** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

III OIT	ai neverior	minormation about Form 990 and its instructions is								
_	-		ending j	IUN 30, 2015	otion number					
B c	heck if oplicable:	C Name of organization		D Employer identific	ation number					
	Address change	TRUTH INITIATIVE FOUNDATION								
	Name change	Doing business as TRUTH INITIATIVE		91-1956	621					
	Initial	- A - A	Room/suite	E Telephone number						
	Final	900 G STREET, NW. 4TH FLOOR		Parent in the same of	54-5555					
	Ireturn/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	445,123,512.					
	ated Amende	4 Day of the contract of the c		H(a) Is this a group return						
	Jreturn]Applica- Itlon	F Name and address of principal officer:ROBIN KOVAL		for subordinates?						
L	Itlon pending	The state of the s		H(b) Are all subordinates inc	passe drawn processing					
-		SAME AS C ABOVE	1 750		ist. (see instructions)					
		npt status: x 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527							
		TRUTHINITIATIVE, ORG		H(c) Group exemption						
		ganization: x Corporation Trust Association Other ▶	L Year	of formation: 1999 M	State of legal domicile: DE					
Pa		Summary								
ø	1 B	riefly describe the organization's mission or most significant activities: TRUTH	ITAITINI	VE'S MISSION IS TO						
& Governance	A	CHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TO	BACCO.							
Ë	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as:	sets.					
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	11					
Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	11					
SS	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	167					
ıţie	713052	otal number of volunteers (estimate if necessary)		The second secon	18					
Activities	i .	otal unrelated business revenue from Part VIII, column (C), line 12			228,943,					
Ř	S 200	et unrelated business taxable income from Form 990-T, line 34			0.					
-	D 11	of difference additional difference and the differe		Prior Year	Current Year					
		ontributions and grants (Part VIII line 1h)		1,956,547,	2,826,741,					
ine	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 1,956,547. 0.									
Ver										
Re	10 lr	ther revenue (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	*******	-219 628	85,719,376, 229 073,					
			1							
-		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		117,165,393,	88,775,190.					
	1 000	rants and similar amounts paid (Part IX, column (A), lines 1-3)		3,915,652,	4,537,709,					
	399.55	enefits paid to or for members (Part IX, column (A), line 4)	100	0,	0,					
63	22.00	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10 to	18,147,478,	18,350,888.					
Expenses	50 page 10 pag	rofessional fundraising fees (Part IX, column (A), line 11e)		51,000,	0.					
άx	ьΤ	otal fundraising expenses (Part IX, column (D), line 25)	0,							
ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,951,659,	84,622,373,					
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		65,065,789,	107 510 970.					
		evenue less expenses. Subtract line 18 from line 12		52,099,604.	-18,735,780.					
00.00			В	eginning of Current Year	End of Year					
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		1,151,506,314,	1,096,789,302,					
AS D	21 T	otal liabilities (Part X, line 26)		40 960 230.	48 778 256					
Net Line	22 N	et assets or fund balances. Subtract line 21 from line 20		1 110 546 084	1 048 011 046					
Pa	art II	Signature Block								
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of my	y knowledge and belief, it is					
		and complete. Declaration of preparsi (other than officer) is based on all information of w								
-	T	inth To Mile		10/3	0/15					
Sig	n	Signature of officer		Date	7					
Her		ANTHONY O'TOOLE, CFIO								
ner	e	Type or print name and title								
				DateCheck	PTIN					
De!	. 1	Print/Type preparer's name Preparer's Signature	7 0	CT 3 0 20 5 eff-employs						
Paid	F-	ILLIAM E, TURCO, CPA		1 sen-employe						
8X (650)	-	Firm's name RSM US LLP		Firm's EIN	42-0714325					
Use	Only	Firm's address > 9737 WASHINGTONIAN BLVD., #400		P.						
*******		GAITHERSBURG, MD 20878-7340		Phone 110. (30	1) 296-3600					
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

orm	990 (2014) TRUTH INITIATIVE FOUNDATION	91-1956621	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	TRUTH INITIATIVE'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND		
	YOUNG ADULTS REJECT TOBACCO, THE PURPOSES FOR WHICH THE FOUNDATION IS		
	FORMED ARE TO SUPPORT (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH		
	TOBACCO PRODUCT USAGE AND YOUTH SUBSTANCE (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	***************	Yes X No
	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.		
	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 66,131,954, including grants of \$ 60,250.) (Reve	nue \$)
	MARKETING:		
	THE MARKETING EXPERTISE CENTER PRODUCES CAMPAIGNS IN SUPPORT OF TRUTH		
	INITIATIVE'S MISSION TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG		
	ADULTS REJECT TOBACCO, WORKING IN COLLABORATION WITH A GROUP OF OUTSIDE		
	AGENCIES, THE DEPARTMENT DEVELOPS ADVERTISEMENTS FOR PRINT, RADIO, TV,		
	DIGITAL, SOCIAL, MOBILE AND OTHER EMERGING MEDIA VEHICLES, AND PLANS,		
	PLACES AND MANAGES ALL RELATED PAID AND DONATED MEDIA EFFORTS, IN		
	ADDITION, THE MARKETING EXPERTISE CENTER PRODUCES GRASSROOTS AND		
	SPECIAL EVENT INITIATIVES, AS WELL AS COLLATERAL AND OTHER PROMOTIONAL		
	ITEMS AS COMPLEMENTARY AND INTEGRATED TACTICS, THE FOUNDATION HAS		
	PERHAPS BEEN MOST WIDELY RECOGNIZED FOR TRUTH, ITS YOUTH-FOCUSED PUBLIC		
	EDUCATION AND PREVENTION CAMPAIGN, WHICH HAS HELPED REDUCE YOUTH		
	(Code:) (Expenses \$ 7,097,610, including grants of \$ 120,954,) (Reve	nue \$	
	EVALUATION SCIENCE AND RESEARCH: THE EVALUATION SCIENCE AND RESEARCH DEPARTMENT EVALUATES TRUTH		
	INITIATIVE'S PROGRAMS. THESE EFFORTS HELP ENSURE THAT ALL OF TRUTH		
	INITIATIVE'S PROGRAMS-FROM YOUTH AND YOUNG ADULT PUBLIC EDUCATION TO		
	RESEARCH, POLICY AND PRACTICE TO ENGAGEMENT, ACTIVISM AND		
	PARTNERSHIP-ARE IMPLEMENTED WITH THE HIGHEST LEVEL OF EFFICIENCY AND		
	EFFICACY POSSIBLE TO REDUCE TOBACCO-RELATED DISEASE AND DEATH, USING		
	RIGOROUS RESEARCH METHODS, THE TEAM DEVELOPS LOGIC MODELS, SAMPLING		
	PLANS, ANALYTIC OUTLINES, AND CONDUCTS DATA ANALYSES, FINDINGS ARE		
	THEN USED TO DEVELOP PEER-REVIEWED PUBLICATIONS, AS WELL AS BRIEF		
	REPORTS WRITTEN FOR BOTH SPECIFIC AUDIENCES AND THE GENERAL PUBLIC, IN		
	AN EFFORT TO ADVANCE THE SCIENCE RELATED TO TOBACCO CONTROL AND TO		
4c	(Code:) (Expenses \$	nue \$	
	SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES:		
	RESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) CONDUCT BASIC,		
	APPLIED, AND POLICY RESEARCH THAT CAN BE HARNESSED TO MAKE A TIMELY AND		
	EFFICIENT PUBLIC HEALTH IMPACT ON REDUCING POPULATION TOBACCO USE		
	PREVALENCE, THE SI ALSO PLAYS A LEADERSHIP ROLE IN STRENGTHENING THE		
	NATIONAL AGENDA FOR NEXT-GENERATION TOBACCO CONTROL RESEARCH BY		
	CONVENING AN ONGOING SERIES OF CONSENSUS CONFERENCES TO IDENTIFY		
	CRITICAL KNOWLEDGE GAPS AND PRESSING RESEARCH PRIORITIES.		
A al	Other program conjuges (Describe in Schedule O.)		
	Other program services (Describe in Schedule O.) (Expenses \$ 12,859,074. including grants of \$ 4,356,505.) (Revenue \$		Y
	Total program service expenses 92,061,091.		
76	TA TOTAL		Form 990 (2014)

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91-1956621

Form 990 (2014) TRUTH INITIATIVE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	_12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_х_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Х	-
15		45		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16		40		.,
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18		18		v
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
19	complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		A

Form 990 (2014) TRUTH INITIATIVE FOUNDATION Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34

Part V, line 1

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

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

If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

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35a

35b

36

37

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V		*****	x				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 89							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3 - 1					
	filed for the calendar year ending with or within the year covered by this return 2a167							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х					
b If "Yes," enter the name of the foreign country: ► SEE SCHEDULE 0								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Х					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c	-	X				
ď	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	· ·	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_						
_	sponsoring organization have excess business holdings at any time during the year?	8		-				
9	Sponsoring organizations maintaining donor advised funds.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
11	Gross income from members or shareholders N/A 11a							
a	Gross income from other sources (Do not net amounts due or paid to other sources against							
b	amounts due or received from them.)							
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Table						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note. See the instructions for additional information the organization must report on Schedule O.							
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

432005 11-07-14

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Form 990 (2014) TRUTH INITIATIVE FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

900 G STREET NW 4TH FLOOR WASHINGTON DC

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

x Own website Another's website x Upon request Other (explain in Schedule O)

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

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.

