Department of the Treasury

Internal Revenue Service

* PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 2023 C Name of organization D Employer identification number В Check if applicable: Address change TRUTH INITIATIVE FOUNDATION Name change TRUTH INITIATIVE 91-1956621 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 900 G STREET NW 4TH FL (202) 454-5555 241,427,784. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WASHINGTON, DC 20001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHLEEN CROSBY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions TRUTHINITIATIVE.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile; DE Part I Summary Briefly describe the organization's mission or most significant activities: TRUTH INITIATIVE'S MISSION IS TO Activities & Governance ACHIEVE A CULTURE WHERE YOUNG PEOPLE REJECT SMOKING, VAPING, AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 4 224 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 277 Total number of volunteers (estimate if necessary) 6 6 3 340 309. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 2,806,134. Prior Year **Current Year** 7,379,137. 3,485,934. Contributions and grants (Part VIII, line 1h) 8 Revenue 698,924 1,073,891. 9 Program service revenue (Part VIII, line 2g) 103,640,688 52,069,199. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 2,616,854. 11 111.718.749 59,245,878. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,355,581 1,563,187. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,830,633. 25,594,346. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 91,903,753. 89,752,237. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 118,089,967. 116,909,770. 18 -6,371,218. -57,663,892. Revenue less expenses. Subtract line 18 from line 12 19 or Ses **Beginning of Current Year** End of Year 833,593,516. 764,347,458. Total assets (Part X, line 16) 20 PS Ba 107,438,597, 110,630,924. 21 Total liabilities (Part X, line 26) un det 726,154,919. 653,716,534. Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Part II

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

| Sign | Signature of officer | r | | | | Date | | |
|-------------|-------------------------------------|---------------------------------|-----------------------|--------------|------------------|--------------------------|-------------------|----------|
| Here | ANTHONY T. O' | TOOLE, EVP/CFIO | | | | | | |
| | Type or print name | e and title | | | | | | |
| Paid | Print/Type prepare KRISTEN BARNE | | Preparer's signature | Barrett | Date 10/31/23 | 3 Check if self-employed | PTIN P01234578 | |
| Preparer | Firm's name R | SM US LLP | | | | | 0714325 | |
| Use Only | Firm's address 1 | 001 WATER ST. STE. 500 | 1 | | | | | |
| | Т | AMPA, FL 33602 | | | | Phone no.813-31 | 6-2300 | |
| May the I | RS discuss this ret | turn with the preparer shown ab | ove? See instructions | | | | X Yes | No |
| 232001 12-1 | 3.22 IHA For | Paperwork Beduction Act Not | ice see the senarate | instructions | | | Form 99 | 0 (2022) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Prart III Statement of Program Service Accomplishments Image: Statement of Program Service Accomplishments Image: The Active Statement of the any line in the Part III Image: Statement of Program Service Accomplishments Image: Statement of Program Service Accomplishments Image: Statement of Program Service Accomplishments Image: Statement of Program Service Accomplishments Image: Statement of Program Service Accomplishments Image: Statement of Program Services Accomplishments Image: Statement of Program Services Accomplishments Image: Statement of Program Services Accomplishments Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services Image: Statement of Program Services Accomplishments Image: Statement of Program Services Image: Statement of Program Services </th <th>Form</th> <th>990 (2022) TRUTH INITIATIVE FOUNDATION</th> <th>91-195662</th> <th>21 Page 2</th> | Form | 990 (2022) TRUTH INITIATIVE FOUNDATION | 91-195662 | 21 Page 2 |
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| COMMUNITY AND YOUTH ENGAGEMENT: COMMUNITY AND YOUTH ENGAGEMENT (CAYE) RECRUITS, EDUCATES, AND MOBILIZES YOUNG PEOPLE, PARTICULARLY BIPOC AND LGBTQ COMMUNITIES, TO TAKE ACTION ON SMOKING, VAPING, AND NICOTINE ON BEHALF OF TRUTH'S POLICY PRIORITIES. CAYE ENGAGES HIGH SCHOOL AND COLLEGE STUDENT LEADERS TO EDUCATE DECISION-MAKERS AT THE COMMUNITY, STATE, AND NATIONAL LEVEL ABOUT THE IMPACT VAPING HAS ON YOUNG PEOPLE. WE DO THIS THROUGH DIGITAL AND ON-THE-GROUND ACTIVISM AND LEADERSHIP TRAINING PROGRAMS. CAYE WORKS WITH COLLEGES, UNIVERSITIES AND STUDENTS TO INSTITUTE TOBACCO-FREE CAMPUS POLICIES. CAYE WORKS WITH OTHER NON-PROFIT ORGANIZATIONS, PARTICULARLY THOSE SERVING POPULATIONS DISPROPORTIONATELY IMPACTED BY TOBACCO, TO ENGAGE THEIR YOUNG PEOPLE ON 4d Other program services (Describe on Schedule O.) (Expenses \$ 6,866,905. including grants of \$) (Revenue \$ 966,744.) 4e Total program service expenses 98,151,385. | | | | |
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| 4e Total program service expenses 98,151,385. | 40 | | 966 744 |) |
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 Form 990 (2022)
 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? See instructions | 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 Rev. Proc. 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 | | х |
| 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in 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 | | Х |
| 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 | | х |
| 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 | | Х |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? 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, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | X | |

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| Form | 990 | (2022) |

 Form 990 (2022)
 TRUTH INITIATIVE FOUNDATION

 Part IV
 Checklist of Required Schedules
 (continued)

| | | | Yes | No |
|---------|--|-----|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | 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 | | х |
| 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 | | | v |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | ~ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| ь | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| _ | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | 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 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 000 | v | |
| Pa | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| . a | Check if Schedule O contains a reasonance ar note to any line in this Dart V | | | X |
| | Check it Schedule O contains a response or note to any line in this Part V | | V | |
| 4 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 131 | | Yes | No |
| na b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a131Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0 | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | (gambling) winnings to prize winners? | 1c | x | |
| | | | 1 | i i |

(gambling) winnings to prize winners? 232004 12-13-22

| | m 990 (2022) TRUTH INITIATIVE FOUNDATION | 91-1956621 | | P | age 5 |
|---------|---|---------------|----------|-----|--------------|
| Par | art V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | = | | Yes | No |
| 2a | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 224 | | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Х | |
| 3a | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | Х | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | 3b | | х |
| 4a | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | а | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | Х | |
| b | b If "Yes," enter the name of the foreign countrySEE_SCHEDULE_O | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA | R). | | | |
| 5a | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | х |
| b | | | 5b | | х |
| с | | | 5c | | |
| 6a | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | х |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | • • • • • • • • • • • • • • • • • • • | | | | |
| a | | to the payor? | 7a | | х |
| b | | | 7b | | |
| | | | 15 | | |
| Ŭ | to file Form 8282? | | 7c | | х |
| d | | | 10 | | |
| e | | | 7e | | x |
| f | | | 7e 7f | | X |
| | | auirod? | 7g | | |
| g b | | | | | |
| h 8 | - | 111090-01 | 7h | | |
| 0 | | | 8 | | |
| ٥ | | | 0 | | |
| 9 | | | 9a | | |
| a ⊾ | | | | | |
| b 10 | | | 9b | | |
| 10 | | | | | |
| a ⊾ | | | | | |
| b | | | | | |
| 11 | | | | | |
| | a Gross income from members or shareholders 11a | | | | |
| b | | | | | |
| 40- | amounts due or received from them.) | | 10- | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| | b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | |
| 13 | | - | 10 | | |
| а | | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | | | | | |
| | organization is licensed to issue qualified health plans | | | | |
| с | | | 4.6 | | v |
| 14a | | | 14a | | x |
| | | | 14b | | |
| 15 | | | | | |
| | excess parachute payment(s) during the year? | | 15 | X | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | . | | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | ····· | 17 | | |
| | If "Yes," complete Form 6069. | | | | |

| Form | 990 (2022) TRUTH INITIATIVE FOUNDATION | | 91-195662 | | P | age 6 |
|------|---|----------|----------------------|----------|---------|--------------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough | 7b below, and for a | "No" r | espon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | |
| | 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 on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any other | 1 | | |
| | officer, director, trustee, or key employee? | | | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | | | | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asso | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | - | | |
| 74 | more members of the governing body? | | | 7a | x | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | 14 | | |
| | | | | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | 10 | | |
| a | The governing body? | - | - | 8a | х | |
| h | Each committee with authority to act on behalf of the governing body? | | | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| Ŭ | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | | | Ū | | |
| | | Venue | <u>coue.</u> / | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 100 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | | | |
| | 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 | befor | e filing the form? | 11a | х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | C C | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | | | |
| | on Schedule O how this was done | , , | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by ind | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| b | Other officers or key employees of the organization | | | 15b | х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | e its p | articipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | ization | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0 | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | T (section 501(c)(3) | s only) | availat | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | | | d finano | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | l records | | | |
| | ANTHONY T. O'TOOLE, EVP/CFIO - (202) 454-5555 | | | | | |
| | 900 G STREET NW, 4TH FL, WASHINGTON, DC 20001 | | | | | |

| Form 990 (| 2022) TRUTH INITIATIVE FOUNDATION | 91-1956621 | Page 1 |
|------------|---|------------|--------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Con | npensated | |
| | 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 | | |
| | ete this table for all persons required to be listed. Report compensation for the calendar year ending wi Il of the organization's current officers, directors, trustees (whether individuals or organizations), rega | 0 | , |

