROVIDED TRAINING AND TECHNICAL ASSISTANCE TO OVER 150 YOUTH LEADERS IN CONNECTION WITH PLANNING AND EXECUTING SCHOOL AND COMMUNITY-BASED PROJECTS TO HIGHLIGHT T HE TOLL OF TOBACCO AND RECRUIT THEIR PEERS TRUTH INITIATIVE ALSO SUPPORTS AND CONDUCTS RE SEARCH ON THE CAUSES OF TOBACCO ADDICTION AND METHODS FOR CONTROLLING TOBACCO USE, INCLUDI NG 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 THIRTY-ONE ARTICLES WERE PUBLISHED IN BETWEEN JULY 2018 JUNE 2019 THESE PUBLICATIONS AND JOURNALS HAVE INCLUDED JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, JOURNAL OF ADOLESCENT HEALTH, PREVENTIVE MEDICINE, TOBACCO CONTROL, NICOTINE AND TOBACCO RESEARCH, ADDICTIVE BEH AVIORS, JMIR RESEARCH PROTOCOL, BMC PUBLIC HEALTH, ADDICTION, AMERICAN JOURNAL ON ADDICTIO NS, PLOS ONE, INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, ETHNICITY AND DISEASE, JOURNAL OF MEDICAL INTERNET RESEARCH, ANESTHESIA AND ANALGESIA, JOURNAL OF M EDICAL INTERNET RESEARCH MENTAL HEALTH, DECISION SUPPORT SYSTEMS, ALCOHOLISM CLINICAL AND EXPERIMENTAL RESEARCH, JOURNAL OF SUBSTANCE ABUSE TREATMENT, AND AMERICAN JOURNAL OF PUBL IC HEALTH

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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 . . . . .

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

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

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

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

o Sharing of paid employees with related organization(s) . . . . .

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

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

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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) 2018

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