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

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

(A) Name and Title	(B) Average	(do		(C Posi heck	ition	l than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	stee or dire		Officer	Key employee	Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HON, TOM MILLER, TREASURER	6,00	x		х				0.	0.	0.
(2) M. CASS WHEELER	6,00									
VICE CHAIR		x		х				_0.	0.	0.
(3) HON. LETICIA VAN DE PUTTE	6,00									
VICE CHAIR UNTIL 12/2014		х		х				0.	0.	0,
(4) HON. MIKE MOORE	6.00									
TREASURER		х		х				0.	0.	0.
(5) JONATHAN E. FIELDING, M.D., M.P	5.00									
IMMEDIATE PAST CHAIR UNTIL 02/2015		Х	_			Ш		0.	0.	0.
(6) HON. LAWRENCE G. WASDEN	5.00			-						
IMMEDIATE PAST CHAIR UNTIL 02/2015		Х		_		<u> </u>		0,	0.	0.
(7) DONALD K. BOSWELL	5,00									
DIRECTOR		X				-		0.	0.	0.
(8) GEORGES C. BENJAMIN, M.D. DIRECTOR	5,00	x						0.	0.	0.
(9) NANCY BROWN	5,00									
DIRECTOR		х						0.	0.	0.
(10) HERB CONAWAY, M.D. DIRECTOR	5.00	x						0.	0.	0.
(11) HON, KEMP HANNON	5.00					П				
DIRECTOR		x						0.	0.	0.
(12) HON. GARY R. HERBERT	5,00									
DIRECTOR		х	L					0.	0.	0.
(13) HON, JEREMIAH W. (JAY) NIXON DIRECTOR	5.00	x						0	0.	0.
(14) HON, GREG ZOELLER	5.00	Δ				П				
DIRECTOR	3.00	x						0.	0.	0.
(15) HON, CHARLES K. SCOTT	5,00	A							Ŭ.	
DIRECTOR UNTIL 02/2015	5,00	x						0.	0.	0.
(16) ROBIN KOVAL	38.00									
PRESIDENT & CEO				х				576,589.	0.	109,900.
(17) ANTHONY T. O'TOOLE	38.00							,		
CFIO				Х				927,763,	0.	139,457.

432007 11-07-14

Form 990 (2014) TRUTH INIT	TATIVE FOUNDA	TIO	N						91-1956621		Pa	ige 8
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Es	stimate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ar	nount (of
	week	-	cer an	na a a	irecto	or/trus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations		pensa	
	related	or d	93			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizati	
	organizations	ruste	trus		93	npen		(44-27 1099-141130)		_	d relate	
	below	dual t	tiona	_	nploy	st co i	- In				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3		
(18) ELLEN VARGYAS	38,00											
GENERAL COUNSEL/CORP SECRETARY				х				529,132,	0.		87,	043.
(19) M. DAVID DOBBINS	38,00											
C00					Х	L		525,638.	0.		104,	314.
(20) DAVID ABRAMS	38,00											
EXEC DIRECTOR (SHROEDER INST)					Х		_	427,066,	0.		63,	734.
(21) ERIC ASCHE	38.00											
СМО				_	X	1	_	296,328.	0.		61,	814.
(22) DONNA VALLONE	38,00											
CHIEF ESR				-	Х	1		259,242,	0.		58,	555.
(23) AMBER BULLOCK	38,00	-										
CHIEF CAYE			-			X		246,914,	0.		56,	404.
(24) WILLIAN FURMANSKI	38,00	-									10.40	
SVP, COMMUNICATIONS			H	_		X		255,761.	0.		45,	366.
(25) RAYMOND NIAURA	38,00	-										
DIRECTOR OF SCIENCE			_	_	_	X		312,804.	0.		53,	991.
(26) AMANDA GRAHAM	38,00	-										
DIRECTOR, RESEARCH DEVELOPMENT				_		Х		234,335.	0.			897.
1b Sub-total								4,591,572.	0.			475.
c Total from continuation sheets to Par								958,129.	0.			773.
d Total (add lines 1b and 1c)								5,549,701.	0.		901,	248.
2 Total number of individuals (including b		nose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 of reportable			720-2
compensation from the organization										-	Yes	42
								(res	No
3 Did the organization list any former offi												
line 1a? If "Yes," complete Schedule J t										3	Х	
4 For any individual listed on line 1a, is the and related organizations greater than 9	-									4	x	
5 Did any person listed on line 1a receive										-	^	
5 Did any person listed on line raneceive							Jial	.v. organization or maiv	add for our vioco			1722

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
MEDIACOM WORLDWIDE, INC.		
498 SEVENTH AVENUE, NEW YORK, NY 10018	MARKETING	13,025,110.
72ANDSUNNY PARTNERS, LLC, 12101 W. BLUFF		
CREEK DRIVE, PLAYA VISTA, CA 90094	MARKETING	11,491,645.
GFK US HOLDINGS, INC., 120 EAGLE ROCK		
AVENUE, STE 200, EAST HANOVER, NJ	RESEARCH	4,553,440.
ARNOLD WORLDWIDE LLC		
101 HUNTINGTON AVE., BOSTON, MA 02199	MARKETING	1,114,528.
PSLIVE, LLC		
5080 HIGHLANDS PARKWAY SE, SMYRNA, GA 30082	MARKETING	757,394.
2 Total number of independent contractors (including but not limited	d to those listed above) who received more than	
\$100,000 of compensation from the organization	35	

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person ...

Form 990 TRUTH INITIAT						_			91-195662	1
Part VII Section A. Officers, Directors, Tru	stees, Key Er	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per					eu		from	from related	other
	week					oloye		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				E E		organization (W-2/1099-MISC)	(VV-2/1099-IVIIOC)	organization
	related	0 O C (stee			sate		(***271033*****1000)		and related
	organizations	truste	l trus		yee	шрег				organizations
	below	dual	utions	<u>_</u>	old m	stco	ا ا			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JULIE CARTWRIGHT	38,00	П								
SVP COMMUNICATIONS						х		303,735.	0.	73,398
28) CHERYL HEALTON	0.00									
FORMER PRESIDENT & CEO TERM 01/01/14							х	654,394.	0.	4,375
						-				
				c						
							-			
										ı
		-								
	-									
					-					
					_		_			
_										
			1	-	,					
otal to Part VII, Section A, line 1c								958,129.		77,77

Page 9 Form 990 (2014) TRUTH INITIATIVE FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 41 b Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e 2,526,267 f All other contributions, gifts, grants, and 300,433 g Noncash contributions included in lines 1a-1f: \$____ h Total. Add lines 1a-1f 2,826,741 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 21,504,037, 21 504 037 Income from investment of tax-exempt bond proceeds 4 Royalties _____ 5 (i) Real (ii) Personal 6 a Gross rents 2,565,279 b Less: rental expenses 2,576,661 c Rental income or (loss) d Net rental income or (loss) 11.382 -11,382. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 378,137,000. 39,850,000 b Less: cost or other basis and sales expenses 328,192,080, 25,579,581 c Gain or (loss) 49 944 920 14 270 419 d Net gain or (loss) 64,215,339 64,215,339. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 177,001 812930 177,001 11 a GARAGE PARKING 11,512. b OTHER INCOME 900099 61,512 50,000 541800 1,942 1,942 c WEBSITE d All other revenue e Total. Add lines 11a-11d 240,455.

88,775,190

Total revenue. See instructions.

228,943

85 719 506. Form **990** (2014)

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 (**D**) Fundraising (B) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 4.520.209 4,520,209 Grants and other assistance to domestic individuals. See Part IV, line 22 17,500 17,500 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 2.882.096 1 437 029 1 445 067 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 10,835,362 2,596,778 7 8,238,584 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,171,355 1,650,615 479 260 Other employee benefits 2,113,712 1,574,390 539,322 Payroll taxes 10 869,103 619,535 249.568 Fees for services (non-employees): 11 Management 30,000 30,000 Legal 3 447 b 361,612 358,165 Accounting 209,503 300 209,203 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ 5,787,763 5,787,763 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 71,912,058 71,389,163 522.895 Advertising and promotion 12 13 Office expenses 948,043 469,378 478,665 Information technology 332,856 14 145,380 187,476 15 Royalties 16 Occupancy 666,478 666,478 1,212,019 17 Travel 1,062,987 149,032 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 421,930 343,750 78,180 20 955,186 955,186 Payments to affiliates 21 Depreciation, depletion, and amortization 795,288 29,517 765,771 23 Insurance 387,635 107,954 279,681 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) INCOME TAX EXPENSE 6.483 6,483 475.389 293,210 OTHER EXPENSES 182 179 57,162 28,854 PROFESSIONAL DEVELOPMEN 86,016 27,012 7,102 RECRUITMENT ADS 34,114 All other expenses 664,260 -664,260 Total functional expenses. Add lines 1 through 24e 0. 15,449,879 25 107,510,970 92,061,091 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 Cash - non-interest-bearing 1 500 500. Savings and temporary cash investments 156 344 180 2 152,510,568. 2 607.744. 3 3 Pledges and grants receivable, net 972,642. Accounts receivable, net 4 387.047 4 18,899,937. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 19,850,000. Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 892,686 9 422,933. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 35,350,441 b Less: accumulated depreciation _______10b 9,601,242 52,176,967 10c 25,749,199. Investments - publicly traded securities 11 325,323,704 11 301,760,620. Investments - other securities. See Part IV, line 11 12 12 614,659,571. 575,887,567. Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,113,915 735 336. 16 Total assets. Add lines 1 through 15 (must equal line 34) 1 151 506 314 16 1 096 789 302. Accounts payable and accrued expenses 7,668,146, 17 13 629 368. 17 Grants payable 375,000 18 238,517. 18 Deferred revenue 19 19 111,975 51 188. Tax-exempt bond liabilities 20 28,000,000. 28,000,000. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 4,805,109 25 6,859,183. 26 Total liabilities. Add lines 17 through 25 40,960,230, 48,778,256. Organizations that follow SFAS 117 (ASC 958), check here \(\times \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 1 110 546 084 27 1.048.011.046. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 1,110,546,084 1,048,011,046. Total liabilities and net assets/fund balances ... 34 1 096 789 302. 1 151 506 314

