

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable, C Name of organization (TRUTH INITIATIVE FOUNDATION), D Employer identification number (91-1956621), E Telephone number (202-454-5555), F Name and address of principal officer (ROBIN KOVAL), G Gross receipts (\$196,018,987), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (TRUTHINITIATIVE.ORG), K Form of organization (Corporation), L Year of formation (1999), M State of legal domicile (DE)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields: Sign Here (Signature of officer: ANTHONY T. O'TOOLE, EVP/CFIO), Paid (Preparer: WILLIAM E TURCO, CPA), Preparer Use Only (Firm: RSM US LLP, Address: 9801 WASHINGTONIAN BLVD, STE 500, GAITHERSBURG, MD 20878)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE YOUNG PEOPLE REJECT SMOKING, VAPING, AND NICOTINE. 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 59,576,920. including grants of \$ 305,773. ) (Revenue \$ 4,352. ) 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 AND 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 1 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 70% RECOGNITION OF OUR MESSAGING IN FY2019.

4b (Code: ) (Expenses \$ 7,656,780. including grants of \$ 495,438. ) (Revenue \$ 166,528. ) 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

4c (Code: ) (Expenses \$ 6,426,375. including grants of \$ ) (Revenue \$ 308,132. ) 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

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,203,305. including grants of \$ 634,072. ) (Revenue \$ )

4e Total program service expenses 79,863,380.

**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)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<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? <i>If "Yes," complete Schedule C, Part I</i>		X
<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? <i>If "Yes," complete Schedule C, Part II</i>		X
<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? <i>If "Yes," complete Schedule C, Part III</i>		X
<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? <i>If "Yes," complete Schedule D, Part I</i>		X
<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? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<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? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<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? <i>If "Yes," complete Schedule G, Part I</i>		X
<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? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<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> .....	X	
<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> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</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? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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> .....		X
<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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<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> .....		X
<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> .....	X	
<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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<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> .....		
<b>36 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> .....		X
<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> .....		X
<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 .....	X	

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBIN KOVAL PRESIDENT & CEO	37.50			X			1,033,491.	0.	153,880.	
(2) ANTHONY T. O'TOOLE EVP/CFIO	37.50			X			798,910.	0.	167,330.	
(3) M. DAVID DOBBINS COO	37.50				X		563,011.	0.	123,721.	
(4) ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	37.50				X		521,263.	0.	107,921.	
(5) DONNA VALLONE CHIEF RESEARCH OFFICER	37.50					X	509,491.	0.	101,630.	
(6) PATRICIA KENNEY CHIEF COMMUNICATIONS OFFICER	37.50					X	350,668.	0.	89,953.	
(7) ROBERT FALK GEN. COUNSEL/CORP. SECRETARY	37.50			X			361,180.	0.	83,097.	
(8) ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMINISTR	37.50					X	318,871.	0.	71,442.	
(9) AMANDA GRAHAM CHIEF OF INNOVATIONS & RESEARCH INVE	37.50					X	329,035.	0.	60,656.	
(10) AMY TAYLOR CHIEF COMMUNITY & YOUTH ENGAGEMENT	37.50					X	311,157.	0.	74,632.	
(11) HON. MIKE MOORE CHAIR SINCE 05/2017	6.00	X		X			0.	0.	0.	
(12) NANCY BROWN VICE CHAIR SINCE 12/2017	5.00	X		X			0.	0.	0.	
(13) HON. DOUG PETERSON TREASURER SINCE 05/2017	6.00	X		X			0.	0.	0.	
(14) MARY T. BASSETT, M.D., MPH DIRECTOR	5.00	X					0.	0.	0.	
(15) GEORGES C. BENJAMIN, M.D. DIRECTOR	5.00	X					0.	0.	0.	
(16) HON. HERB CONAWAY, M.D. DIRECTOR	5.00	X					0.	0.	0.	
(17) HON. JAMES DUNNIGAN DIRECTOR	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HON. MIKE DEWINE DIRECTOR	5.00	X					0.	0.	0.	
(19) STEVE OYER DIRECTOR	5.00	X					0.	0.	0.	
(20) HON. GINA RAIMONDO DIRECTOR (TERM ENDED JAN'21)	5.00	X					0.	0.	0.	
(21) HON. JOSH STEIN DIRECTOR	5.00	X					0.	0.	0.	
(22) JANET T. MILLS DIRECTOR	5.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							5,097,077.	0.	1,034,262.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							5,097,077.	0.	1,034,262.	