 List all of the organization's current officers, directors, trustees (whether indi-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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per | box | not c , unle | Pos heck ss per | more rson i | than o s both | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-------------------------------------|--|------------------|-----------------------|-----------------------|----------------|---------------------|------|---|---|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Offlicer Offlicer | | Highest compensated | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) ROBIN KOVAL | 37.50 | | | | | | | | | |
| PRESIDENT & CEO | | | | х | | | | 1,096,536. | 0. | 143,775. |
| (2) ANTHONY T. O'TOOLE | 37.50 | | | | | | | | | |
| EVP/CFI0 | | | | Х | | | | 831,350. | 0. | 160,633. |
| (3) DONNA VALLONE | 37.50 | | | | | | | | | |
| CHIEF RESEARCH OFFICER THRU 4/2022 | | | | | | | x | 561,992. | 0. | 91,376. |
| (4) M. DAVID DOBBINS | 37.50 | | | | | | | | | |
| COO THRU 8/2022 | | | | | х | | | 527,122. | 0. | 51,293. |
| (5) ROBERT FALK | 37.50 | | | | | | | | | |
| GEN. COUNSEL/CORP. SECRETARY | | | | X | | | | 476,407. | 0. | 75,817. |
| (6) PATRICIA KENNEY | 37.50 | | | | | | | | | |
| CHIEF COMMUNICATIONS OFFICER | | | | | | Х | | 411,917. | 0. | 86,307. |
| (7) RALPH LOGAN | 37.50 | | | | | | | | | |
| SENIOR VICE PRESIDENT, MARKETING | | | | | | Х | | 362,137. | 0. | 53,270. |
| (8) AMANDA GRAHAM | 37.50 | | | | | | | | | |
| CHIEF OF INNOVATIONS & RESEARCH | | | | | | Х | | 351,808. | 0. | 55,867. |
| (9) ANNA SPRIGGS | 37.50 | | | | | | | | | |
| CHIEF OF HUMAN RESOURCES & ADMIN. | | | | | | х | | 335,048. | 0. | 68,013. |
| (10) AMY TAYLOR | 37.50 | | | | | | | | | |
| CHIEF OF COMMUNITY ENGAGEMENT | | | | | | х | | 329,803. | 0. | 72,119. |
| (11) ELIZABETH KENNY | 37.50 | | | | | | | | | |
| CHIEF MKTG & STRAT OFF. THRU 1/2022 | | | | | X | | | 174,895. | 0. | 8,343. |
| (12) HON. MIKE MOORE | 6.00 | | | | | | | | | |
| CHAIR SINCE 5/2017 | | Х | | Х | | | | 0. | 0. | 0. |
| (13) NANCY BROWN | 6.00 | | | | | | | | | |
| VICE CHAIR SINCE 12/2017 | | X | | X | | | | 0. | 0. | 0. |
| (14) HON. JOSH STEIN | 6.00 | | | | | | | | | |
| TREASURER SINCE 01/2023 | | Х | | Х | | | | 0. | 0. | 0. |
| (15) HON. DOUG PETERSON | 6.00 | | | | | | | | | |
| TREASURER THRU 01/2023 | | Х | | Х | | | | 0. | 0. | 0. |
| (16) MARY T. BASSETT, M.D., MPH | 5.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (17) GEORGES C. BENJAMIN, M.D. | 5.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |

| Form 990 (2022) TRUTH INITIA | TIVE FOUNDA | TIO | N | | | | | | 91-19 | 5662 | 1 | P | age 8 |
|---|-------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|---------------------------------|-------------------------------|-------|-------------------|----------------|--------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | anc | l Hiç | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | | not c | | more | than c | | Reportable | Reportable | | | timate | |
| | hours per week | | | | | s both r/trust | | compensation | compensatio | | | nount | of |
| | (list any | | | | | | , | _ from the | from related organizations | | | other pensa | tion |
| | hours for | direct | | | | p | | organization | (W-2/1099-MIS | | | om th | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | .0, | | anizat | |
| | organizations | trust | ial tru | | yee | om pe | | 1099-NEC) | , | | • | d relat | |
| | below | Individual trustee or director | In stitutional trustee | Cer | Key employee | Highest compensated employee | ner | | | | orga | anizati | ons |
| | line) | Indi | Insti | Officer | Key | High emp | Former | | | | | | |
| (18) HON. HERB CONAWAY, M.D. | 5.00 | | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | | | 0. |
| (19) HON. JAMES DUNNIGAN | 5.00 | | | | | | | | | 0 | | | 0 |
| DIRECTOR (20) HON. SPENCER J. COX | 5.00 | X | | | | | | 0. | | 0. | | | 0. |
| DIRECTOR | 5.00 | x | | | | | | 0. | | Ο. | | | 0. |
| (21) STEVE OYER | 5.00 | | | | | | | | | •• | | | •• |
| DIRECTOR | | x | | | | | | 0. | | Ο. | | | 0. |
| (22) JANET T. MILLS | 5.00 | | | | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | | Ο. | | | ٥. |
| (23) HON. MARTIN JACKLEY | 5.00 | | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | | | ٥. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 5,459,015. | | 0. | | 866, | 813. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 5,459,015. | | Ο. | | 866, | 813. |
| 2 Total number of individuals (including but n | | | | | | | | eceived more than \$100, | 000 of reportable | ; | | | |
| compensation from the organization | | | | | | , | | , | | | | | 54 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, k | key e | empl | oye | e, or | hig | hest compensated empl | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | Х | |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | plete Schedule | e J fo | or sı | ıch ı | oers | on . | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest con | • | • | | | | | | | • | ensat | tion fro | om | |
| the organization. Report compensation for t | he calendar ye | ear e | endir | ng w | ith c | or wi | thin | | ear. | | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | C |)) ompe | | n |
| GALE PARTNERS, LLC, ONE WORLD TRADE | | | | | | | _ | Becomption of e | | | empe | louio | |
| CENTER, FLOOR 67, NEW YORK, NY 10007 | | | | | | | | MARKETING | | | 28 | 084, | 333. |
| THE TRADE DESK, INC. | | | | | | | | | | | | | |
| 42 CHESTNUT STREET, VENTURA, CA 9300 | L | | | | | | | MARKETING | | | 10 | 924, | 665. |
| GOOGLE, LLC, 1600 AMPHITHEATRE PARKWA | ΑY, | | | | | | | | | | | | |
| MOUNTAIN VIEW, CA 94043 | | | | | | | | MARKETING | | | 10 | 195, | 015. |
| SNAP, INC. (DBA SNAPCHAT), 2772 DONAL | | | | | | | | | | | _ | • • - | |
| DOUGLAS LOOP NORTH, SANTA MONICA, CA | | | | | | | _ | MARKETING | | | 5 | 807, | 502. |
| MOJO SUPERMARKET, LLC, 201 ALLEN STRI #10048, NEW YORK, NY 10002 | ъвт, | | | | | | | MARKETING | | | л | 838, | 982 |
| 2 Total number of independent contractors (ir | | nt lin | nitor | 1 + 0 + | thee | | | | ore than | | 4 | 0.00, | |
| \$100,000 of compensation from the organiz | • | . III | | | 42 42 | | | | | | | | |