	990 (2014) TRUTH INITIATIVE FOUNDATION	31-1930021		1 (4)	10
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		10000000	00112	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88	775	190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107	510,	970.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,735,780		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	110	546	084.
5	Net unrealized gains (losses) on investments	5	-42	857	415.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		941,	843.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	048	011	046.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	**********	T4+X+X+4+	*****	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash _x 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	x Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	halinin a dhelinine	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nan	e of t	the organization						Employer	identification number			
_			INITIATIVE FOUN						-1956621			
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	s.				
The	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)						
1	Ш	A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	Ш	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).					
4	Ш	A medical research organiz	ation operated in co	njunction with a hospital	l described	in section	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owner	d or operat	ted by a go	overnmental i	unit describ	ed in			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1\(A)((v)					
_	x											
'		section 170(b)(1)(A)(vi). (Co		mai part or no support	ioin a gov	ommontai	anni or nonn	ano gonorai	pasiio accombod iii			
8		A community trust describe		1)(A)(vi) (Complete Par	t II)							
9	H	An organization that norma				contributio	ns member	shin fees a	nd aross receipts from			
9		activities related to its exen										
		income and unrelated busin		·					-			
		See section 509(a)(2). (Cor		(1000 000 tion o / / tary ti	0111 10 00 011 10	2000 2042		9				
10		An organization organized a		ively to test for public sa	afetv. See :	section 50	9(a)(4).					
11		An organization organized a	•	•	•			arry out the	purposes of one or			
		more publicly supported or										
		lines 11a through 11d that	-									
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or truste	ees of the s	upporting			
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	age the sup	ported			
	-2	organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functions	ılly integrate	ed with,			
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.					
d	<u></u>	Type III non-functionally	/ integrated. A supp	orting organization oper	rated in co	nnection w	vith its suppo	rted organi	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution red	quirement an	d an attent	iveness			
	· c-	requirement (see instructi		•								
e		Check this box if the orga					Type I, Type	II, Type III				
		functionally integrated, or										
f		er the number of supported o										
g		ride the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount o	f monetany	(vi) Amount of			
	,	organization	(11) 2.114	(described on lines 1-9	listed	in your	suppor	-	other support (see			
				above or IRC section	Yes	document?	Instruc	tions)	Instructions)			
_				(see instructions))	162	NO						
_												
_												
							_					
			l '	li e	I	1						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 TRUTH INITIATIVE FOUNDATION 91-1956621

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						33464
	membership fees received. (Do not						
	include any "unusual grants.")	2,576,538.	2,608,369.	4.384.402.	1,956,547.	2,826,741.	14,352,597.
2	Tax revenues levied for the organ-			***************************************			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					l	
	the organization without charge						
4	Total. Add lines 1 through 3	2,576,538,	2,608,369,	4 384 402.	1,956,547.	2,826,741.	14,352,597.
5	The portion of total contributions			2 2		30 0	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						14.352.597.
	ction B. Total Support		L			3	14,332,331.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	2,576,538.	2,608,369.	4.384.402.	1.956.547.	2,826,741.	14,352,597.
8	Gross income from interest,	2,370,3301	2,000,000.	2,502,402,	1,500,517.	2,020,712,	11,000,001,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	14,870,989.	19,991,033.	18,134,988.	23,191,820.	24 069 316	100.258.146.
9	Net income from unrelated business	14,070,000	12,331,033.	10,134,500.	23,191,020.	24,000,010.	100,230,140,
J	activities, whether or not the						
	To the state of th	865.855.					865,855.
10	Other income. Do not include gain	603,633.					003,033.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	158 543.	1 400 133	127 555	4 674	11 510	1 740 417
44	Total support. Add lines 7 through 10	158,543.	1 428 133.	137,555.	4.674.	11,512.	1,740,417.
	Gross receipts from related activities,	ata /aaa inatrustis				12	117,217,015.
	First five years. If the Form 990 is for	,		1 fourth or fifth to		- Control	
13	•	-			•		
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	rcentage			*************	
	Public support percentage for 2014 (I			olumn (f))		14	12.24 %
	Public support percentage from 2013					15	13.76 %
	33 1/3% support test - 2014. If the o						
102	stop here. The organization qualifies	0		,			
h	33 1/3% support test - 2013. If the c						
L	and stop here. The organization quali	_					
47-	10% -facts-and-circumstances test						
17a		0					·
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	•					10% Or
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n ala not check a l	box on line 13, 168	ı, 100, 1/a, or 1/b		ind see instructions Indicate A (Form 990)	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the				-		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k) 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						
	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
108	dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	janization,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
_	Public support percentage for 2014 (li			column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20				***************************************	17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2014. If the						ine 17 is not
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2013. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V,)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
ou	(b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30	-	
С		30		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		-
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			3
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			l.
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
h	Did the organization have any expess business holdings in the tay year? (I see Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Lid			956621	Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part Vi. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI in whe supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI in own the supported organization had more than one supported organization, describe the with the powers to appoint and/or remove directors or trustees and all times during the controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees and calculated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the programization of the programization of the supporting organization. 2 Did the organization provide to each of its supported organization of the directors or trustees of each 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 was vested in the same persons that controlled or managed the supported organization or supported organization and to controlled or managed to result of the supported organization by the organization or supported organization in part VI how control or organization's suppo	Pa	rt IV Supporting Organizations (continued)		_	
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI. 11b		Lieutha annuaisati a annuaisati a sift an acutuib tian fuura annuaf tha fallouing mayaana?		Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b 15c 15					
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization of organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization space and the purposes of the supported organization with the purposes of the supported organization of the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, was vested in the same persons that controlled or managed the supported organization's supported organization was vested in the same persons that controlled or managed the supported organization's supported organization, support provided during the prior tax year. (2) a copy of the Form 990 that was most recently fleed as of the date of notification, and (3) copies of the organization's powering body of a supported organization, and (3) copies of the organization's powering body of a supported organization, in Part VI how the organization of the relationship described in (2), did the organization organiz	а		440		
c. A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Vi. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization of the than the supported organization of the supporting organization of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "No," describe in Part VI how control or managed the supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supporting Organization's use setsed in the same persons that controlled or managed the supported organization's If "No," describe in Part VI how control or managed the supported organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization is activ	L				
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regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's supported organization, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) acopy of the Form 990 that was most recently flied as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization's governing onto governing body of a supported organization supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	а	The organization satisfied the Activities Test. Complete line 2 below.			
Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	s)	
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2			Yes	No
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	а				
how the organization was responsive to those supported organizations, and how the organization determined					
that these activities constituted substantially all of its activities.			2a	-	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	b				
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
reasons for the organization's position that its supported organization(s) would have engaged in these					
activities but for the organization's involvement. 2b	_		2b	-	
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Plid the experientian base the power to regularly appoint or elect a majority of the officers, directors, or					
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а		0.5		
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	l.	• • • • • • • • • • • • • • • • • • • •			
of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. 3b	IJ		3h		

	dule A (Form 990 or 990-EZ) 2014 TRUTH INITIATIVE FOUNDATION			1-1956621 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
_ i_	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER
2010 AMOUNT: \$ 158,543.
2011 AMOUNT: \$ 1,428,133.
2012 AMOUNT: \$ 137,555.
2013 AMOUNT: \$ 4,674.
2014 AMOUNT: \$ 11,512,
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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

mpr	TH INITIATIVE FOUNDATION	91-1956621			
Organization type (check one):					
Filers of:					
Form 990 or 990-EZ	x 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				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\int \text{\$					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

TRUTH INITIATIVE	FOUNDATION
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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		\$16,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Humo, dudicess, and Zii 1 4	\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$257,152.	Person x Payroll

Employer identification number

THE PROPERTY.	TNITTATIVE	EVALUATE A DET CAN

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		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30_,517.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,219.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$651,771.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,130,079.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-05	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Employer identification number

THULLGE	TMITTATIVE	FOIMIDA	TTON

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

TRUTH	INITIATIVE	FOUNDATION

	Noncash Property (see instructions). Use duplicate copies of Par	t ii ii additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	ú	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
====		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Name of org	anization		Employer identification number
TRUTH IN. Part III	TIATIVE FOUNDATION Exclusively religious, charitable, etc., continuous, the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition	columns (a) through (e) and the followius, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations ss for the year. (Enler this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

TRUTH INITIATIVE FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register _____ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$\\ \tag{\text{\color: }}\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

142,841.

25 749 199.

15.782.