**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 55

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<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> .....	X	
<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> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TARGETCAST LLC (DBA ASSEMBLY), 711 THIRD AVE., 2ND FLOOR, NEW YORK, NY 10017	MARKETING	47,569,572.
MDC CORPORATE (US) INC. (DBA 72ANDSUNNY PA 745 FIFTH AVE, 19TH FL, NEW YORK, NY 10151	MARKETING	5,454,468.
SNAP, INC. (DBA SNAPCHAT), 2772 DONALD DOUGLAS LOOP NORTH, SANTA MONICA, CA 90405	MARKETING	2,124,124.
IPSOS PUBLIC AFFAIRS, LLC 301 MERRITT 7, NORWALK, CT 06851	RESEARCH	1,792,799.
EVERFI, INC., 2300 N STREET, NW, STE#500, WASHINGTON, DC 20037	MARKETING	1,590,000.

**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 41



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	928,569.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,104,716.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			5,033,285.			
<b>Program Service Revenue</b>	<b>2 a</b> SALE OF EX SERVICES	<b>Business Code</b>					
		900099	264,587.	264,587.			
	<b>b</b> CONTRACT SERVICE REV	900099	214,425.	214,425.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			479,012.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		12,324,495.			12,324,495.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		350.			350.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	78,181,000.	845.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	103,860,512.	0.			
	<b>c</b> Gain or (loss)	<b>7c</b>	74,320,488.	845.			
	<b>d</b> Net gain or (loss)			74,321,333.		74,321,333.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			92,158,475.	479,012.	0.	86,646,178.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,435,283.	1,435,283.		
<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, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,007,340.	1,019,142.	1,988,198.	
<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 .....	14,687,546.	11,277,391.	3,410,155.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,426,405.	1,159,319.	267,086.	
<b>9</b> Other employee benefits .....	2,398,920.	1,669,101.	729,819.	
<b>10</b> Payroll taxes .....	1,183,206.	804,887.	378,319.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	103,627.	3,982.	99,645.	
<b>c</b> Accounting .....	249,244.		249,244.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	4,236,945.		4,236,945.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	60,696,886.	60,286,987.	409,899.	
<b>12</b> Advertising and promotion .....	274,009.	267,148.	6,861.	
<b>13</b> Office expenses .....	117,171.	56,971.	60,200.	
<b>14</b> Information technology .....	1,308,295.	1,046,476.	261,819.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,791,301.		2,791,301.	
<b>17</b> Travel .....	7,711.	5,308.	2,403.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	134,167.	120,024.	14,143.	
<b>20</b> Interest .....	2,354,392.		2,354,392.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,093,451.	430,640.	662,811.	
<b>23</b> Insurance .....	367,538.	71,206.	296,332.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INCOME TAX EXPENSE	504,224.		504,224.	
<b>b</b> EMPLOYEE MORALE	77,671.	19,154.	58,517.	
<b>c</b> SURVEY INCENTIVES	47,648.	47,623.	25.	
<b>d</b> BANK FEES	14,764.		14,764.	
<b>e</b> All other expenses	186,569.	142,738.	41,201.	2,630.
<b>25</b> Total functional expenses. Add lines 1 through 24e	98,704,313.	79,863,380.	18,838,303.	2,630.
<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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		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 .....	120,697,288.	<b>2</b>	135,135,084.
	<b>3</b> Pledges and grants receivable, net .....	176,441.	<b>3</b>	187,832.
	<b>4</b> Accounts receivable, net .....	186,940.	<b>4</b>	265,325.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,922.	<b>8</b>	5,720.
	<b>9</b> Prepaid expenses and deferred charges .....	902,256.	<b>9</b>	1,944,847.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,445,432.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,611,486.		
	<b>11</b> Investments - publicly traded securities .....	3,798,814.	<b>10c</b>	2,833,946.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	292,767,414.	<b>11</b>	310,471,330.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	434,711,628.	<b>12</b>	556,972,022.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	357,593.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	853,605,796.	<b>15</b>	279,409.	
		<b>16</b>	1,008,096,015.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,541,253.	<b>17</b>	11,434,829.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	196,200.	<b>19</b>	342,021.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	72,020,107.	<b>25</b>	102,324,534.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	81,757,560.	<b>26</b>	114,101,384.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	771,848,236.	<b>27</b>	893,994,631.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	771,848,236.	<b>32</b>	893,994,631.
<b>33</b> Total liabilities and net assets/fund balances .....	853,605,796.	<b>33</b>	1,008,096,015.	