| | t VII | (2022) TRUT II Statement of Re | veni | ue | | | | | | |
|---------------------------|---|--|---------------------------|--|-----------------------|-------------------------|--|--|---|--|
| | | Check if Schedule O | conta | ins a respo | onse | or note to any line | <u>in this Part VIII</u> (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluc from tax unde |
| | | | | | | | | | | sections 512 - |
| fs | 1 a | Federated campaigns | | 1a | | | | | | |
| no | | Membership dues | | | | | | | | |
| Am S | | Fundraising events | | | | | | | | |
| and Other Similar Amounts | d | Related organizations | | 1d | | | | | | |
| <u>i</u> | | Government grants (cont | | | | 620,197. | | | | |
| ŝ | f | All other contributions, gifts, | grants | s, and | | | | | | |
| Ę | | similar amounts not included | l above | | | 2,865,737. | | | | |
| P | - | Noncash contributions included in | lines 1a | a-1f 1g | 6 | | | | | |
| <u>a</u> | h | Total. Add lines 1a-1f | | | | | 3,485,934. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | SALE OF EX SERVICES | | | | 900099 | 954,744. | 954,744. | | |
| Revenue | b | CONTRACT SERVICE RE | SV | | | 900099 | 119,147. | 119,147. | | |
| en | С | | | | | | | | | |
| ev a | d | | | | | | | | | |
| | е | | | | | | | | | |
| | | All other program service | | | | | | | | |
| + | g | Total. Add lines 2a-2f | | | | | 1,073,891. | | | |
| | 3 | Investment income (inclue | • | | | | | | | |
| | | other similar amounts) | | | | | 16,908,105. | | 3,340,309. | 13,567,7 |
| | 4 | Income from investment | of tax- | exempt bo | nd p | roceeds | | | | |
| | 5 | Royalties | | | | | 1,854. | | | 1,8 |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss | ;)(; | | | (1) 011 | | | | |
| | 7 a | Gross amount from sales of | | (i) Securit | | (ii) Other | | | | |
| | | assets other than inventory | 7a2 | 217,067,0 | 000. | 276,000. | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| enue | | and sales expenses | | .81,915,6 | | | | | | |
| Šei | | Gain or (loss) | · · · · · | 35,151,3 | | 9,720. | | | | |
| Uther Hev | | Net gain or (loss) | | | | | 35,161,094. | | | 35,161,0 |
| le | 8 a | Gross income from fundrais | | | | | | | | |
| וי | | including \$ | | | | | | | | |
| | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | | 8a | | | | | |
| | | Less: direct expenses | | | 8b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| | | Gross income from gamir | - | | | | | | | |
| | 9 a | | | | 9a | | | | | |
| | | Part IV, line 19 | | | 9b | | | | | |
| | b | Less: direct expenses | | | | | | | | |
| | b c | Less: direct expenses Net income or (loss) from | gamiı | ng activitie | | | | | | |
| | b c | Less: direct expenses Net income or (loss) from Gross sales of inventory, | gamiı Iess re | ng activitie: eturns | s | | | | | |
| | b c 10 a | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances | gamii less re | ng activitie: eturns | s 10a | | | | | |
| | b c 10 a b | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold | gamiı less re | ng activitie: eturns | s 10a 10k | | | | | |
| | b c 10 a b | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances | gamiı less re | ng activitie: eturns | s 10a 10k | | | | | |
| | b c 10 a b c | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from | gamiı less re | ng activitie: eturns | s 10a 10k | Business Code | 2 (15 000 | | | 2 615 0 |
| | b c 10 a b c 11 a | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from SETTLEMENT | gamiı less re | ng activitie: eturns | s 10a 10k | | 2,615,000. | | | 2,615,0 |
| | b c 10 a b c 11 a b | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from SETTLEMENT | gamiı less re | ng activitie: eturns | s 10a 10k | Business Code | 2,615,000. | | | 2,615,00 |
| | b c 10 a b c 11 a b c | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from SETTLEMENT | gamii less re sales | ng activitie: eturns of invento | s 10a 10b ry | Business Code | 2,615,000. | | | 2,615,0 |
| | b c 10 a b c 11 a b c d | Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from SETTLEMENT | gamir less re sales | ng activitie: eturns of inventor | s 10a 10b ry | Business Code 900099 | 2,615,000. | | | 2,615,00 |

Page 10

TRUTH INITIATIVE FOUNDATION 91-1956621 Form 990 (2022) 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). Х Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,545,437. 1,545,437. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 17,750, 17,750, individuals. See Part IV, line 22 3 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 4 5 Compensation of current officers, directors, 2,557,931, 405,995. trustees, and key employees 2,151,936. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 17,233,625. 13,621,968. Other salaries and wages 3,611,657. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,788,182, 1,490,802. 297,380. 2,655,350 1,968,325. 687,025 Other employee benefits 9 1,359,258. 946,859. 412,399 10 Payroll taxes 11 Fees for services (nonemployees): Management а 306,526, 44,432. 262,094, b Legal 301,208. 301,208, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 3,478,750. 3,478,750. f Other. (If line 11g amount exceeds 10% of line 25, g 75,245,107. 74,634,986. 610,121 column (A), amount, list line 11g expenses on Sch 0.) 481,959. 472,670, 9,289 Advertising and promotion 12 220,233. 74,713. 145,520 Office expenses 13 1,328,793. 1,124,427. 204,366. Information technology 14 15 Royalties 2,776,243. 2,776,243. 16 Occupancy

816,950.

802,725.

552,085,

406,657.

919,802.

395,761.

210,583.

84,853.

2,630.

1,421,372,

23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) INCOME TAX EXPENSE а EMPLOYEE MORALE h OTHER EXPENSES С SURVEY INCENTIVES d All other expenses е 116,909,770. Total functional expenses. Add lines 1 through 24e 25

Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

17

18

19

20

21

22

Travel

Interest

2,630.

2,630.

101,218,

135,252.

489,957,

326,112.

919,802,

344,107.

18,755,755

69,947.

1,421,372.

715,732,

667,473.

62,128,

80,545.

51,654.

140,636.

84,853.

98,151,385,

| TRUTH I | INITIATIVE | FOUNDATION |
|---------|------------|------------|
|---------|------------|------------|

| | | Check if Schedule O contains a response or | note to an | y line in this Part X | | | |
|-----------------------------|----|--|--------------|-----------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 500. | 1 | 500. | | |
| | 2 | Savings and temporary cash investments | 116,876,235. | 2 | 78,523,390. | | |
| | 3 | Pledges and grants receivable, net | | | 128,398. | 3 | 204,567. |
| | 4 | Accounts receivable, net | | | 502,613. | 4 | 950,155. |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ubstantial o | contributor, or 35% | | | |
| | | controlled entity or family member of any of | these pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disq | ualified per | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 5,720. | 8 | 5,705. |
| As | 9 | Description of the second state for some state is a second state of the second state o | | | 1,531,708. | 9 | 1,195,772. |
| | | Land, buildings, and equipment: cost or othe | 1 | | , , | | , , |
| | | basis. Complete Part VI of Schedule D | | 12,101,885. | | | |
| | h | Less: accumulated depreciation | | 10,362,129. | 2,141,968. | 10c | 1,739,756. |
| | 11 | Investments - publicly traded securities | | | 246,945,570. | 11 | 178,502,609. |
| | 12 | Investments - other securities. See Part IV, li | | | 464,967,492. | 12 | 497,753,425. |
| | 12 | Investments - program-related. See Part IV, in | | | 101,507,152. | 13 | 197,700,120. |
| | | | | | | 13 | |
| | 14 | Intangible assets | | | 493,312. | | 5,471,579. |
| | 15 | Other assets. See Part IV, line 11 | | | 833,593,516. | 15 | 764,347,458. |
| | 16 | Total assets. Add lines 1 through 15 (must of | | | 10,170,275. | 16 17 | 10,649,914. |
| | 17 | Accounts payable and accrued expenses | | | 10,170,273. | 17 | 10,019,911. |
| | 18 | Grants payable | | | 673,874. | | 956,729. |
| | 19 | Deferred revenue | | | 075,074. | 19 | 550,725. |
| | 20 | | | of Ophodula D | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| ies | 22 | Loans and other payables to any current or f | | | | | |
| ilit | | trustee, key employee, creator or founder, su | | | | | |
| Liabilities | | controlled entity or family member of any of | - | | | 22 | |
| - | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | 24 | |
| | 25 | Other liabilities (including federal income tax | | | | | |
| | | parties, and other liabilities not included on I | ines 17-24) |). Complete Part X | 06 504 440 | | 00 004 001 |
| | | of Schedule D | | | 96,594,448. | 25 | 99,024,281. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 107,438,597. | 26 | 110,630,924. |
| s | | Organizations that follow FASB ASC 958, | check her | e X | | | |
| ice Ice | | and complete lines 27, 28, 32, and 33. | | | | | |
| alar | 27 | | | | 726,154,919. | 27 | 653,716,534. |
| ä | 28 | Net assets with donor restrictions | | | 28 | | |
| nuc | | Organizations that do not follow FASB AS | | | | | |
| Ĕ | | and complete lines 29 through 33. | | | | | |
| ts o | 29 | Capital stock or trust principal, or current fur | | | | 29 | |
| sei | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulate | | | | 31 | |
| Nei | 32 | Total net assets or fund balances | | | 726,154,919. | 32 | 653,716,534. |
| | 33 | Total liabilities and net assets/fund balances | | | 833,593,516. | 33 | 764,347,458. |

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

| Form | 1990 (2022) TRUTH INITIATIVE FOUNDATION | 91-1956621 | L | Pa | _{ge} 12 |
|------|---|------------|------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 59, | 245, | 878. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 116, | 909, | 770. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -57, | 663, | 892. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 726, | 154, | 919. |
| 5 | Net unrealized gains (losses) on investments | 5 | -14, | 774, | 493. |
| 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 on Schedule O) | 9 | | | ٥. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 653, | 716, | 534. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | D. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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 | X | |
| | 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 on Sche | dule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