1 984 495

2 790

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,127,336

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (youture partner of search) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Financial derivatives (d) Colosely-held equity interests (e) Colosely-held equity interests (f) Financial derivatives (d) Colosely-held equity interests (e) REPORT PURIS (f) FINANCIAED/COMMON TRUST FURDS (f) FINANCIAE FURDS (f) FINANCI	Schedule D (Form 990) 2014 TRUTH INITIATIVE	FOUNDATION		91-1956621	Page 3
(a) Secription of security of category geodeting name of security	Part VII Investments - Other Securities.				
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) COMMINGLED/COMMON TRUST FUNDS (B) RENDE FUNDS (C) HEDGE FUND FUND OF FUNDS (C) HEDGE FUND FUND OF FUNDS (C) HEDGE FUND FUND OF FUNDS (D) PRIVATE EQUITY FUND OF FUNDS (E) PRIVATE EQUITY FUND OF FUNDS (E) PRIVATE ROUTTY FUND OF FUNDS (I) PRIVATE ROUTTY FUND OF FUNDS (II) PRIVATE ROUTTY FUND OF FUNDS (III) PRIVATE ROUTTY FUND OF FUNDS (III) PRIVATE ROUTTY FUND OF FU					
(2) Closely-held equity interests (A) COMMINGLED/COMMON TRUST FUNDS (B) REPORT FUNDS (C) HERGE FUND, FUND OF FUNDS (C) HERGE FUND, FUND OF FUNDS (C) HERGE FUND, FUND OF FUNDS (D) PRIVATE EQUITY FUND OF FUNDS (E) PRIVATE EQUITY FUND OF FUNDS (F)	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market	value
(2) Closely-held equity interests (A) COMMINGLED/COMMON TRUST FUNDS (B) REPORT FUNDS (C) HERGE FUND, FUND OF FUNDS (C) HERGE FUND, FUND OF FUNDS (C) HERGE FUND, FUND OF FUNDS (D) PRIVATE EQUITY FUND OF FUNDS (E) PRIVATE EQUITY FUND OF FUNDS (F)	(1) Financial derivatives				
(A) COMMINGLED/COMMON TRUST PUNDS 1,86,044,021, END-OF-YEAR MARKET VALUE (B) BEDGE FUNDS 75,651,581, END-OF-YEAR MARKET VALUE (C) REDGE FUND, TURD OF FUNDS 27,222,395, END-OF-YEAR MARKET VALUE (E) PRIVATE SQUITY FUNDS 1,65,658,330, END-OF-YEAR MARKET VALUE (F) (G) (H) END SQUITY FUND OF FUNDS 1,7,311,296, END-OF-YEAR MARKET VALUE (F) (G) (H) Unust equal form 990,Part X, col. (B) line 12,)	(2) Closely-held equity interests				
(G) HEDGE FUNDS	(3) Other				
(C) HECCE FUND, TURDS 2, 222, 339. RND-OP-YEAR MARKET VALUE (D) FIVATE EQUITY FUNDS 169, 658, 330. RND-OP-YEAR MARKET VALUE (F) FIVATE EQUITY FUND OF FUNDS 127, 311, 296. RND-OP-YEAR MARKET VALUE (G) (G) (H) FUNDS 127, 311, 296. RND-OP-YEAR MARKET VALUE (G) (H) FUNDS 127, 311, 296. RND-OP-YEAR MARKET VALUE (G) (H) FUNDS (H)	(A) COMMINGLED/COMMON TRUST FUNDS	186,044,021	. END-OF-YEAR MARKET VALU	E	
(C) PRIVATE EQUITY FUNDS 169,658,330. END-OP-YEAR MARKET VALUE (F) (G) (F)	(B) HEDGE FUNDS	75,651,581	. END-OF-YEAR MARKET VALU	E	
File	(C) HEDGE FUND, FUND OF FUNDS	27,222,339	. END-OF-YEAR MARKET VALU	E	
(f) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 575, 887, 567. Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D) PRIVATE EQUITY FUNDS	169,658,330	END-OF-YEAR MARKET VALU	E	
(6) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶ 575, 887, 567. Part VIII Investments - Program Related. Complete if the organization answered "Yes" to 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (h) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(E) PRIVATE EQUITY FUND OF FUNDS	117,311,296	END-OF-YEAR MARKET VALU	E	
(+i) Total, (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.1 ▶ 575, 887, 567, Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Cot. (b) must equal Form 990, Part X, cot. (B) line 13.1 ▶ Part XI Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(F)				
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(1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE 1,000,270. (3) INTEREST RATE SWAP 4,848,592. (4) DEFERRED COMPENSATION 999,829.	(-) December of Relation				
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	(5) TRADES TO BE SETTLED		10,492.		
(6) 10 HS SETTING 10 HS SETTING 10, 432.	The state of the s		10,174,		
(7)	Project				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2014

(8)

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				TO SERVE SERVE
1	Total revenue, gains, and other support per audited financial statements		*********************	1	42,706,673.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	10 000 110		
a	Net unrealized gains (losses) on investments	2b	-42,857,415.		
b	Donated services and use of facilities	2c			
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d			
u e	Add lines 2a through 2d			2e	-42,857,415.
3	Subtract line 2e from line 1			3	85,564,088.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************		03,304,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5.787.763.		
b	Other (Describe in Part XIII.)		-2 576 661.		
	Add lines 4a and 4b			4c	3,211,102,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	88,775,190.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme			Return	
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		neseweth.com/missources	1	105,241,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,518,503.		
е	Add lines 2a through 2d			2e	3,518,503.
3	Subtract line 2e from line 1		******	3	101,723,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		5,787,763.		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	5,787,763.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		**********	5	107,510,970.
-		\		4. David V	It O. Dt VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			4; Paπ X,	iine 2; Part XI,
mies	zu and 4b, and Part An, imes zu and 4b. Also complete this part to provide any addi	lional imoi	madon.		
PART	X LINE 2:				
THE	FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER IN	TERNAL			
REVE	NUE CODE (IRC) SECTION 501(C)(3), IN ADDITION, THE FOUNDATION H	AS BEEN			
CLAS	SIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, INC	OME			
	V TO NOW DRIVEN WO THE EVENDED DUDDOGED LEGG ADDITOADLE DEDUGE	TONG			
WHIC	H IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCT	TONS,			
TS S	UBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE COMPANY	TSA			
10 0	ODGEST TO LEGISLE THIS STILL SOME SHAPE THE STILL STATE STAT				
SING	LE-MEMBER, LIMITED LIABILITY COMPANY (LLC) AND, AS SUCH, IS A				
DISR	EGARDED ENTITY FOR FEDERAL INCOME TAX PURPOSES, PURSUANT TO SEC	TION			
7701	OF THE IRC. THE FOUNDATION HAD UNRELATED BUSINESS INCOME RELAT	ED TO			
DEBT	FINANCED RENTAL INCOME DURING THE YEARS ENDED JUNE 30, 2015 AN	ID 2014.			
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THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR 432054 10-01-14

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

	MTON			91-1956621	
Part I General Info		ctivities Out	tside the United States. Comple		"Yes" on
Form 990, Part IV					
		maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
United States.			procedures for monitoring the use of its		tside the
			an be duplicated if additional space is r		T
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE					
PACIFIC	0	0	INVESTMENTS		10,365,220.
NAME OF THE PARTY		***			
EUROPE (INCLUDING					
CELAND & GREENLAND)	0	0	INVESTMENTS		17,567,678
NORTH AMERICA	0	0	INVESTMENTS		2,217,136
					-
				41	
					-
				0	
3 a Sub-total	0	0			30,150,034
b Total from continuation					
sheets to Part I	0	. 0			0.
c Totals (add lines 3a					
and 3b)	0	٥			30,150,034,

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) Description of non-cash assistance						Schedi
(g) Amount of non-cash assistance					kempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region					is listed above that are reliables provided a section rentities	
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse other organizations o	
1 (a) Name of organization		¥	ř.		 Enter total number of recipient organizations listed s the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities 	

FOUNDAL	
INITIATIVE	
TRUTH	
Schedule F (Form 990) 2014	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

91-1956621

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance		_			
(e) Manner of cash disbursement					1 0
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2014

Schedu	Ne F (Form 990) 2014 TRUTH INITIATIVE FOUNDATION	91-1956621	Page 4
Part	V 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)	X_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 file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	x 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	x 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	x 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)	x Yes	☐ No
	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	x No

Schedule F (Form 990) 2014

Schedule F	(Form 990) 2014 TRUTH INITIATIVE FOUNDATION	91-1956621	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	hod); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	mation.	
	*		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

Open to Public OMB No. 1545-0047 Inspection

91-1956621

Employer identification number 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. TRUTH INITIATIVE FOUNDATION General Information on Grants and Assistance Name of the organization

- 10	stance?			ě			X Yes No
Z 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	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	nization answered "\	e of grant funds in the United States. Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car		ional space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY,							
BLOOMBERG SCHOOL OF PUBLIC HEALTH							
- 624 N. BROADWAY, HAMPTON HOUSE							
ROOM 280B - BALTIMORE, MD 21205	52-0595110	501(c)(3)	120,955.	0			RESEARCH GRANTS
THE NATIONAL CENTER ON ADDICTION							
AND SUBSTANCE ABUSE AT COLUMBIA							EGACY EVALUATION AND
UNIVERSITY ~ 633 THIRD AVENUE -							RESEARCH NETWORKS,
NEW YORK, NY 10017	52-1736502	501(C)(3)	255,447.	0			STRATEGIC ALLIANCE GRANTS
AMERICAN NON-SMOKERS RIGHTS							
FOUNDATION - 2530 SAN PABLO							
AVENUE, STE. # J - BERKELEY, CA						-74	STRATEGIC ALLIANCE
94702	94-2922136	501(C)(3)	179 509	0			GRANTS, GLOBAL GAME EXPO
			0) —				
PARTNERSHIP FOR PREVENTION							
1015 18TH STREET, NW, STE#300							
WASHINGTON, DC 20036	52-1735637	501(C)(3)	69,880.	0			STRATEGIC ALLIANCE GRANTS
CAMPAIGN FOR TOBACCO FREE KIDS							
1400 I STREET, NW, SUITE 1200							
WASHINGTON, DC 20005	52-1969967	501(C)(3)	1,647,567.	0			STRATEGIC ALLIANCE GRANTS
DEFAURE CALIFORNIA OF							
TO GENERAL CONTROL OF THE CONTROL OF							
SACRAMENTO-EMIGRANT TRAILS - 909							
12TH STREET - SACRAMENTO, CA 95814	94-1641240 501(C)(3)	501(C)(3)	106,427.	.0			STRATEGIC ALLIANCE GRANTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	ne line 1 table				28.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					2.