**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>	92,158,475.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	98,704,313.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,545,838.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	771,848,236.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	128,692,227.
<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 on Schedule O)	<b>9</b>	6.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	893,994,631.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,203,950.	2,624,532.	3,145,333.	3,179,561.	5,033,285.	17,186,661.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,203,950.	2,624,532.	3,145,333.	3,179,561.	5,033,285.	17,186,661.
<b>5</b> 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) .....						1,510,217.
<b>6 Public support.</b> Subtract line 5 from line 4.						15,676,444.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	3,203,950.	2,624,532.	3,145,333.	3,179,561.	5,033,285.	17,186,661.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	18,593,421.	20,353,559.	17,045,526.	15,297,111.	12,324,845.	83,614,462.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				3,260,956.		3,260,956.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	190.	49,162.	18,512.	1,430.		69,294.
<b>11 Total support.</b> Add lines 7 through 10						104,131,373.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,145,812.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	15.05 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	13.25 %
<b>16a 33 1/3% support test - 2020.</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 33 1/3% support test - 2019.</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 10% -facts-and-circumstances test - 2020.</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 10% -facts-and-circumstances test - 2019.</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 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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 Part VI when and how the organization made the determination.</i>		
<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 Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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 Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>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>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 Part VI.</i>		
<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 Part VI.</i>		
<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 Part VI.</i>		
<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>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>		



**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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>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>		

**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>		

**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>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>3</b> By reason of the relationship described in line 2, above, 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>		

**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 (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<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>b</b> Did the activities described in line 2a, above, 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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<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>If "Yes" or "No" provide details in Part VI.</i>		
<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>		

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

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

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

OTHER REVENUE

2016 AMOUNT: \$ 190.

2017 AMOUNT: \$ 49,162.

2018 AMOUNT: \$ 18,512.

2019 AMOUNT: \$ 1,430.

2020 AMOUNT: \$ 0.

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

SEE SCHEDULE O

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 59,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 373,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 99,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 56,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 44,809.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 72,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 44,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 28,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 149,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 847,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 6,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 2,842,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 51,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 8,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 38,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 8,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 36,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 13,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 37,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 22,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 41,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 15,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Conservation Easements section containing multiple questions (1-9) about easement purposes, monitoring, and reporting, with a sub-table for lines 2a-2d.

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.

Part III section containing questions 1a, 1b, and 2 regarding the reporting of art and historical treasures, including revenue and asset amounts.

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,377,081.	2,250,465.	2,126,616.
d Equipment		1,771,085.	1,563,659.	207,426.
e Other		6,297,266.	5,797,362.	499,904.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,833,946.

**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	210,733,008.	END-OF-YEAR MARKET VALUE
(B) Hedge Funds	81,427,014.	END-OF-YEAR MARKET VALUE
(C) Private Equity Funds	264,812,000.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	556,972,022.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	1,891,835.
(3) DEFERRED RENT	3,596,667.
(4) LINE OF CREDIT	93,500,000.
(5) REFUNDABLE ADVANCES	3,336,032.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	102,324,534.

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 FASB 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>	216,613,757.
<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> 128,692,227.		
<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>	128,692,227.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	87,921,530.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 4,236,945.		
<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>	4,236,945.
<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>	92,158,475.

**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>	94,467,368.
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	94,467,368.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 4,236,945.		
<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>	4,236,945.
<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>	98,704,313.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

TRUTH INITIATIVE IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER

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

INITIATIVE HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS

APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME

TAXES.

TRUTH INITIATIVE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER

TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE

RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, TRUTH



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

INITIATIVE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED

ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES

DE RECOGNITION, CLASSIFICATION, INTEREST, PENALTIES ON INCOME TAXES AND

ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED TRUTH INITIATIVE'S TAX POSITIONS AND CONCLUDED THAT

TRUTH INITIATIVE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  TRUTH INITIATIVE FOUNDATION	Employer identification number  91-1956621
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		4,368,049.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		17,813,543.
NORTH AMERICA	0	0	INVESTMENTS		644,175.
<b>3 a</b> Subtotal .....	0	0			22,825,767.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			22,825,767.