Form **990** (2022)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| Nan | ne of t | he organization | | | | | | Employe | r identification number | | |
|--|--|---|------------------------|---|------------------------|------------------|------------------|--------------|----------------------------|--|--|
| Da | rt I | | INITIATIVE FOUN | | | | | | 91-1956621 | | |
| | | Reason for Public (| | | | | see instruction | S. | | | |
| | organ | ization is not a private found | - | | - | - | | | | | |
| 1 | | A church, convention of ch | | | | n 170(b)(| 1)(A)(i). | | | | |
| 2 | | A school described in sect | | | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | - | <i></i> | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | on 170(b)(1)(A | (iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | d or operat | ed by a go | overnmental u | hit describ | ed in | | |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | | | |
| 6 | | A federal, state, or local gov | - | | | | | | | | |
| 7 | X | | | | | | | | | | |
| section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | | A community trust describe | | | | | | | | | |
| 9 | | An agricultural research org | | | | - | | - | - | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that norma | • | | | | | - | - | | |
| | | activities related to its exem | | - | | | | | - | | |
| | | income and unrelated busir | | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | after June 30, 1975. | | |
| | | See section 509(a)(2). (Con | - | | | | | | | | |
| An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or | | | | | | | | | | | |
| 12 | | | - | - | - | | | • | | | |
| | | more publicly supported or | - | | | | | | Sneck the box on | | |
| | lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving | | | | | | | | | | |
| а | | | - | - | • | - | | | | | |
| | | the supported organization | | • • • • | i majority c | of the direc | ctors or trustee | es of the si | upporting | | |
| | | organization. You must o | - | | | | | - (-) | | | |
| b | | Type II. A supporting org | - | | | | - | | - | | |
| | | control or management o | | | ame perso | ns that co | ntroi or manag | je the sup | ропеа | | |
| - | | organization(s). You mus | | | in connod | ion with a | and functional | lu into avot | | | |
| С | | J Type III functionally inte | • • • • | | | | | ly integrate | ed with, | | |
| d | | its supported organization | | | | | | tod organi | zation(a) | | |
| d | | J Type III non-functionally | | | | | | - | | | |
| | | that is not functionally int | | • • | • | | - | anallenin | Veness | | |
| - | | requirement (see instructi | - | | | | | | | | |
| е | | Check this box if the orga functionally integrated, or | | | | | Туреї, туреї | п, туре ш | | | |
| f | Ento | er the number of supported of | 51 | nany integrated support | ng organiz | ation. | | | | | |
| | | vide the following information | J | ad organization(s) | | | | | | | |
| 9 | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monetary | (vi) Amount of other | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see in | structions) | support (see instructions) | | |
| | | | | | | | | | | | |
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| Tota | al | | | | | | | | | | |
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<u>Schedule A (Form</u> 990) 2022

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,145,333. 3,179,561. 5,033,285. 7,379,137. 3,485,935. 22,223,251. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3,145,333. 3,179,561. 5 033 285. 7,379,137. 3 485 935. 22,223,251. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 946,985. 21,276,266. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2020 (d) 2021 (a) 2018 (b) 2019 (e) 2022 Calendar year (or fiscal year beginning in) (f) Total 3,145,333. 3,179,561. 5,033,285. 7,379,137. 3,485,935. 22,223,251. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 17,045,526. 15,297,111. 12,324,845. 19,376,575. 16,909,959. 80,954,016. and income from similar sources 9 Net income from unrelated business activities, whether or not the 3,260,956, 2,925,374, 6,186,330. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 18,512. 1,430 2,615,000. 2,634,942. 111,998,539. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 2,880,901. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 19.00 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 18,60 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization X meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 TRUTH INITIATIVE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec | Stion A. Public Support | | | | | | |
|------|--|---------------------------|--------------------------|----------------------|---------------------|----------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| | | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | 1 | |
| 15 | Public support percentage for 2022 (I | line 8, column (f), d | ivided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | 1 | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Income | Percentage | | | I I | |
| 17 | Investment income percentage for 20 | 022 (line 10c, colun | nn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | organization did n | ot check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 17 | 7 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2021. If the | | | | | | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organization | on did not check a l | box on line 14, 19 | a, or 19b, check tł | nis box and see ins | tructions | |

2

3a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

| 11 | Has the organization accepted a gift or contribution from any of the following persons? |
|----|--|
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and |
| | 11c below, the governing body of a supported organization? |

TRUTH INITIATIVE FOUNDATION

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? 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

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

| с | | The organization supported a g | governmental entity. | Describe in Part VI how | vou supported a govern | mental entity (see instruction <u>s).</u> |
|---|--|--------------------------------|----------------------|-------------------------|------------------------|---|
|---|--|--------------------------------|----------------------|-------------------------|------------------------|---|

- 2 Activities Test. Answer lines 2a and 2b 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

2a

2b

3a

11a

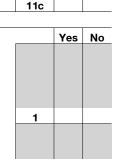
11b

2

1

Yes

No



Yes No

| Par | | | | Fa |
|---------|--|----------------|-----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructio |
| | All other Type III non-functionally integrated supporting organizations mu | st complete \$ | Sections A through E. | 1 |
| Section | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section | on 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 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | 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-function | ally integrate | d Type III supporting orga | anization (see |
| | | | | |

TRUTH INITIATIVE FOUNDATION

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

91-1956621

Page 6

b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

| Image: Part V Type III Non-Functionally Integrated 509(a) (3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. 1 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 0 culfiled estable anounds (foir IRS approval required - provide details in Part VI) 5 6 Other distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distribution Allocations (see instructions) Excess Distributions 10 10 Underdistributions anyover, if any, to 2022 1 10 11 Distributions anyover, if any, to 2022 1 1 12 Underdistributions anyover, if any, to 2022 1 1 13 | Schee | dule A (Form 990) 2022 TRUTH INITIATIVE FO | | | | 91-1956621 P |
|--|-------|--|-------------------------------|--------------------|------|--|
| 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Mounts paid to acquire exemptuse assets 4 5 Coulified est-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distribution Allocations (see instructions) (i) Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 9 10 2 Underdistributions carryover, if any, to 2022 (reasonable cause required - explain in Part VI). See instructions. 10 3 Excess distributi | | | (a)(3) Supporting Orga | nizations (continu | ued) | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to accomplish exempt use assets 4 5 Outlifted set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions, (describe in Part VI). See instructions. 6 7 Total annual distributions, Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 10 Line 8 amount for 2022 from Section C, line 6 9 10 Underdistributions (any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 8 3 Excess Distributions canyover, if any, to 2022 2 2 10 Interesting in Part VI). See instructions. 10 10 Interesting in Part VI). See instructions. 2 11 Distributable amount for 2022 from Section C, line 6 2 12 Underdistributions canyover, if any, to 2022 2 2 3 | Secti | on D - Distributions | | · | | Current Year |
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| (i) (ii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions 1 Distributable amount for 2022 from Section C, line 6 Image: Comparison of Comp | 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-20221Distributable amount for 2022 from Section C, line 62Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions.3Excess distributions carryover, if any, to 2022 </td <td>10</td> <td>Line 8 amount divided by line 9 amount</td> <td></td> <td></td> <td>10</td> <td></td> | 10 | Line 8 amount divided by line 9 amount | | | 10 | |
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| able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ iine 7: \$ a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to underdistributions of prior years a Applied to 2022 distributable amount c Remaining underdistributions for years prior to 2022, if any. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 1 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: ine 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| a From 2017 | | able cause required - explain in Part VI). See instructions. | | | | |
| b From 2018 Image: Second | 3 | Excess distributions carryover, if any, to 2022 | | | | |
| cFrom 2019Image: Constraint of the second sec | а | From 2017 | | | | |
| dFrom 2020Image: Constraint of the second sec | b | From 2018 | | | | |
| e From 2021 Image: Second | с | From 2019 | | | | |
| f Total of lines 3a through 3e | d | From 2020 | | | | |
| g Applied to underdistributions of prior years Image: Comparison of the system of | е | From 2021 | | | | |
| h Applied to 2022 distributable amount i i Carryover from 2017 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. i 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years i b Applied to 2022 distributable amount i c Remainder. Subtract lines 4a and 4b from line 4. i 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. i 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. i 7 Excess distributions carryover to 2023. Add lines 3j and 4c. i i | f | Total of lines 3a through 3e | | | | |
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| line 7:\$Image: Constraint of the systemImage: Constraint of the systemImag | j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
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| b Applied to 2022 distributable amount Image: Comparison of the second sec | | line 7: \$ | | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. Image: Comparison of the system of the syste | а | Applied to underdistributions of prior years | | | | |
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| any. Subtract lines 3g and 4a from line 2. For result greater image: fill the structure image: fill | с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| than zero, explain in Part VI. See instructions. Image: Complexity of the second s | 5 | Remaining underdistributions for years prior to 2022, if | | | | |
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| and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | • | | | | |
| Part VI. See instructions. Image: Construction of the second se | 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | and 4b from line 1. For result greater than zero, explain in | | | | |
| and 4c. | | Part VI. See instructions. | | | | |
| | 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| 8 Breakdown of line 7 | | and 4c. | | | | |
| | 8 | Breakdown of line 7: | | | | |