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

Schedule I (Form 990) (2014)

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Schedule I (Form 990) TRUTH INITIATIVE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990).	IVE FOUNDATION Assistance to Go	I evernments and Organ	nizations in the Ur	ited States (Sched	tule I (Form 990). Pa	Part II.)	91-1956621 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-CHANGE 1776 EYE STREET, NW WASHINGTON, DC 20006	16-1641769	501(C)(3)	70,685.	*0			STRATEGIC ALLIANCE GRANTS
LUNG CANCER ALLIANCE 888 16TH STREET, NW, SUITE 800 WASHINGTON, DC 20006	91-1821040	501(C)(3)	25,000,	*0			STRATEGIC ALLIANCE GRANTS
GEORGIA STATE UNIVERSITY, RESEARCH FOUNDATION INC 140 DECATUR STREET - ATLANTA, GA 30302	58-1845423	501(C)(3)	28,856,	0.			STRATEGIC ALLIANCE GRANTS
ACTION ON SMOKING AND HEALTH 701 - 4TH STREET, NW WASHINGTON, DC 20001	13-2603590	501(C)(3)	87,584.	*0			STRATEGIC ALLIANCE GRANTS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 677 HUNTINGTON AVENUE - BOSTON. MA 02115	04-2103580	501(C)(3)	38.262.	.0			STRATEGIC ALLIANCE GRANTS.
	13-5598093	501(C)(3)	237, 776.	0			STRATEGIC ALLIANCE GRANTS
AMERICAN ACADEMY OF PEDIATRICS 37925 EAGLE WAY CHICAGO, IL 60678	36-2275597	501(C)(3)	110,773.	0			STRATEGIC ALLIANCE GRANTS
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	98,515,	.0			STRATEGIC ALLIANCE GRANTS
r PACIFI FRMENT RSHIP	20-2028771	501(C)(3)	133,578.	0	>		STRATEGIC ALLIANCE GRANTS
							Schedule I (Form 990)

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Schedule I (Form 990) TRUTH INITIATIVE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	INITIATIVE FOUNDATION and Other Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		91-1956621 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE				_			
BOSTON, MA 02115	04-1679980	501(C)(3)	92,974.	0			STRATEGIC ALLIANCE GRANTS
ALTARUM INSTITUTE 3520 GREEN COURT, STE. #300 ANN ARBOR, MI 48105	38-1983442	501(C)(3)	7.530.	0			STRATEGIC ALLIANCE GRANTS
OF CALIFORNIA, SA							
FRANCISCO - 919 INVING ST., SULTE 104, UCSF BOX 0939 - SAN FRANCISCO CA 94143-0939	6036493	501(0)(3)	786 151	c			STATE STREET STREET
WYMAN CENTER, INC.							
600 KIWANIS DRIVE ST. LOUIS MO 63025	43-0653263	501(C)(3)	98 045.	0			TA AND PARTNERSHIP GRANT
VERSITY							
INC 1210 BLAKE AVE., MARY E.							THACK TOWN POWER
FORNEY HALL, KM IUZA - MOSCOW, ID 83844	23-7098404	501(C)(3)	350,000.	0			DROGRAM
UNIVERSITY OF IOWA FOUNDATION							SUSAN CURRY SCHOLARS
ONE WEST PARK ROAD, PO BOX 4550			6	C			PRGRM ENDOWMENT - ONE
IOWA CITY, IA 52244	42-0/96/60	501(C)(3)	180,000	0			TIME GIFT
HING, ORG							
19 WEST 21ST STREET, 8TH FL NEW YORK, NY 10010	13-3720473	501(C)(3)	100 000	0			CIGARETTE BUTTS CLEAN UP CAMPAIGN
ΣĬ							
INC - 1101 VERMONT AVE., NW, SULTE 500 - WASHINGTON, DC 20005	13-2581875	501(C)(6)	20,000	.0			SPONSOR - GALA 04/15
NATIONAL AFRICAN AMERICAN TOBACCO PREVENTION - 400 WEST MAIN STREET, SUITE 415 - DURHAM NC 27701	56-2211875	501(C)(3)	20 000	Ö			SPONSOR - TOBACCO END GAME HEALTH SUMMIT
							Schedule I (Form 990)

Schedule (Form 990) TRUTH INITIATIVE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	VE FOUNDATION Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par		91-1956621 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COALITION ON HEALTH CARE 1825 K STREET, SUITE 411 WASHINGTON, DC 20006	52-1687849	501(C)(3)	15,000,	*0		***	FY15 NCHC TOBACCO CONTROL ACTIVITIES
PARTWERSHIP WITH CHILDREN, INC 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007	13-5596751	501(C)(3)	12,500,	0			SPONSOR - SPRING GALA 06/15
SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO, INC - 2424 AMERICAN LANE - MADISON, WI 53704	52-1906424	501(C)(3)	10 000	*0			SPONSOR - ANNUAL MEETING 02/15
WOMEN'S POLICY INC. 409 12TH STREET, SW, SUITE 600 WASHINGTON, DC 20024	52-1914894	501(C)(3)	10,000,	o		5.00	SPONSOR - GALA 3/15
CARLSBAD UNIFIED SCHOOL DISTRICT 6225 EL CAMINO REAL CARLSBAD, CA 92009	95-2681074	GOVT ENTITY	10,000.	.0			CUSTOM CULTURE WINNER
NEW YORK WOMEN IN COMMUNICATIONS, INC - 355 LEXINGTON AVE., 15TH FLOOR - NEW YORK, NY 10017	13-6274650	501(C)(6)	.000,3	*0			SPONSOR - MATRIX AWARDS 04/15

Schedule I (Form 990)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (d) Amount of non-cash assistance 0 17,500 (c) Amount of cash grant 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 FINANCIALS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED GRANTEES ARE REQUIRED TO SUBMIT QUARTERLY REIMBURSEMENT SITE VISITS AS NEEDED AND PROVIDING TECHNICAL EACH GRANT CONTRACT IS EXECUTED AND MONITORED BY A TRUTH INITIATIVE MONITORING CONSISTS OF (b) Number of recipients Part III can be duplicated if additional space is needed. ASSIGNED PROGRAM OFFICER (PO) UNTIL CLOSED. (a) Type of grant or assistance ASSISTANCE WHEN REQUIRED. PERIODIC UPDATE CALLS. PART I LINE 2: REQUIREMENTS. SCHOLARSHIPS Part IV Part III

Schedule I (Form 990) (2014)

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432102 10-15-14

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91-1956621

Schedule I (Form 990) (2014)

Schedule I (Form 990) TRUTH INITIATIVE FOUNDATION	91-1956621	Page 2
Schedule I (Form 990) TRUTH INITIATIVE FOUNDATION Part IV Supplemental Information		
BUDGET. ONCE EXPENSES ARE APPROVED BY THE PO, APPROVAL OF PAYMENT IS		
GRANTED AND SIGNED OFF ON BY MANAGEMENT. THE NARRATIVE REPORTING		
REQUIREMENTS ON THE DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE		
AND FUNDING INITIATIVE. MINIMALLY, ALL GRANTEES ARE REQUIRED TO SUBMIT A		
FINAL REPORT ON PROGRAM ACTIVITIES.		

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUTH INITIATIVE FOUNDATION

Employer identification number

91-1956621

Pa	irt I Questions Regarding Compensation			
5	- V		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Tax indemnification and gross-up payments Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	- 102		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
			-	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III $_{\odot}$			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in 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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		I

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

Schedule J (Form 990) 2014

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

Page 2

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

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

	-	(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(a)-(i)(a)	ın column (B) reported as deferred in prior Form 990
(1) ROBIN KOVAL	E	500,000.	24,167.	52,422.	92,333.	23,847.	692,769.	0
PRESIDENT & CEO	1	0	0	0	0	0	0	.0
(2) ANTHONY T. O'TOOLE	Ξ	386,446.	48,818.	492,499.	.000,66	56,983.	1,083,746,	370,000.
CFIO	⊞	0	.0	0	0	0.	0	0
(3) ELLEN VARGYAS	Θ	299,828.	20,072	209,232.	79,000.	28,999.	637,131.	160,000.
GENERAL COUNSEL/CORP SECRETARY	⊞	0	0	.0	0	0	.0	0.
(4) M. DAVID DOBBINS	Θ	295, 809.	37,944.	191,885.	79,000.	36,439.	641,077.	160,000.
	⊞	0	.0	.0	0.	0	0.	0
(5) DAVID ABRAMS	Ξ	357,989.	45,061.	24,016.	39,000.	30,590.	496,656.	0.
EXEC DIRECTOR (SHROEDER INST)	E	0	0	0	.0	0.	0.	.0
(6) ERIC ASCHE	Ξ	262,416.	32,832.	1,080.	39,000.	31,431.	366,759.	.0
CMO	(ii)	0.	.0	0.	0	0.	0.	0.
(7) DONNA VALLONE	Ξ	235,179.	3,600.	20,463.	38,838,	32,912.	330,992.	0
CHIEF ESR	€	0	.0	.0	0	0.	0.	0
(8) AMBER BULLOCK	Ξ	225,240.	20,000.	1,674.	37,188.	38,730.	322,832,	0
CHIEF CAYE	E	0	0	0	0	0.	0.	.0
(9) WILLIAN FURMANSKI	Ξ	238,651.	.0	17,110.	37,823.	11,162.	304,746.	0.
SVP, COMMUNICATIONS	(II)	0	.0	0.	0	0.	0.	0
(10) RAYMOND NIAURA	Ξ	297,007.	13,375.	2,422.	39,000.	21,363.	373,167.	.0
DIRECTOR OF SCIENCE	⊞	0	0.	0	.0	0,	.0	0
(11) AMANDA GRAHAM	Ξ	219,780.	13,475.	1,080.	35,054.	14,931.	284,320.	0
DIRECTOR, RESEARCH DEVELOPMENT	(1)	0	0	0.	.0	0	0.	0
(12) JULIE CARTWRIGHT	Ξ	229,270.	20,000.	54,465.	37,427,	41,441.	382,603,	0
SVP, COMMUNICATIONS	(1)	0	.0	0	0.	.0	0.	0.
(13) CHERYL HEALTON	Ξ	15,142.	.0	639,252.	2,482.	1,975.	658,851.	552,000.
FORMER PRESIDENT & CEO TERM 01/01/14 (ii)	(1)	0	.0	.0	.0	.0	0.	.0
	Ξ							
	8							
	Ξ							
	1							
	Ξ							
	(1)							