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

<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 noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW, SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	527,884.	0.			STRATEGIC ALLIANCE GRANTS
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS - 909 12TH STREET - SACRAMENTO, CA 95814	94-1641240	501(C)(3)	55,242.	0.			STRATEGIC ALLIANCE GRANTS
TOBACCO FREE PORTFOLIOS FOUNDATION 155 EAST 44TH ST., 6TH FLOOR, STE#34 NEW YORK, NY 10017	84-3103450	501(C)(3)	100,003.	0.			STRATEGIC ALLIANCE GRANTS
PARENTS AGAINST VAPING E-CIGARETTES - 105 WEST 86TH STREET, APT#360 - NEW YORK, NY 10024	83-2367563	501(C)(4)	24,245.	0.			STRATEGIC ALLIANCE GRANTS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 919 IRVING STREET, STE#104 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	226,102.	0.			STRATEGIC ALLIANCE GRANTS
BROWN UNIVERSITY 1 PROSPECT STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	94,453.	0.			FEDERAL SUBAWARDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 35.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 1.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW SUITE 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	17,982.	0.			FEDERAL SUBAWARDS
UNIVERSITY OF OKLAHOMA 865 RESEARCH PKWY SUITE 530 OKLAHOMA CITY, OK 73104	73-1563627	501(C)(3)	13,837.	0.			FEDERAL SUBAWARDS
ISOTHERMAL COMMUNITY COLLEGE 286 ICC LOOP ROAD SPINDALE, NC 28160	56-0841505	501(C)(3)	8,090.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
STATE CENTER COMMUNITY COLLEGE DISTRICT/CLOVIS COMM COLLEGE - 1171 FULTON STREET, 5TH FLOOR - FRESNO, CA 93721	94-1574802	501(C)(3)	6,485.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
MILLS COLLEGE 5000 MACARTHUR BLVD OAKLAND, CA 94613	94-1156566	501(C)(3)	6,459.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
ROBESON COMMUNITY COLLEGE 5160 FAYETTEVILLE RD, BLDG 2 LUMBERTON, NC 28359	56-0894344	501(C)(3)	6,389.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
LURLEEN B. WALLACE COMMUNITY COLLEGE - 1000 DANNELLY BLVD - ANDALUSIA, AL 36420	63-0576487	501(C)(3)	5,195.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
HOUSTON COMMUNITY COLLEGE SYSTEM 3100 MAIN STREET HOUSTON, TX 77002	74-1709152	501(C)(3)	11,081.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648	84-0842160	501(C)(3)	6,378.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COLLEGE OF AURORA 16000 E. CENTRE TECH PKWY AURORA, CO 80011	38-3721881	501(C)(3)	5,794.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
FELICIAN UNIVERSITY 262 SOUTH MAIN STREET LODI, NJ 07644	22-1912028	501(C)(3)	8,640.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
JEFFERSON COMMUNITY COLLEGE 1220 COFFEEN STREET WATERTOWN, NY 13601	22-3065812	501(C)(3)	5,271.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
MANCHESTER COMMUNITY COLLEGE 60 BIDWELL STREET, GREAT PATH MANCHESTER, CT 06040	06-1269050	501(C)(3)	6,176.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
OUR LADY OF THE LAKE UNIVERSITY 411 SW 24TH STREET SAN ANTONIO, TX 78207	74-1109631	501(C)(3)	7,915.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
QUINCY COLLEGE 1250 HANCOCK STREET QUINCY, MA 02169	47-5418783	501(C)(3)	15,899.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
SALEM ACADEMY AND COLLEGE 601 S. CHURCH STREET WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	10,023.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT-SANTA ANA COLLEGE - 2323 N. BROADWAY - SANTA ANA, CA 92706	95-2696799	501(C)(3)	7,251.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
SANMATEO COMMUNITY COLLEGE 3401 CSM DRIVE SAN MATEO, CA 94402	94-3084147	501(C)(3)	8,536.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOW COLLEGE FOUNDATION 150 COLLEGE AVENUE EPHRAIM, UT 84627	94-2785555	501(C)(3)	13,446.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
RUTGERS UNIVERSITY 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	27,983.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM - 1200 SENATE STREET - COLUMBIA, SC 29201	57-6000286	501(C)(3)	14,215.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
ADVOCATES FOR YOUTH 1325 G STREET, NW, STE#980 WASHINGTON, DC 20005	52-1117359	501(C)(3)	6,160.	0.			COMMUNITY AND YOUTH ENGAGEMENT GRANTS
GIRL SCOUTS OF EASTERN MASSACHUSETTS - 420 BOYLSTON STREET, STE#505 - BOSTON, MA 02116	04-2703281	501(C)(3)	10,717.	0.			COMMUNITY AND YOUTH ENGAGEMENT GRANTS
GIRL SCOUTS OF GREATER CHICAGO & NORTHWEST INDIANA - 20 S. CLARK STREET, STE#200 - CHICAGO, IL 60603	36-3871241	501(C)(3)	5,185.	0.			COMMUNITY AND YOUTH ENGAGEMENT GRANTS
CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730	57-0387838	501(C)(3)	5,166.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
COPPIN STATE UNIVERSITY DEVELOPMENT FOUNDATION - 2500 WEST NORTH AVENUE - BALTIMORE, MD 21216	23-7127440	501(C)(3)	6,362.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS
LOS ANGELES SOUTHWEST COLLEGE 1600 W. IMPERIAL HWY LOS ANGELES, CA 90047	95-2587353	501(C)(3)	6,200.	0.			COMMUNITY COLLEGE & HBCU INITIATIVE GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS AGAINST VAPING E-CIGARETTES - 105 WEST 86TH STREET, #360 - NEW YORK, NY 10024	85-0494480	501(C)(3)	30,498.	0.			COMMUNITY AND YOUTH ENGAGEMENT GRANTS
THE VOICES PROJECT 2211 E. WASHINGTON BLVD, STE#23 PASADENA, CA 91104	83-0895051	501(C)(3)	27,137.	0.			OPIOIDS GRANT INITIATIVE
YOUNG PEOPLE IN RECOVERY 1415 PARK AVENUE, WEST, STE#B123 DENVER, CO 80205	46-4109067	501(C)(3)	17,285.	0.			OPIOIDS GRANT INITIATIVE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