Schedule A (Form 990) 2022

| Schedule A (Form 990) 2022 TRUTH INITIATIVE FOUNDATION | 91-1956621 | Page 8 |
|--|--|---------------|
| Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.) | and 2; Part IV, Sectio /, Section B, line 1e; P | n C, |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | | |
| OTHER REVENUE | | |
| 2018 AMOUNT: \$ 18,512. | | |
| 2019 AMOUNT: \$ 1,430. | | |
| SETTLEMENT | | |
| 2022 AMOUNT: \$ 2,615,000. | | |
| | | |
| PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: | | |
| SEE SCHEDULE O | | |
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

91-1956621

| Name of the organization | |
|--------------------------|--|
| | |

Organization type (check one):

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

| TRUTH INITIATIVE H | FOUNDATION |
|--------------------|------------|
|--------------------|------------|

| Filers of: | Section: |
|--------------------|--|
| 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 |

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

| TRUTH IN | IITIATIVE FOUNDATION | 9 | 1-1956621 |
|------------|--|-----------------------------|--|
| 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 | | \$1,785,951. | 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 | | \$407,484. | 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 | | \$90,725. | 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 | | \$235,467. | 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 | | \$63,174. | 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 | | \$19,549. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Page **2**

| TRUTH IN | ITIATIVE FOUNDATION | 9 | 1-1956621 |
|------------|---|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$128,226. | 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 |
| 8 | | \$9,374. | 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 | | \$12,000. | 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 |
| 10 | | \$43,833. | 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 |
| | | \$46,406. | 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 | | \$20,667. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

91-1956621

Employer identification number

Page **2**

| (a) | (b) | (c) | (d) |
|-------------------------------|-----------------------------------|--|--|
| No. 13 (a) No. 14 | (b) Name, address, and ZIP + 4 | Contributions \$ 8,667. (c) Total contributions \$ 37,600. | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash (complete Part II for noncash Image: Complete Part II for noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$16,667. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$52,167. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$27,000. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | \$16,687. | Person X Payroll Image: Complete Part II for noncash contributions.) |

1

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

91-1956621

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Part I

TRUTH INITIATIVE FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19_ | | \$17,625. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$\$,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 |
| | | \$17,625. | 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 |
| 22 | | \$\$ | 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 |
| 23 | | \$5,625. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$10,125. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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223452 11-15-22

TRUTH INITIATIVE FOUNDATION

Name of organization

Part I

91-1956621

| (a) | (b) | | (c) | (d) |
|-----|----------------------------|-----|---------------------|--|
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 25 | | \$_ | 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 26 | | \$_ | 55,300. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 27 | | \$_ | 34,625. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 28 | | \$_ | 148,030. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 29 | | \$_ | 9,667. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Total contributions | Type of contribution |
| 30 | | \$_ | 5,000. | Person X Payroll Noncash (Complete Part II for |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

91-1956621

Employer identification number

noncash contributions.)

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Schedule B (Form 990) (2022) Name of organization

Part I

| (a) | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 31 | | \$5,000. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | \$31,000. | PersonXPayrollImage: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | | \$45,220. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | | \$23,406. | 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 |
| 35 | | \$5,055. | PersonXPayrollNoncash(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 |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

TRUTH INITIATIVE FOUNDATION

Name of organization

Part I

91-1956621

Employer identification number

Page 2

| une or or | ganization | Emplo | yer identification numbe |
|------------------------------|---|---|--------------------------|
| UTH IN | ITIATIVE FOUNDATION | 9 | 1-1956621 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (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 |
| | | \$ | |
| (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 |
| | | | |

Schedule B (Form 990) (2022)

| Schedule I | B (Form 990) (2022) | | Page 4 | | | |
|---------------------------|---|--|---|--|--|--|
| Name of o | rganization | | Employer identification number | | | |
| TRUTH IN | IITIATIVE FOUNDATION | | 91-1956621 | | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line entry, charitable, etc., contributions of \$1,000 or les | ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations S for the year. (Enter 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 | | | |
| | | | | | | |
| | | (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 | | | |
| | | | | | | |
| | | (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 | fer of gift Relationship of transferor to transferee | | | |
| | | | | | | |

| SC | | al Financial Statements | | | OMB No. 1545-0047 |
|-------|--|--|----------|------------|------------------------------|
| (Forr | | anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2022 | |
| | | Attach to Form 990. 90 for instructions and the latest informatior | ı. | | Open to Public Inspection |
| Nam | e of the organization | | | mployer | identification number |
| _ | TRUTH INITIATIVE FOUNDATION | | _ | | 91-1956621 |
| Pa | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | Acco | unts. | Complete if the |
| | | (a) Donor advised funds | (b) F | unds and | d other accounts |
| 1 | Total number at end of year | | (~) | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | | unds | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be use | d only | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose con | erring | | |
| Der | | | | | Yes No |
| Pa | | | IV, line | 7. | |
| 1 | Purpose(s) of conservation easements held by the organizat | · · · · · · · · · · · · · · · · · · · | | | tent lend en e |
| | Preservation of land for public use (for example, recreation of natural habitat | | | • | |
| | Protection of natural nabitat | Preservation of a c | ertified | nistoric s | structure |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form of a | conser | vation ea | esement on the last |
| 2 | day of the tax year. | | | | at the End of the Tax Year |
| а | Total number of conservation easements | | 28 | a 🛛 | |
| b | - · · · · · · · · · · | | | b | |
| с | Number of conservation easements on a certified historic str | | | • | |
| d | Number of conservation easements included in (c) acquired | after July 25,2006, and not on a | | | |
| | historic structure listed in the National Register | | . 20 | d l | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the org | anizatio | on during | the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation ea | | | | |
| 5 | Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | |
| Ū | | | | oomone | duning the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservation | easem | ents duri | ng the year |
| | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4) | (B)(i) | | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | | | | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial statements | that de | escribes | the |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections o | f Art Historical Treasures or Othe | Simi | lar Ass | ets |
| I GI | Complete if the organization answered "Yes" on Forn | | 0 | | |
| 19 | If the organization elected, as permitted under FASB ASC 95 | | alance | sheet w | orks |
| 14 | of art, historical treasures, or other similar assets held for pu | | | | 011(3 |
| | service, provide in Part XIII the text of the footnote to its fina | | | | |
| b | If the organization elected, as permitted under FASB ASC 99 | | nce she | et works | of |
| | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | (ii) Assets included in Form 990, Part X | | | \$ | |
| 2 | If the organization received or held works of art, historical tre | | n, prov | ide | |
| | the following amounts required to be reported under FASB A | ASC 958 relating to these items: | | | |

| b | Assets included in Form 990, Part X |
|--------|--|
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
| 232051 | 09-01-22 |