Schedule J (Form 990) 2014

J (Form 990) 2014 TRUTH INITIATIVE FOUNDATION 91-1956621	Page 3
Part III Supplemental Information Provide the information or descriptions ramined for Dart 1 lines 1s. 1h. 3. 4s. 4h. 4c. 5s. 5h. 6s. 6h. 7 and 8, and for Dart II. Also complete this part for any additional information.	Ì
Today of the montained of a coordinate of the state of th	
PART I. LINE 1A:	
	i i
THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE AND RELOCATION,	1
INCLUDING GROSS UP, TO ROBIN KOVAL IN THE AMOUNT OF \$18,851 AND THESE WERE	1
TREATED AS TAXABLE INCOME.	
THE ORGANIZATION PAID HEALTH CLUB DUES AND OTHER HEALTH BENEFITS FOR THE	Ĩ
FOLLOWING EMPLOYEES, THE HEALTH CLUB DUES AND OTHER HEALTH BENEFITS WERE	Ĭ
THERTHED AS TEXABLE INCOME TO THE RECIPIENT.	
	1
ANTHONY I, O'TOOLE - \$540	
ELLEN VARGYAS - \$540	
	Ċ
ERIC ASCHE - \$540	
DONNA VALLONE - \$540	1
WILLIAM FURMANSKI - \$540	ľ
JULIE CARTWRIGHT - \$480	1
PART I, LINE 4B:	
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ROBIN KOVAL INCLUDES 401 K	ĺ
CONTRIBUTIONS OF \$39 000. IN ADDITION DURING THE FISCAL YEAR ENDED JUNE	
30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY	2042
	100

Schedule J (Form 990) 2014 TRUTH INITIATIVE FOUNDATION Part III Supplemental Information	91-1956621 Page 3	က
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.	t for any additional information.	1
1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR		
INVOLUNTARILY, BEFORE EARNED. THE 2014 CALENDAR YEAR DEFERRED COMPENSATION		Ī
REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF \$53,333.		Ĩ
		1
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O'TOOLE INCLUDES 401		Ĭ
K CONTRIBUTIONS OF \$39,000. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE		Ī
30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY		ĺ
1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR		1
INVOLUNTARILY, BEFORE EARNED. THE 2014 CALENDAR YEAR DEFERRED COMPENSATION		Ī
REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF \$60,000.	-	
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID DOBBINS INCLUDES 401 K		1
CONTRIBUTIONS OF \$39,000. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE		Î
30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY		ĺ
1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR		Ĩ
INVOLUNTARILY, BEFORE EARNED. THE 2014 CALENDAR YEAR DEFERRED COMPENSATION		
REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF \$40,000.		1
		Ĩ
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES 401 K		1
	Schedule J (Form 990) 2014)14

	91-1956621 Page 3
Fart 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.	s part for any additional information.
CONTRIBUTIONS OF \$39,000, IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE	
30, 2014, THE FOUNDATION ESTABLISHED A 457 (F) PLAN WHICH VESTS ON JANUARY	
1, 2017, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR	
INVOLUNTARILY, BEFORE EARNED. THE 2014 CALENDAR YEAR DEFERRED COMPENSATION	
REPORTED INCLUDES CONTRIBUTIONS TO THE 457 (F) OF \$40,000,	
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID ABRAMS INCLUDES 401 K	
CONTRIBUTIONS OF \$39,000.	
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ERIC ASCHE INCLUDES 401 K	
CONTRIBUTIONS OF \$39,000.	
RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DONNA VALLONE INCLUDES 401 K	
CONTRIBUTIONS OF \$38,838.	
	8
PART I, LINE 7:	
ONUS AMO	
BASED.	
	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 TRUTH INITIATIVE FOUNDATION Part III Supplemental Information	91-1956621	Page 3
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,	te this part for any additional information,	-
SCHEDULE J, PART II, COLUMN B(III), OTHER COMPENSATION		
OTHER REPORTABLE COMPENSATION FOR ROBIN KOVAL CONSISTS PARTLY OF 457(B)		
CONTRIBUTIONS OF \$17,500.		
OTHER REPORTABLE COMPENSATION: FOLLOWING A 6 YEAR VESTING PERIOD, ON		
JANUARY 1, 2014. CHERYL HEALTON RECEIVED A 457 (F) PLAN PAY-OUT OF		
9. CHERYL HEALTON ALSO RECEIVED A 457 (B) PLAN E		
80		
OTHER REPORTABLE COMPENSATION: FOLLOWING A 6 YEAR VESTING PERIOD. ON		
LE RECEIVED A 457 (F) PLAN PAY-OUT O		
DURING 2014 ANTHONY O'TOOLE ALSO		
PTON OF \$17 500		
OTHER REPORTABLE COMPENSATION: FOLLOWING A 6 YEAR VESTING PERIOD, ON		
RECEIVED A 457 (F) PLAN PAY-OUT OF		
FINE CONTENTS OF A STOCKET WELLTE A PACE OF THE PERSON OF		
JAV. DOLLING ZOL* BEBBN VANGIAS ABSC BANNED A *57		
	Schedule J (Form 990) 2014	990) 201

SCHEDIII F K

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Attach to	Supplemental Information on Tax-Exempt bonds ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/fo	pplemental Introduction answere explanations, and explanations, and explanation about Sc	Supplemental Information on Tax-Exempt bonds le organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	ax-Exempt 90, Part IV, lin ormation in Pa 0) and its inst	Bonds e 24a. Provi rt VI. ructions is	de descriptions, at www.irs.gov/fo	rm990.		Ope	2014 Open to Public Inspection	-004/ Iic
Name of the organization									Employe	Employer identification number	cation nu	ımber
	TRUTH INITIATIVE FOUNDATION	FOUNDATION							91-1	91-1956621		
Part I Bond Issues												
(a) Issuer name	ате	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	esodun	(g) Defeas	(g) Defeased (h) On behalf of issuer		(i) Pooled financing
									Yes No	Yes	No Yes	No No
A DISTRICT OF COLUMBIA	T.	53-6001131	2548392L6	03/01/08	28,000	000 000 PURCHASE	HASE OF NEW BUILDING	UILDING	×		×	×
В												
O												
٥												
Part II Proceeds												
				A		Ф		O			۵	
	A - A - A - A - A - A - A - A - A - A -											ľ
	dereased											
3 Total proceeds of issue				28	.000,000							Ĭ
	ve funds											1
5 Capitalized interest from proceeds	- 1											
6 Proceeds in refunding escrows	1	***************************************										1
7 Issuance costs from proceeds	ceeds		.,									
8 Credit enhancement from proceeds				9								
9 Working capital expenditures from proceeds	tures from proceeds		***************************************	25.								
 Capital expenditures from proceeds 	m proceeds			28	.000,000							
11 Other spent proceeds												
12 Other unspent proceeds	3.	7770										
13 Year of substantial completion	pletion		***************************************		2008							
				Yes	No	Yes	No	Yes	No	Yes	N ₀	
14 Were the bonds issued as part of a current refunding issue?	as part of a current re	funding issue?	***************************************	3	×							
15 Were the bonds issued as part of an advance refunding issue?	as part of an advance	refunding issue?		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	×			_				
16 Has the final allocation of proceeds been made?	of proceeds been mad	le?	***************************************	X								
	adequate books and records	to support the final allocatio	in of proceeds?	×								
Part III Private Business Use	ose			A		В	-	O			۵	
1 Was the organization a partner in a partnership, or a member of an LLC,	oartner in a partnershi	p, or a member of an	, LLC,	Yes	o _N	Yes	No	Yes	2	Yes	N _o	
	nanced by tax-exemp	t ponds?			×							
2 Are there any lease arrangements that may result in private business use bond-financed property?	ngements that may re ?	sult in private busine	ss use of		×							
432121 LHA For Paperwork Reduction Act Notice, see the Instructions for	Reduction Act Notic	e, see the Instruction	ons for Form 990.	51					Sch	Schedule K (Form 990) 2014	(Form 99	0) 2014

	A			В		O	٥	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	ON	Yes	No	Yes	No
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
Are there any research agreements that may result in private husiness use of hond-financed property?		×						
1		4						
colinsel to review any research anreaments relation to the financed pron								
4 Enter the percentage of financed property used in a private business use by								
		%		%		70		%
5 Enter the percentage of financed property used in a private business use as a result of				8		0/		8
section 501(c)(3) organization, or a state or local government		.02 %		%		%		%
6 Total of lines 4 and 5				%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		×						
Part IV Arbitrage								
	A			8		O	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	ON	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?	9							
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	×							
b Name of provider	BANK OF AM	AMERICA						
c Term of hedge		30,000000						
d Was the hedge superintegrated?		×						
e Was the hedge terminated?		Þ						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No. 1545-0047

Inspection

Name of the organization Employer identification number TRUTH INITIATIVE FOUNDATION 91-1956621 FORM 990, PART I PART VI, AND PART VII - BOARD COUNT A TOTAL OF FIFTEEN PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR. THOSE FIFTEEN ARE SHOWN IN PART VII OF FORM 990. AS OF 2015 THERE WERE A TOTAL OF ELEVEN VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI LINES 1A & 1B AND PART I LINES 3 & 4 FORM 990 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES PART III. LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SMOKING RATES ACROSS THE COUNTRY FORM 990 PART III LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS: FACILITATE PERFORMANCE IMPROVEMENTS OF PROGRAM EFFORTS. TO ENSURE THE HIGHEST LEVEL OF CREDIBILITY RESEARCH STAFF ALSO SUBSTANTIATE ANY AND ALL FACTUAL INFORMATION FOR EVERY TRUTH INITIATIVE-RELATED PRODUCT FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES GRANTS: HISTORICALLY, TRUTH INITIATIVE HAS AWARDED GRANTS ON TWO LEVELS: IN RESPONSE TO NATIONAL CALLS FOR PROPOSALS AND THROUGH A RESPONSIVE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

432211

COMPLIANCE WITH THE MASTER SETTLEMENT AGREEMENT'S PROHIBITION.