EACH GRANT CONTRACT IS EXECUTED 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

**Part IV Supplemental Information**

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ 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

**2020**

Open to Public Inspection

Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN KOVAL PRESIDENT & CEO	(i)	648,366.	53,625.	331,500.	132,750.	27,353.	1,193,594.	270,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY T. O'TOOLE EVP/CFIO	(i)	447,727.	69,688.	281,495.	122,750.	51,368.	973,028.	240,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) M. DAVID DOBBINS COO	(i)	354,487.	40,505.	168,019.	92,800.	36,869.	692,680.	155,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC ASCHE CHIEF MKTG & STRATEGY OFFICER	(i)	361,339.	40,950.	118,974.	79,750.	34,773.	635,786.	111,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONNA VALLONE CHIEF RESEARCH OFFICER	(i)	359,272.	21,431.	128,788.	77,750.	30,083.	617,324.	95,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA KENNEY CHIEF COMMUNICATIONS OFFICER	(i)	271,664.	23,372.	55,632.	61,782.	36,666.	449,116.	50,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT FALK GEN. COUNSEL/CORP. SECRETARY	(i)	274,200.	11,438.	75,542.	73,048.	14,574.	448,802.	51,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNA SPRIGGS CHIEF OF HUMAN RESOURCES & ADMINISTRATION	(i)	252,103.	19,380.	47,388.	47,562.	30,916.	397,349.	37,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMANDA GRAHAM CHIEF OF INNOVATIONS & RESEARCH INVESTMENT	(i)	266,174.	1,540.	61,321.	48,658.	16,745.	394,438.	37,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMY TAYLOR CHIEF COMMUNITY & YOUTH ENGAGEMENT	(i)	246,818.	22,453.	41,886.	46,461.	33,888.	391,506.	37,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE, INCLUDING GROSS UP,

TO ROBIN KOVAL IN THE AMOUNT OF \$10,533 AND THIS WAS 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.

SEVEN OF THE EMPLOYEES LISTED IN SCHEDULE J RECEIVED THIS BENEFIT.