\$

\$

a Revenue included on Form 990, Part VIII, line 1

| Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued; a Using the organization's acquession, and other records, check any of the following that make significant use of its collection times (check all that apply); a a Pablic within times (check all that apply); a b b Scholarly research d L can or exchange program c Provide a description of the organization's collections and explain how they further the organization's observation for future generations e Other c Provide a description of the organization's collections and explain how they further the organization's collection? Yes No Part IIII Escrow and Custodial Arrangements. Complete If the organization answered 'Yes' on Form 990, Part IV, line 9, or recorded an amount on Form 990, Part X, line 21. Image: The organization includes as and the organization solution. Yes No b If Yes, 'explain the arrangement in Part XIII and complete the following table: Image: The organization includes an amount on Form 990, Part X, line 21, ther secret or custodial account liability? Yes No b If Yes, 'explain the arrangement in Part XIII. Check here of the explanation haccount liability? Yes No b Districutions during the year Image: Theoredocinal Arrangement in Part XIII. Check here of the e | Sche | | ATIVE FOUNDATI | | | | | 91-195 | | Pa | ige 2 |
|---|------|--|--------------------------|------------------------|------------------|--------------|-----------|---------------|----------|---------|--------------|
| collection terms (check all that apply): d Loan or exchange program a Debic exclusion d Loan or exchange program b Scholarly research e Other c Provide description of the organization solections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. 6 Draw and Custodial Arrangements. Complete if the organization's collection? Yes No 7 Part if the organization and provide in the organization's collection? Yes No 9 If the organization and provide in amount on form 990, Part X, line 21, for earrow or custodial account liability? Yes No 9 If the organization include an amount on Form 990, Part X, line 21, for earrow or custodial account liability? Yes No 9 Dither organization include an amount on Form 990, Part X, line 21, for earrow or custodial account liability? Yes No 9 Cotton organization include an amount on Form 990, Part X, line 21, for earrow or custodial account liability? Yes No 10 | Par | t III Organizations Maintaining Co | ollections of Ar | t, Historical Tr | easures, or | Other S | Simila | r Assets | (contin | ued) | |
| a Public exhibition d Can or exchange program b Scholarly reasearch e Other | 3 | Using the organization's acquisition, accession | on, and other record | ls, check any of the | e following that | make sign | ificant u | use of its | | | _ |
| b Scholary research e Other c Previde a description of but regenization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to to to also funds arther than to be maintained as part of the organization answered 'Yes' on Form 990, Part IX, line 9, or reported an anount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ives No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount Itele c Beginning balance Itele Itele Itele Itele b If 'Yes', explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21. Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes' No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes' No b Contributors (a) Current year Ablance (b) Prory year (c) Iwo yians back (d) Three years back (e) four years back (c) four years back </th <th></th> <th>collection items (check all that apply):</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | collection items (check all that apply): | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantalined as part of the organization answered 'Yes' on Form 990. Part K. line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization and explain the receive donations or other intermediary for contributions or other assets not included on Form 990. Part X? 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balanc | а | Public exhibition | (| d 🗌 Loan or e | change progra | m | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part IV Encrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 2. The site organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 The site organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 C Beginning balance C Beginning balance Tel Tel Distributions during the year Tel Tel Distributions Tel T | b | Scholarly research | e | e 🗌 Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sests to be solid to raise funds rather than to be maintained as part of the organization's collection? No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Id Id c Beginning balance 1d Id Id <td>с</td> <td>Preservation for future generations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | с | Preservation for future generations | | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for contributions or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No Intermediary for contributions and the explanation has been provided on Part XII Intermediary for contributions 2 Did the organization include an amount on Form 990, Part X, line 21. Intermediary for contributions Intermediary for contributions Intermediary for contributions 3 Baginning of year balance [a] Current year (b) Frior years back [d] Three years back [d | 4 | Provide a description of the organization's co | llections and explai | n how they further | the organizatio | n's exemp | t purpos | se in Part > | KIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII on form 990, Part X). Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in PA XIII Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Fure years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Fure years back (e) Four years back <td< th=""><td>5</td><td>During the year, did the organization solicit or</td><td>receive donations</td><td>of art, historical tre</td><td>asures, or othe</td><td>r similar as</td><td>sets</td><td></td><td></td><td></td><td></td></td<> | 5 | During the year, did the organization solicit or | receive donations | of art, historical tre | asures, or othe | r similar as | sets | | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1a Dation of porm 990, Part X, line 21, for escrow or custodial account liability? Yes No 1d 1d 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," evaluant the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10. 1d 1d Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1d 1d 1a Beginning of year balance (a) Current year (b) Prior year (c) Time years back (e) Four years back 1a Beginning of year balance (a) Current year end balance (line 1g, column (a) held as: a a a 1a Beginning of year balance year end balance (line 1g, column (a) held as: a a a a 1a Contributi | | | | | | | | | | | No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 IVes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Intermediate Intermediate Amount c Beginning balance Intermediate Intermediate Intermediate Amount d Additions during the year Intermediate Intermediate Intermediate Intermediate 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Intermediate Interme | Par | | | ete if the organizat | ion answered " | Yes" on Fo | orm 990 | , Part IV, li | ne 9, or | | |
| on Form 990, Part X2 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. e If a Beginning of year balance (e) Current year (b) Prior year (c) True years back (e) Four years back a Bedginning of year balance (e) Current year (b) Prior year (c) True years back (e) Four years back a Beginning of year balance (e) Current year (b) Prior year (c) True years back (e) Four years back a Contributions (e) Current year end balance (line 1g, column (a) held as: abcard designated or quasi-endowment % b Permanent endowment % For Year's on lines 2a, 2b, and 2c should equal 100%. 3a a | 10 | | | lian, for contributio | ns or other ass | ets not inc | luded | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | Id | | | | | | | | Vac | | No |
| c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f a Distributions during the year 1f a Distributions during the year 1f a Distributions during the year 1g a Distributions during the year 1g a Distributions during the year 1g B Endine or anization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII. 1d B Contributions 2 2 c Net investment earnings, gains, and losses 2 2 d Grants or scholarships 2 2 2 0 Other expenditures for facilities 2 2 2 and programs 3 2 2 2 2 9 Ford year balance 3 2 2 2 9 Permanent endowment % </th <td>h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> ∟</td> <td>Tes</td> <td></td> <td>INU</td> | h | | | | | | | ∟ | Tes | | INU |
| c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance fr 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves' very lain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Control year (b) Prior year (c) Two years back (e) Four years back f Administrative expensitures for facilities (a) Control year (b) Prior year (c) Two years back (e) Four years back f Administrative expenses (a) Contront year (b) Cont or the year | b | | | nowing table. | | | | | Amount | | |
| d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dirt Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pert Y Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back g End of year balance (a) Current year end balance (line 1g, column (a)) held as: a begin doisignated or quasi-endowment % g End of year balance % % % Yes No b Permanent endowment % % % % % % b Permanent endowment % % % % % % % f Administrative expensitions (a) (D) % % % % % % % % % % % </th <td>~</td> <td>Reginning balance</td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td>,</td> <td></td> <td></td> | ~ | Reginning balance | | | | | 10 | | , | | |
| e Distributions during the year 1e f Ending balance 1f 2m Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Three years back (b) Four years back (c) Two years back (d) Three years back (e) Four years back f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (e) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back | | | | | | | | | | | |
| f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. (a) Current year (b) Prior year balance (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (b) Prior year (b) Prior year (c) Two years back (c) Two years back (f) Administrative expenses (f) Administret wears back (f) Administret we | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not interstime sexpenditures for facilities (a) Current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment % b Permanent endowment % % Four endowment % for the percentages on lines 2a, 2b, and 2c should equal 100%. for the percentages on lines 2a, 2b, and 2c should equal 100%. for the endowment funds not in the possession of t | - | | | | | | | | | | |
| b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Check years (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years back (d) Three years back (e) Four years back e Other expenditures for facilities (c) Two years back (d) Two years back (e) Four years back g End of year balance (c) Two years back (d) Two years back (e) Two years back (e) Two years back g End of year balance (c) Two years back (d) Two years back (e) Two years back (f) Two years back | | | | | | | | | Yes | | No |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (c) Current year (c) Two years back (d) Three years back (e) Four years back Contributions (c) Current year (c) Two years back (d) Three years back (e) Four years back Contributions (c) Two stars back (d) Three years back (e) Four years back Control year (c) Two stars back (d) Three years back (e) Four years back Control year (c) Two stars back (d) Three years back (e) Four years back Control year (c) Two stars back (d) Three years back (e) Four years Control year (c) Two stars back (d) Three years back (e) Four years Go ther expenditures for facilities (d) Control year (f) Three years back (f) Three years back Go the organization (f) Contrent year end balance (f | | - | | | | • | · | ······ | | | |
| 1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions | | | | | | | | | | | |
| b Contributions | | | (a) Current year | (b) Prior year | (c) Two year | s back (d |) Three y | ears back | (e) Four | years l | back |
| b Contributions | 1a | Beginning of year balance | | | | | | | | | |
| c Net investment earnings, gains, and losses Image: Constraint of the early of the earl | b | | | | | | | | | | |
| e Other expenditures for facilities and programs | с | F F | | | | | | | | | |
| e Other expenditures for facilities and programs | d | Grants or scholarships | | | | | | | | | |
| f Administrative expenses | е | | | | | | | | | | |
| g End of year balance | | and programs | | | | | | | | | |
| g End of year balance | f | Administrative expenses | | | | | | | | | |
| a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | | | | | | | | | | |
| b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | 2 | Provide the estimated percentage of the curre | ent year end balanc | e (line 1g, column (| a)) held as: | | | | | | |
| b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | а | Board designated or quasi-endowment | | _% | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | b | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Leasehold improvements (a) (a) (a) (a) (a) (a) (a) (a) (a) (a) | с | Term endowment | % | | | | | | | | |
| organization by: Yes No (i) Unrelated organizations 3a(i) | | The percentages on lines 2a, 2b, and 2c should | ıld equal 100%. | | | | | | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 4,377,081. 3,033,622. 1,343,459. c Leasehold improvements 4,377,081. 3,033,622. 1,343,459. d Equipment 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | 3a | Are there endowment funds not in the posses | sion of the organization | ation that are held | and administere | ed for the | | | _ | | |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 4,377,081. 3,033,622. 1,343,459. d 4,377,081. 3,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | | organization by: | | | | | | | | Yes | No |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | | 3a(ii) | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | b | If "Yes" on line 3a(ii), are the related organizat | tions listed as requi | red on Schedule R | ? | | | | 3b | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | 4 | | | wment funds. | | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements4,377,081.3,033,622.1,343,459.d Equipment1,427,539.1,034,964.392,575.e Other6,297,265.6,293,543.3,722. | Par | | | | _ | | | | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements 4,377,081. 3,033,622. 1,343,459. d Equipment 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | | Complete if the organization answered | I "Yes" on Form 990 | 0, Part IV, line 11a. | See Form 990, | Part X, lin | e 10. | | | | |
| b Buildings 4,377,081. 3,033,622. 1,343,459. c Leasehold improvements 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | | Description of property | • • | | | • • | | d | (d) Book | value |) |
| b Buildings 4,377,081. 3,033,622. 1,343,459. c Leasehold improvements 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | 1a | Land | | | | | | | | | |
| c Leasehold improvements 4,377,081. 3,033,622. 1,343,459. d Equipment 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | | | | | | | | | | | |
| d Equipment 1,427,539. 1,034,964. 392,575. e Other 6,297,265. 6,293,543. 3,722. | с | | | | 4,377,081. | 3 | 8,033, | 622. | 1, | 343,4 | 159. |
| e Other | | | | | 1,427,539. | 1 | L,034, | 964. | | 392, | 575. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | 6,297,265. | 6 | 5,293, | 543. | | 3,7 | 722. |
| | Tota | Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part | X. column (B), line | 10c.) | | | | 1, | 739, | 756. |