EXPENSES \$ 1 130 758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FEDERAL AGENCIES AND PARTICIPATE IN THE REGULATORY PROCESS TO INFORM

TRUTH INITIATIVE DOES NOT ENGAGE IN LOBBYING ACTIVITIES,

THE IMPLEMENTATION OF THE TOBACCO CONTROL ACT AND OTHER TOBACCO-RELATED

Name of the organization	Employer identification number
TRUTH INITIATIVE FOUNDATION	91-1956621
3 	
COMMUNICATIONS:	
TRUTH INITIATIVE SEEKS TO INCREASE AWARENESS ABOUT THE ISSUE OF TOBACCO	
USE IN AMERICA, BY EDUCATING THE GENERAL PUBLIC AND KEY INFLUENCERS	
ABOUT THE ADDICTIVENESS OF NICOTINE, THE TOLL OF DEATH AND DISEASE FROM	
TOBACCO USE, AND THE SOCIAL AND ECONOMIC CONSEQUENCES TOBACCO USE TAKES	
IN OUR SOCIETY. THE AWARD-WINNING OFFICE OF COMMUNICATIONS IS CHARGED	
WITH THE MANAGEMENT AND EXECUTION OF ALL INTERNAL AND EXTERNAL	
COMMUNICATIONS FOR THE ORGANIZATION INCLUDING MEDIA RELATIONS, PUBLIC	
RELATIONS, SOCIAL MEDIA, AND STAKEHOLDER COMMUNICATIONS AS WELL AS	
GENERAL COMMUNICATIONS-RELATED SUPPORT FOR TRUTH INITIATIVE PROGRAMS,	
THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND EXECUTIVE STAFF.	
COMMUNICATIONS UNDERTAKES A NUMBER OF ACTIVITIES TO ENSURE THAT THE	
ISSUE OF TOBACCO USE REMAINS ON THE NATIONAL AGENDA. ACTIVITIES	
INCLUDE MAINTAINING A RELATIONSHIP WITH THE MEMBERS OF THE MEDIA;	
DEVELOPING AND ISSUING PRESS RELEASES, STATEMENTS AND OTHER OUTREACH	
MATERIALS; PUBLICIZING TRUTH INITIATIVE PROGRAMS AND EFFORTS; MANAGING	
AGENCIES AND OTHER EXTERNAL VENDORS; COLLABORATING WITH PARTNERS IN	
TOBACCO CONTROL AND PUBLIC HEALTH; SOCIAL MEDIA OUTREACH AND MANAGEMENT	
OF THE PRESIDENT'S BLOG; DEVELOPING AND DISSEMINATING MATERIALS THAT	
SUPPORT PROGRAMS AND PROVIDE INFORMATION TO INTERESTED PARTIES (FACT	
SHEETS, PROGRESS REPORTS); ADVISING ON CRISIS COMMUNICATIONS	
SITUATIONS; AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS AND	
INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS, OUTREACH,	
SPEAKING OPPORTUNITIES, SPEECHWRITING, NEWS BRIEFINGS AND CONFERENCES.	
THE COMMUNICATIONS TEAM ALSO PRODUCES LEGACY'S WARNER SERIES WHICH	
ADDRESSES CUTTING EDGE TOPICS IN TOBACCO CONTROL POLICY.	
EXPENSES \$ 2,869,060. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0. 432212 08-27-14	hedule O (Form 990 or 990-EZ) (2014)

Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
INCID INTIPATIVE FOUNDATION	71-1750021
*	
COMMUNITY AND YOUTH ENGAGEMENT:	
COMMUNITY AND YOUTH ENGAGEMENT INCLUDES THE EXECUTION AND DEVELOPMENT	
OF PROGRAM PLANS THAT INCLUDE YOUTH ACTIVISM, PARTNERSHIPS TO BRING	
TOBACCO CONTROL TO YOUTH SERVING ORGANIZATIONS, AND INITIATIVES TO	
ADDRESS THE DISPARATE TOLL OF TOBACCO. EXAMPLES OF CURRENT WORK	
INCLUDE OUR EFFORTS TO INTEGRATE TOBACCO CONTROL INTO HEAD START	
PROGRAMS AND OUR EFFORTS TO ENCOURAGE HISTORICALLY BLACK COLLEGES AND	
UNIVERSITIES AND COMMUNITY COLLEGES TO GO TOBACCO FREE.	
EXPENSES \$ 2,796,498. INCLUDING GRANTS OF \$ 340,294. REVENUE \$ 0.	
COLLABORATION & OUTREACH	
THE COLLABORATION AND OUTREACH DEPARTMENT WORKS CROSS-DEPARTMENTALLY TO	
SUPPORT IMPLEMENTATION OF THE ORGANIZATION'S INITIATIVES AND ASSIST	
WITH PROMOTION OF PROGRAMS AND RESOURCES TO EXTERNAL AUDIENCES. STAFF	
MEMBERS WORK TO INCREASE THE FLOW AND FREQUENCY OF INFORMATION TO KEY	
AUDIENCES, PROVIDE FORUMS FOR FEEDBACK ON THE ORGANIZATION'S	
ACTIVITIES, AND BUILD RELATIONSHIPS WITH PARTNERS AT THE LOCAL, STATE	
AND NATIONAL LEVELS, ACTIVITIES INCLUDE PRODUCTION OF INTERNAL TOOLS	
SUCH AS TALKING POINTS AND AN ACTIVITIES CALENDAR; SUPPORT FOR AND	
EXECUTION OF MEETINGS, CONFERENCES AND EVENTS; AND COORDINATION OF	
PROJECTS INCLUDING SPONSORSHIPS, AWARDS, AND E-MARKETING.	
EXPENSES \$ 2,193,427. INCLUDING GRANTS OF \$ 651,561. REVENUE \$ 0.	
OTHER PROGRAM EXPENSES	
EXPENSES \$ 554,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
INOIN INTIGITAL FOUNDATION	J1 19300E1
TRUTH INITIATIVE FOUNDATION IS AWAITING ADDITIONAL INFORMATION IN ORDER TO	
TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF	
MAY 15, 2016. THE AMOUNT SHOWN AS NET UNRELATED BUSINESS TAXABLE INCOME ON	
LINE 7B OF PAGE 1 OF THE FORM 990 IS AN ESTIMATE BASED ON AVAILABLE	
INFORMATION.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
BRAZIL, INDONESIA, INDIA, KENYA,	
SOUTH KOREA, MALAYSIA, NIGERIA, PHILIPPINES,	
POLAND, THAILAND, TURKEY, UNITED ARAB EMIRATES,	
EGYPT TAIWAN	
EGIFT, TALWAN	
FORM 990, PART VI, SECTION A, LINE 4:	
AS OF AUGUST 27, 2015, THE FOUNDATION LEGALLY CHANGED ITS NAME TO THE TRUTH	
INITIATIVE FOUNDATION, D/B/A TRUTH INITIATIVE, TO REFLECT OUR OBJECTIVE TO	
ALIGN ALL ORGANIZATION PROGRAMS MORE CLOSELY WITH THE TRUTH CAMPAIGN AND	
CONSISTENT WITH OUR MISSION TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG	
ADULTS REJECT TOBACCO. IN OCTOBER 2015, THE FOUNDATION ALSO MOVED TO NEW	
HEADQUARTERS AT 900 G STREET, NW, WASHINGTON D.C.	
FORM 990 PART VI SECTION A LINE 7A:	
2	
THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEYS	
GENERAL, AND NATIONAL COUNCIL OF STATE LEGISLATURES EACH HAVE THE AUTHORITY	
TO APPOINT TWO CLASS A DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
PURSUANT TO BOARD RESOLUTION, THE BOARD OBSERVES THE FOLLOWING PROCEDURES	
IN THE FOLLOWING ORDER: FIRST, THE AUDIT COMMITTEE REVIEWS AND APPROVES 432212	dulo 0 (Form 900 or 900 F7) (2014)

THE CEO'S COMPENSATION, APPROVES OR AMENDS THE CEO'S RECOMMENDATION FOR THE

AND RECOMMENDATION OF THE BOARD'S EXECUTIVE COMMITTEE, THE FULL BOARD SETS

SURVEYS. BASED ON THAT ANALYSIS AND PERFORMANCE ASSESSMENTS AND THE REVIEW

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization TRUTH INITIATIVE FOUNDATION	Employer identification number 91-1956621
COMPENSATION OF THE CFIO, AND REVIEWS OR AMENDS THE CEO'S RECOMMENDATION	ИС
FOR THE COMPENSATION OF THE, COO, GC, CHIEF MARKETING OFFICER, CHIEF	
EVALUATION AND RESEARCH OFFICER, AND EXECUTIVE DIRECTOR OF THE SCHROEDE	ER
INSTITUTE, THE CEO MAKES COMPENSATION DECISIONS FOR OTHER KEY EMPLOYEES	5,
UPON RECOMMENDATION OF THE COO.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MS,MN,NC,NJ,NH,NM,NY,OK,OR,PA	A,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	I OF
INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY SERVICES:	
PROGRAM SERVICE EXPENSES 38	,277,
MANAGEMENT AND GENERAL EXPENSES 24,	,218,
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 62,	.495.
CONSULTING:	
PROGRAM SERVICE EXPENSES 659	,935,
MANAGEMENT AND GENERAL EXPENSES 231	939.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 891	,874.