PART I, LINE 4B:

EMPLOYEES LISTED BELOW PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN. EMPLOYER CONTRIBUTION DURING THE CALENDAR YEAR 2020 ARE AS

FOLLOWS:

ROBIN KOVAL - \$90,000

ANTHONY T. O'TOOLE - \$80,000

ROBERT FALK - \$35,000

M. DAVID DOBBINS - \$50,000

ERIC ASCHE - \$37,000

DONNA VALLONE - \$35,000



**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.

PATRICIA KENNEY - \$25,000

AMANDA GRAHAM - \$12,500

ANNA SPRIGGS - \$12,500

AMY TAYLOR - \$12,500

EMPLOYEES LISTED BELOW RECEIVED PAYMENT FROM A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN. PAYMENT DURING THE CALENDAR YEAR 2020 ARE AS FOLLOWS:

ROBIN KOVAL - \$283,129

ANTHONY T. O'TOOLE - \$251,670

ROBERT FALK - \$52,044

M. DAVID DOBBINS - \$162,883

ERIC ASCHE - \$116,397

DONNA VALLONE - \$99,399

PATRICIA KENNEY - \$51,880

AMANDA GRAHAM - \$39,323

ANNA SPRIGGS - \$39,323

AMY TAYLOR - \$39,323

PART I, LINE 7:

**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.

ALL BONUS AMOUNTS REPORTED ON SCHEDULE J, PAGE 2, PART II, ARE PERFORMANCE

BASED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

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

NICOTINE.

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

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.

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

IN 2018, 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, PROGRAM SERVICE ACCOMPLISHMENTS:

TOBACCO CONTROL VIA FORMAL COMMENTS AND LETTERS TO FDA AND OTHER

FEDERAL AGENCIES.

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

CONTRIBUTIONS TO THE ACADEMIC LITERATURE AND REAL-WORLD DEPLOYMENT OF

DIGITAL CESSATION TOOLS.

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

COMMUNITY AND YOUTH ENGAGEMENT:

TRUTH INITIATIVE ACTIVELY RECRUITS AND SUPPORTS YOUTH WHO ARE LOOKING

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
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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.  
EXPENSES \$ 6,203,305. INCLUDING GRANTS OF \$ 634,072. REVENUE \$ 0.

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 16, 2022. THE AMOUNT SHOWN AS NET UNRELATED BUSINESS TAXABLE INCOME ON  
LINE 7B OF PAGE 1 OF THE FORM 990 IS AN ESTIMATE BASED ON AVAILABLE  
INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEYS  
GENERAL, AND NATIONAL COUNCIL OF STATE LEGISLATURES EACH HAVE THE AUTHORITY  
TO APPOINT TWO CLASS A DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 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.

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

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

Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
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LEVEL EMPLOYEES, UPON RECOMMENDATION OF THEIR EXPERTISE CENTER LEADER.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

TRUTH INITIATIVE'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS CORPORATE

WEBSITE, WWW.TRUTHINITIATIVE.ORG. ITS GOVERNING DOCUMENTS AND CONFLICT OF

INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

TELEPHONE & WIRELESS SERVICES:

PROGRAM SERVICE EXPENSES	231,283.
MANAGEMENT AND GENERAL EXPENSES	199,670.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	430,953.

TEMPORARY SERVICES:

PROGRAM SERVICE EXPENSES	25,521.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,521.

CONSULTING:

PROGRAM SERVICE EXPENSES	376,276.
MANAGEMENT AND GENERAL EXPENSES	26,634.
FUNDRAISING EXPENSES	0.

Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
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TOTAL EXPENSES 402,910.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 59,620,675.

MANAGEMENT AND GENERAL EXPENSES 183,595.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 59,804,270.

NRT - CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 23,335.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 23,335.

FULFILLMENT SERVICES:

PROGRAM SERVICE EXPENSES 2,493.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,493.

REFERRAL FEES:

PROGRAM SERVICE EXPENSES 7,404.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,404.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 60,696,886.

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

Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
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VARIANCE 6.

2020 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS

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

QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS

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

OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR INDIRECT

CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE

SOURCES, UNDER THE STANDARDS SET FORTH IN REG. 1.170A-9(F)(3)(I) AND

(II); AND (B) IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION

TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG. 1.170-A-9(F)(3)(III)

THROUGH (VII).

A. TEN PERCENT SUPPORT LIMITATION. TRUTH INITIATIVE NORMALLY RECEIVES

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 2016 - 2020 WAS 15.05%.

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

2016-2020 AS A RESULT OF THESE EFFORTS WAS \$15.6 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



Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
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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 2016 THROUGH 2020, TRUTH INITIATIVE SUBMITTED 55 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2020 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 14 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF \$3,794,318.