Schedule D (Form 990) 2022

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

| | , , | |
|--|----------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) COMMINGLED/COMMON TRUST FUNDS | 181,271,909. | END-OF-YEAR MARKET VALUE |
| (B) HEDGE FUNDS | 63,612,321. | END-OF-YEAR MARKET VALUE |
| (C) PRIVATE EQUITY FUNDS | 209,145,392. | END-OF-YEAR MARKET VALUE |
| (D) OTHER | 67,470. | END-OF-YEAR MARKET VALUE |
| (E) 1420180-ROYALTY PHARMA PLC SHS CL A | | |
| (F) (RPRX) | 43,656,333. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.) | 497,753,425. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | DEFERRED COMPENSATION | 1,417,957. |
| (3) | LINE OF CREDIT | 89,438,316. |
| (4) | REFUNDABLE ADVANCES | 1,033,306. |
| (5) | OPERATING LEASE LIABILITY | 7,134,702. |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 99,024,281. |

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

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 TRUTH INITIATIVE FOUNDATION | | | 91-19 | 956621 Page 4 |
|-------|--|---------------|------------------------|-----------|----------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemer | nts With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 40,997,293. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -14,774,493. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | -14,774,493. |
| 3 | Subtract line 2e from line 1 | | | 3 | 55,771,786. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,478,750. | | |
| b | Other (Describe in Part XIII.) | 4b | -4,658. | | |
| с | Add lines 4a and 4b | | | 4c | 3,474,092. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 59,245,878. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents With | Expenses per F | leturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 113,435,678. |
| 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.) | | 4,658. | | |
| е | Add lines 2a through 2d | | | 2e | 4,658. |
| 3 | Subtract line 2e from line 1 | | | 3 | 113,431,020. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,478,750. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 3,478,750. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 116,909,770. |
| Pa | rt XIII Supplemental Information. | | | | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | IV, lines 1b | and 2b; Part V, line 4 | ; Part X, | line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi | tional inform | nation. | | |
| | | | | | |

PART X, LINE 2:

TRUTH INITIATIVE IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER

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

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

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

APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME

TAXES.

TRUTH INITIATIVE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER

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

RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, TRUTH

| Part XIII Supplemental Information (continued) |
|--|
| INITIATIVE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION |
| ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED |
| ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE |
| POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM |
| SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A |
| GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. |
| THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES |
| DE RECOGNITION, CLASSIFICATION, INTEREST, PENALTIES ON INCOME TAXES AND |
| ACCOUNTING IN INTERIM PERIODS. |
| |
| MANAGEMENT EVALUATED TRUTH INITIATIVE'S TAX POSITIONS AND CONCLUDED THAT |
| TRUTH INITIATIVE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE |
| ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF |
| THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. |
| |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| LOSS ON DISPOSAL REPORTED IN PART VIII LINE 7 -4,658. |
| |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |
| LOSS ON DISPOSAL REPORTED IN PART VIII LINE 7 4,658. |
| |
| |
| |
| |
| |
| |
| |

| Name of the organization | | | | | Employer identi | fication number |
|--|---|---|---|----------------------|---|--|
| TRUTH INITIATIVE FOUND. | ATION | | | | 91-1956621 | |
| Part I General Infor | rmation on A | ctivities Out | side the United States. Complete | te if the organ | ization answered " | 'Yes" on |
| Form 990, Part IV | | | | | | |
| | | | ds to substantiate the amount of its gran | | | Yes No |
| the grantees eligibility in | or the grants or a | issistance, and i | he selection criteria used to award the g | rants or assis | | |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistance out | side the |
| | | | an be duplicated if additional space is ne | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments in the region |
| | | | | | | |
| EAST ASIA AND THE | | | | | | |
| PACIFIC | 0 | 0 | INVESTMENTS | | | 3,068,276. |
| | | | | | | |
| | | | | | | |
| EUROPE (INCLUDING | 0 | 0 | | | | 11 602 284 |
| ICELAND & GREENLAND) | 0 | 0 | INVESTMENTS | | | 11,602,284. |
| | | | | | | |
| MIDDLE EAST AND | | | | | | |
| NORTH AFRICA | 0 | 0 | INVESTMENTS | | | 41,532. |
| | | | | | | |
| | | | | | | |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | | 1,395,690. |
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| | | | | | | |
| 3 a Subtotal | 0 | 0 | | | | 16,107,782. |
| b Total from continuation | _ | | | | | |
| sheets to Part I c Totals (add lines 3a | 0 | 0 | | | | 0. |
| and 3b) | 0 | 0 | | | | 16,107,782. |

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

L

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|-------------|---------------------------------|---------------------------------|---------------------------------|---|--|---|
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| | | | ecognized as charities by the t | | | 1 | | |
| | | | or counsel has provided a sect | | | ► | | |
| 3 Enter total number of | other organizations of | or entities | | | | ► | | |

Schedule F (Form 990) 2022

(a) Type of grant or assistance

Part III can be duplicated if additional space is needed.

TRUTH INITIATIVE FOUNDATION

(b) Region

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.

(d) Amount of

cash grant

(c) Number of

recipients

Schedule F (Form 990) 2022

(e) Manner of

cash disbursement

(f) Amount of

noncash assistance

(g) Description of

noncash assistance

(h) Method of valuation (book, FMV, appraisal, other)

| 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | 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? <i>If</i> "Yes," <i>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)</i> | 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 |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

| Sobodulo E | (Form 990) 2022 TRUTH INITIATIVE FOUNDATION | 91-1956621 | Dogo F |
|------------|---|--------------------------|---------------|
| Part V | Supplemental Information | 51 1550021 | Page 5 |
| | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountin | ng method; amounts of | |
| | investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method) | | |
| | (estimated number of recipients), as applicable. Also complete this part to provide any additional information | ation. See instructions. | |
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| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | | |
|---|--|------------------------------------|--------------------------|--|---|---------------------------------------|--|--|--|--|
| Department of the Treasury Internal Revenue Service | | | | | | | | | | |
| Name of the organization | | | | the latest mornin | | | Inspection Employer identification number | | | |
| TRUTH INITIATI | | 1 | | | | | 91-1956621 | | | |
| Part I General Information on Grants and | | | | | 6 | | | | | |
| Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro | tance? | | | | | | | | | |
| Part II Grants and Other Assistance to I recipient that received more than \$ | Domestic Organiz | zations and Domestic | Governments. C | Complete if the org | anization answered "Y | ′es" on Form 990, Part | IV, line 21, for any | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | |
| CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW, SUITE 1200 | 50 1000000 | | | | | | | | | |
| WASHINGTON, DC 20005 | 52-1969967 | 501(C)(3) | 927,296. | 0. | | | STRATEGIC ALLIANCE GRANTS | | | |
| TOBACCO FREE PORTFOLIOS FOUNDATION 155 EAST 44TH ST., 6TH FLOOR, STE# NEW YORK, NY 10017 | 3 84-3103450 | 501(C)(3) | 200,000. | 0. | | | STRATEGIC ALLIANCE GRANT | | | |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA | | | | | | | | | | |
| 94143 | 94-6036493 | 501(C)(3) | 56,716. | 0. | | | STRATEGIC ALLIANCE GRANT | | | |
| COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648 | 84-0842160 | 501(C)(3) | 8,779. | 0. | | | COMMUNITY AND YOUTH ENGAGEMENT GRANTS | | | |
| OUR LADY OF THE LAKE UNIVERSITY 411 SW 24TH STREET | | | | | | | COMMUNITY AND YOUTH | | | |
| SAN ANTONIO, TX 78207 | 74-1109631 | DUT(C)(3) | 9,756. | 0. | | | ENGAGEMENT GRANTS | | | |
| STILLMAN COLLEGE 3601 STILLMAN BLVD TUSCALOOSA, AL 35401 | 63-0315935 | 501(C)(3) | 5,056. | 0. | | | COMMUNITY AND YOUTH ENGAGEMENT GRANTS | | | |
| 2 Enter total number of section 501(c)(3) ar | nd government org | ganizations listed in th | e line 1 table | | | | | | | |
| 3 Enter total number of other organizations | | | | | | | 0. | | | |