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization TRUTH INITIATIVE FOUNDATION		Employer identification number 91–1956621
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	70,683,951,	
MANAGEMENT AND GENERAL EXPENSES	215,138,	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	70,899,089.	
BOND FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	51,600.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	51,600.	
HONORARIUM:		
PROGRAM SERVICE EXPENSES	7,000.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	7,000.	_
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 71,912,058.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNREALIZED LOSS ON SWAPS	-941,842.	
ROUNDING VARIANCE	-1.	
TOTAL TO FORM 990, PART XI, LINE 9	-941,843.	
2014 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUM	STANCES ANALYSIS	
THE TRUTH INITIATIVE FOUNDATION D/B/A TRUTH INITIATION	VE (TRUTH	
INITIATIVE) QUALIFIES AS A PUBLICLY SUPPORTED ORGANI	ZATION UNDER ALL OF	
THE FACTS AND CIRCUMSTANCES BECAUSE (A) IT NORMALLY	RECEIVES A	Schedule O (Form 990 or 990-EZ) (201

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
TRUTH INITIATIVE FOUNDATION	91-1956621
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. THE 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 2010 - 2014 WAS 12.24%.	
ATTRACTION OF PUBLIC SUPPORT, THE TRUTH INITIATIVE MAINTAINS A	0
CONTINUOUS AND BONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT.	
THE TOTAL AMOUNT OF PUBLIC SUPPORT RAISED BY THE ORGANIZATION IN	
TAXABLE YEARS 2010-2014 AS A RESULT OF THESE EFFORTS WAS NEARLY \$14.3	
MILLION. EXAMPLES OF EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE	
FIVE-YEAR TESTING PERIOD INCLUDE THE FOLLOWING:	
FEDERAL GOVERNMENT GRANTS AND CONTRACTS, THE TRUTH INITIATIVE	
MAINTAINS A BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW	
AND ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT, AS PART OF THIS PROGRAM,	
THE ORGANIZATION HAS DEDICATED STAFF IN BOTH ITS SCHROEDER RESEARCH	
INSTITUTE AND FINANCE DEPARTMENT TO ASSIST WITH APPLICATIONS FOR	
FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED.	
FROM TAX YEAR 2010 THROUGH 2014, THE TRUTH INITIATIVE SUBMITTED OVER 90	
APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2014 ALONE WE 492212 89-27-14	Schedule O (Form 990 or 990-EZ) (2014)

HOWEVER, WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTMENT INCOME

GENERATED BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF

NEARLY \$14.3 MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY

1/3 PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD,

SUPPORTED ORGANIZATION. AS SET FORTH IN REG. 1.170A-9(F)(3)(III)
432212

Schedule O (Form 990 or 990-EZ) (2014)

OFFICER OF THE AMERICAN HEART ASSOCIATION, A FORMER STATE ATTORNEY

GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES, THE CHIEF

WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION, THE CHIEF EXECUTIVE

EXECUTIVE OFFICER EMERITUS OF THE AMERICAN HEART ASSOCIATION. RECENT

FORMER CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN

ATTITUDES ABOUT TOBACCO AND THEIR INTENTIONS TO SMOKE, IN 2008, THE
TRUTH INITIATIVE AND A COALITION OF PUBLIC HEALTH GROUPS AND STATE

THE CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE

YEARS. THE CAMPAIGN IS REACHING MILLIONS OF YOUTH AND AFFECTING THEIR

AND GRADUATE STUDENTS DEDICATED TO IMPROVING PUBLIC HEALTH AND TO

INITIATIVE (MAY 2012).

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Direct controlling entity Œ 91-1956621 End-of-year assets **©** Total income 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity 9 TRUTH INITIATIVE FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

TRUTH INITIATIVE

FOUNDATION

17,067,362

DELAWARE

PROPERTY RENTAL/MGMT.

M STREET HOLDINGS, LLC - 91-1956621

2030 M STREET, NW

20036

WASHINGTON, DC

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. Part II

		92	i) :			8			
(g)	controlled	entity?	Yes No						
(t)	Direct controlling	entity	Y						
(e)	Public charity	status (if section	501(c)(3))						
(p)	Exempt Code	section							
(0)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 TRUTH INITIATIVE FOUNDATION

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

General or Percentage managing ownership partner? Yes No (h) (i) (ii) general or Percentage stated and stated and states (and states) states (and states) and states (and states) of	Schedule R (Form 990) 2014
(h) (h) (h) (h) (h) (h) (h) (h)	e R (For
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Was assets	Schedul
Disproportionate allocations? Yes No art IV, line 34 me of total	
Share of Bisprop assets aloca assets Yes Yes Share of Cft Share of total income	
Share of total Share income as as as always income and and and an answered "Yes" on For the form or trust)	
Share ion answ trrolling	
Predominant income (related, unrelated, sections 512-514) sections 512-514) mplete if the organization ans (state or foreign country) (a) (b) (c) (c) (d) (d) (d) (a) (c) (a) (c) (c) (c) (d) (d) (d)	70
Predomin (Telated) excluded fir sections (C) Legal domicile (state or foreign country)	
(d) (e) (e) (e) (f) (f) (h) (h) (h) (h) (h) (h	
(c) Legal domicile (state or foreign country) g the tax Prim	
Primary activity Banizations Taxable arporation or trust during IN	
Name, address, and EIN Primary activity compared to relate the organization of Related Organization as a Corporation of Trust Complete if the organization answered 'Yes' on Form '890, Part IV, Inte 34 because it had one or more related organization transfer as a Corporation of Trust Complete if the organization answered 'Yes' on Form '890, Part IV, Inte 34 because it had one or more related organization transfer organization the tax year. Name, address, and EIN Primary activity (ep. Primary activity) (corp. Story) Part IV Identification of Related Organization answered 'Yes' on Form '890, Part IV, Inte 34 because it had one or more related as a comporation or Trust Complete if the organization surveyed 'Yes' on Form '890, Part IV, Inte 34 because it had one or more related entire organization and the tax year. Primary activity Primary act	432-162 08-14-14

91-1956621

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	0
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?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a		
b Gift, grant, or capital contribution to related organization(s)				1b		
c Gift, grant, or capital contribution from related organization(s)				10		
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				+		
g Sale of assets to related organization(s)				19		
Purchase of assets from related organization(s)				4		
				ij		
j Lease of facilities, equipment, or other assets to related organization(s)				1,		
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)	ganization(s)			11		
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)			1g		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ıtion(s)			1h		
o Sharing of paid employees with related organization(s)				9		
				dt		
Reimbursement paid by related organization(s) for expenses				1q		
Other transfer of cash or property to related organization(s)				+		
Other transfer of cash or property from related organization(s)				15		
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.	who must complete t	his line, including covered	relationships and transaction thresholds.			
(а) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
(5)						
(4)						
(5)						
(9)						
432163 08-14-14	71		Schedule R (Form 990) 2014	Form 9	90) 20	7

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Neme, actions, and EN	ortage ship	î I				Ĭ	2014
Primary activity Legal domicine (Salter of toeldomical from the country) Sections 512-514) Sections 512-514) Sections 512-514	(k) Percer						; (066 u
Primary activity Legal domicine (Salter of toreign (Pelted, unrelief), Sile(s)) (Called from its unider sections 512-514) Sections 512-514) Sections 512-514) Sections 512-514 S	(j) eneral or nanaging partner? es No						Rorn
Primary activity Legal domicine (Salter of toreign (Pelted, unrelief), Sile(s)) (Called from its unider sections 512-514) Sections 512-514) Sections 512-514) Sections 512-514 S	Code V-UBI of Schedule K-1 (Form 1065)		Y.				Schedule F
Primary activity Legal domicine (Salter of toeldomical from the country) Sections 512-514) Sections 512-514) Sections 512-514	(h) propor- onate autions?						
Primary activity Legal domicile (etate or foreign (etate or fore	Disp.				Ď,		
Primary activity Legal domicile (relation primary income lambial straight country) sections 512-514) Veel No.	(g) Share of end-of-year assets						
Primary activity Legal domicile (state or foreign excluded from tax under a country) sections 512-514)	(f) Share of total income						
Primary activity Legal domicile (state or foreign excluded from tax under country) sections 512-514)	(e) Are all authers sec. 507(c)(3) orgs.?						
Primary activity Legal domicile (state or foreign country)	come protection to the company of th			_			
Primary activity Legal domicile (state or foreign country)	(d) Predominant inc (related, unrela sxcluded from tax sections 512-5						
Primary activity	micile oreign e ry)						
Primary activity	(c) Legal do						
	1 8						
	activity						
	(b) imary s						
Name, address, and EIN of entity	ā.						
Name, address of entity	, and EIN y		6				
Name,	(a) address, of entity						
	Name,						
and the state of the property of the state o							

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Schedule F	R (Form 990) 2014	TRUTH INITIATIVE FOUNDATION	91-1956621	Page 5
Part VII	Supplemental Info	rmation		
	Provide additional inform	nation for responses to questions on Schedule R (see instructions).		
-				
		5		
-				
-				
<u> </u>				