OTHER GRANTS. DURING THE FIVE-YEAR TESTING PERIOD, TRUTH INITIATIVE ALSO SUBMITTED FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES. THE ORGANIZATION RECEIVED 13 AWARDS FOR A TOTAL AMOUNT AWARDED OF \$9,538,508. IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM CVS HEALTH FOUNDATION, AND EAST BAY COMMUNITY FOUNDATION.

B. PERCENTAGE OF FINANCIAL SUPPORT. TRUTH INITIATIVE WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT NEGOTIATED BY THE ATTORNEYS GENERAL OF 46 STATES, THE DISTRICT OF COLUMBIA AND FIVE U.S. TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED AGAINST THE MAJOR U.S. TOBACCO COMPANIES FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO. THE STATES REQUESTED THAT A PORTION OF THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGANIZATION PRIMARILY DEDICATED TO STUDYING AND PROVIDING PUBLIC EDUCATION ABOUT THE IMPACT OF TOBACCO IN ORDER TO REDUCE ITS USE AND

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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, 2021 WAS \$826 MILLION.

UNDER THE TERMS OF THE SETTLEMENT AGREEMENTS, THE LAST OF THE NORMALLY SCHEDULED PAYMENTS WERE RECEIVED DURING ITS 2007 TAXABLE YEAR (ENDING JUNE 30, 2008). SINCE THAT TIME, BECAUSE OF THE CESSATION OF THE SETTLEMENT PAYMENTS, TRUTH INITIATIVE HAS RECEIVED AN INCREASINGLY HIGH PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCENTAGE HAS DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR THE ORGANIZATION FOR THE FIRST TIME NO LONGER QUALIFIED UNDER THE 33 1/3 PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD. HOWEVER, WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTMENT INCOME GENERATED BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF \$15.6 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.

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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 OHIO AND MAINE, 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, 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 AT THE HARVARD SCHOOL OF

PUBLIC HEALTH, A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION,

AN IMMEDIATE PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A

DISTINGUISHED PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT OF

MEDICINE OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. THERE ARE

ALSO TWO YOUTH LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAST

NON-BINDING ADVISORY VOTES.

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2019 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT)

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

TRUTH INITIATIVE PROVIDES FACILITIES AND SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS. THE ORGANIZATION'S TRUTH CAMPAIGN, BEGUN IN 2000, IS THE LARGEST NATIONAL YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY; ITS AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, SOCIAL MEDIA AND OTHER ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES.

IN THE SUMMER OF 2014, TRUTH INITIATIVE LAUNCHED A REDESIGNED AND UPDATED VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA PLATFORMS INCLUDING TELEVISION, SOCIAL MEDIA, ON-LINE AS WELL AS A GRASS ROOTS COMPONENT. THE ORGANIZATION COMMITTED TO SUPPORTING THE CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE YEARS THROUGH ITS 2016 TAX YEAR AND HAS RENEWED A SUBSTANTIAL FUNDING COMMITMENT FOR THE CAMPAIGN FOR TAX YEARS BEYOND THAT INCLUDING TAX YEARS 2017 AND 2018. THE CAMPAIGN IS REACHING MILLIONS OF YOUTH AND AFFECTING THEIR ATTITUDES ABOUT TOBACCO AND THEIR INTENTIONS TO SMOKE.

IN 2008, TRUTH INITIATIVE AND A COALITION OF PUBLIC HEALTH GROUPS AND STATE PUBLIC HEALTH DEPARTMENTS BEGAN BECOME AN EX, AN INNOVATIVE SMOKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY TO QUIT BUT NEED HELP. THE WEBSITE INCLUDES A COMMUNITY WHERE, AT NO CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SUPPORT AS WELL AS A COMPANION TEXT MESSAGING PROGRAM TO OFFER TAILORED CESSATION RESOURCES. THE SITE PROTOCOL WAS DEVELOPED IN CONJUNCTION WITH THE MAYO CLINIC AND MAYO

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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, HEALTH PLANS AND OTHER PAYORS. THIS

HAS INCLUDED A SUBSTANTIAL OVERHAUL OF THE TECHNICAL CAPABILITIES OF

THE SITE, WHICH IS STILL PROVIDED FREE OF CHARGE TO THE GENERAL PUBLIC.

OUR HOPE IS THIS WILL PROVIDE A STREAM OF MISSION RELATED REVENUE TO

SUPPORT AND SUSTAIN EX AND OTHER TRUTH INITIATIVE PROGRAMMING. DURING

THIS YEAR, FEE REVENUE FROM THIS SERVICE WAS \$264,587. IN 2019, TRUTH

INITIATIVE DEVELOPED THIS IS QUITTING, A FIRST OF ITS KIND YOUTH VAPING

CESSATION PROGRAM. SINCE ITS INCEPTION, MORE THAN 650,000 YOUTH AND

YOUNG ADULTS HAVE SIGNED UP FOR THE SERVICE. IT HAS BEEN EVALUATED

AMONG YOUNG ADULTS AGES 18-24 BY A RIGOROUS RANDOMIZED CONTROL TRIAL.

A RANDOMIZED CONTROL TRIAL OF TEEN USERS AGES 13-17 IS ONGOING. THE

PROGRAM GENERATED \$304,392 IN REVENUE THIS YEAR, PRIMARILY THROUGH

SUPPORT CONTRACTS WITH STATES AND LOCAL TOBACCO CONTROL ENTITIES.

IN TAX YEAR 2014, AND CONTINUING THROUGH TAX YEAR 2018, TRUTH

INITIATIVE INITIATED A PROGRAM IN WHICH IT PROVIDES GRANTS AND

TECHNICAL ASSISTANCE TO COMMUNITY COLLEGES AND HISTORICALLY BLACK

COLLEGES AND UNIVERSITIES (HBCU'S) TO SUPPORT THE ESTABLISHMENT OF

TOBACCO-FREE POLICIES AT THESE INSTITUTIONS WHICH SERVE LARGE NUMBERS

OF YOUNG ADULTS FROM LOW-INCOME AND MINORITY COMMUNITIES. IN FIVE YEARS

OF THIS PROGRAM, THROUGH TAX YEAR 2018, TRUTH INITIATIVE HAS AWARDED

MORE THAN \$1.3 MILLION IN GRANTS TO COMMUNITY COLLEGES AND HBCU'S.

TRUTH INITIATIVE'S YOUTH ACTIVISM PROGRAMS ALSO REACH OUT TO TEENS AND

YOUNG ADULTS TO EDUCATE THEM ABOUT THE DANGERS OF TOBACCO AND HELP THEM

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BECOME CHANGE AGENTS IN THEIR COMMUNITIES. DURING TAX YEARS 2016 THROUGH 2018, THIS PROGRAM WAS SUPPORTED BY \$2.3 MILLION IN GRANT FUNDING PROVIDED 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 THE TOLL OF TOBACCO AND RECRUIT THEIR PEERS.

TRUTH INITIATIVE ALSO SUPPORTS AND CONDUCTS RESEARCH ON THE CAUSES OF TOBACCO ADDICTION AND METHODS FOR PREVENTING AND TREATING TOBACCO DEPENDENCE ACROSS THE AGE SPECTRUM. TRUTH REGULARLY PUBLISHES SCHOLARLY STUDIES TO HELP DISSEMINATE THE RESULTS OF THIS RESEARCH THROUGHOUT THE PUBLIC HEALTH AND BROADER SCIENTIFIC COMMUNITIES. FORTY-FOUR ARTICLES WERE PUBLISHED IN BETWEEN JULY 2020 JUNE 2021. THESE MANUSCRIPTS WERE PUBLISHED IN VARIOUS JOURNALS INCLUDING TOBACCO CONTROL, NICOTINE AND TOBACCO RESEARCH, PREVENTIVE MEDICINE, AMERICAN JOURNAL OF HEALTH BEHAVIOR, JAMA INTERNAL MEDICINE, ADDICTIVE BEHAVIORS, JOURNAL OF ADOLESCENT HEALTH, PREVENTIVE MEDICINE REPORTS, TOBACCO INDUCED DISEASES, TOBACCO USE INSIGHTS, AMERICAN JOURNAL OF HEALTH PROMOTION, ANNALS OF BEHAVIORAL MEDICINE, INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH, BMC RESEARCH NOTES, JOURNAL OF HEALTH COMMUNICATION, JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, JMIR RESEARCH PROTOCOLS, BMJ OPEN, DRUG AND ALCOHOL DEPENDENCE, BMC PUBLIC HEALTH, AND THE AMERICAN JOURNAL OF PUBLIC 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

**2020**

**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
M STREET HOLDINGS, LLC - 91-1956621 2030 M STREET, NW WASHINGTON, DC 20036	PROPERTY RENTAL/MGMT.	DELAWARE	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

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

Schedule R (Form 990) 2020





**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
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