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

| Schedule I (Form 990) | TRUTH | INITIATIVE | FOUNDATION |
|-----------------------|-------|------------|------------|
|-----------------------|-------|------------|------------|

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|-----------------------------|--|---|--|---------------------------------------|
| ADVOCATES FOR YOUTH | | | | | | | |
| 1325 G STREET, NW, STE #980 | | | | | | | COMMUNITY AND YOUTH |
| WASHINGTON, DC 20005 | 52-1117359 | 501(C)(3) | 6,170. | 0. | | | ENGAGEMENT GRANTS |
| COPPIN STATE UNIVERSITY | | | | | | | |
| DEVELOPMENT FOUNDATION - 2500 WEST | | | | | | | COMMUNITY AND YOUTH |
| NORTH AVENUE - BALRIMORE, MD 21216 | 23-7127440 | 501(C)(3) | 7,760. | 0. | | | ENGAGEMENT GRANTS |
| MILES COLLEGE | | | | | | | |
| 5500 MYRON MASSEY BLVD | | | | | | | COMMUNITY AND YOUTH |
| FAIRFIELD, AL 35064 | 63-0400608 | 501(C)(3) | 10,344. | 0. | | | ENGAGEMENT GRANTS |
| PARENTS AGAINST VAPING | | | | | | | |
| E-CIGARETTES (PAVE) - 105 WEST | | | | | | | |
| 86TH STREET, #360 - NEW YORK, NY | | | | | | | COMMUNITY AND YOUTH |
| 10024 | 85-0494480 | 501(C)(3) | 75,713. | 0. | | | ENGAGEMENT GRANTS |
| GIRL SCOUT COUNCIL OF THE NATION'S | | | | | | | |
| CAPITAL - 4301 CONNECTICUT AVENUE | | | | | | | |
| NW, SUITE #M-2 - WASHINGTON, DC | | | | | | | COMMUNITY AND YOUTH |
| 20008 | 54-0732966 | 501(C)(3) | 17,944. | 0. | | | ENGAGEMENT GRANTS |
| NATIONAL COUNCIL FOR BEHAVIORAL | | | | | | | |
| HEALTH - PO BOX 745709 - ATLANTA, | | | | | | | COMMUNITY AND YOUTH |
| GA 30374-5709 | 23-7092671 | 501(C)(3) | 37,121. | Ο. | | | ENGAGEMENT GRANTS |
| | | | | | | | |
| WESTERN NEW MEXICO UNIVERSITY | | | | | | | |
| 1000 W COLLEGE AVE | | E01(0)(2) | | | | | COMMUNITY AND YOUTH |
| SILVER CITY, NM 88062 | 85-6000543 | DUT(C)(3) | 5,941. | 0. | | | ENGAGEMENT GRANTS |
| TRINITY WASHINGTON UNIVERSITY | | | | | | | |
| 125 MICHIGAN AVE NE | | | | | | | COMMUNITY AND YOUTH |
| WASHINGTON DC, DC 20017 | 53-0196640 | 501(C)(3) | 7,859. | 0. | | | ENGAGEMENT GRANTS |
| GADSDEN STATE COMMUNITY COLLEGE | | | | | | | |
| 1001 GEORGE WALLACE DR | | | | | | | COMMUNITY AND YOUTH |
| GADSDEN, AL 35903 | 63-0501425 | 501(C)(3) | 13,942. | Ο. | | | ENGAGEMENT GRANTS |

Schedule I (Form 990) TRUTH INITIATIVE FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| BUCKS COUNTY COMMUNITY COLLEGE | | | | | | | |
| FOUNDATION - 275 SWAMP ROAD - | | | | | | | COMMUNITY AND YOUTH |
| NEWTON, PA 18940 | 22-2456105 | 501(C)(3) | 7,850. | 0. | | | ENGAGEMENT GRANTS |
| BELLEVUE COLLEGE | | | | | | | |
| 3000 LANDERHOLM CIRCLE SE | | | | | | | COMMUNITY AND YOUTH |
| BELLEVUE, WA 98007 | 91-1051671 | 501(C)(3) | 6,621. | 0. | | | ENGAGEMENT GRANTS |
| NANUA TTANA OO LAGA | | | | | | | |
| MANHATTAN COLLEGE 4513 MANHATTAN COLLEGE PARKWAY | | | | | | | COMMUNITY AND YOUTH |
| BRONX, NY 10471 | 13-1740468 | 501(C)(3) | 5,313. | 0. | | | ENGAGEMENT GRANTS |
| 210111, 11 10171 | 10 1/10100 | 301(0)(0) | 5,515. | •• | | | |
| NOTRE DAME COLLEGE | | | | | | | |
| 4545 COLLEGE RD | | | | | | | COMMUNITY AND YOUTH |
| SOUTH EUCLID, OH 44121 | 34-0714689 | 501(C)(3) | 7,416. | 0. | | | ENGAGEMENT GRANTS |
| THE RESEARCH FOUNDATION FOR THE | | | | | | | |
| STATE UNIVERSITY OF NEW YORK - | | | | | | | COMMUNITY AND YOUTH |
| P.O. BOX 9 - ALBANY, NY 12201 | 14-1368361 | 501(C)(3) | 5,815. | 0. | | | ENGAGEMENT GRANTS |
| | | | | | | | |
| TEXAS LUTHERAN UNIVERSITY | | | | | | | |
| 1000 WEST COURT ST | | | | | | | COMMUNITY AND YOUTH |
| SEQUIN, TX 78155 | 74-1109748 | 501(C)(3) | 8,019. | 0. | | | ENGAGEMENT GRANTS |
| UNIVERSITY OF RICHMOND | | | | | | | |
| 110 UR DRIVE | | | | | | | COMMUNITY AND YOUTH |
| RICHMOND, VA 23173 | 54-0505965 | 501(C)(3) | 5,102. | 0. | | | ENGAGEMENT GRANTS |
| | | | | | | | |
| WESTERN CONNECTICUT STATE | | | | | | | |
| UNIVERSITY - 181 WHITE STREET - | | | | | | | COMMUNITY AND YOUTH |
| DANBURY, CT 06810 | 06-0775515 | 501(C)(3) | 6,507. | 0. | | | ENGAGEMENT GRANTS |
| | | | | | | | 2022 COORDINATOR CAMP |
| CAMPAIGN FOR TBCC FREE KIDS | | | | | | | 06/27-28/22; YAYA |
| 1400 I STREET NW, SUITE 1200 | E2 1060067 | E01(0)(2) | 22 072 | • | | | LUNCHEON FOR 126 PEOPL |
| WASHINGTON, DC 20005 | 52-1969967 | DOT(C)(D) | 23,872. | 0. | | | ON MAY 17, 2023 |

| chedule I (Form 990) TRUTH INITIATI | | | and Domestic Go | vernments (Sche | edule I (Form 990), Pa | | 91-1956621 Pag |
|--|------------|----------------------------------|-----------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE CENTER FOR BLACK HEALTH & EQUITY (CBHE) - 2726 CROASDAILE DR - DURHAM, NC 27705 | 56-2211875 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIP OF STATE OF BLACK HEALTH BIENNIAL CONFERENCE 9/6 - 9/8 |
| SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO, INC 2424 AMERICAN LANE - MADISON, WI 53704 | 52-1906424 | 501(C)(3) | 9,000. | 0. | | | SRNT 2023 HEALTH EQUITY NETWORK TRAVEL AWARDS DONATION |
| | | | | | | | |
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Schedule I (Form 990) 2022

TRUTH INITIATIVE FOUNDATION

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| 'ELLOWSHIP/SCHOLARSHIP | 8 | 17,750. | 0. | | |
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| Part IV Supplemental Information. Provide the information re | equired in Part I, lin | le 2; Part III, column | (b); and any other ad | dditional information. | |
| ART I, LINE 2: | | | | | |
| ACH GRANT CONTRACT IS EXECUTED BY THE GRANTS DEP | ARTMENT AND MO | DNITORED BY A | | | |
| RUTH INITIATIVE ASSIGNED PROGRAM OFFICER (PO) UN | TIL CLOSED. N | IONITORING | | | |
| ONSISTS OF PERIODIC COMMUNICATION BETWEEN THE PO | AND THE GRANT | PEE AS WELL | | | |

AS TECHNICAL ASSISTANCE AND SITE VISITS AS NEEDED. PO'S ARE ALSO

RESPONSIBLE FOR ENSURING THAT THE REPORTING OF GRANT EXPENDITURES AND

DELIVERABLES MEET COMPLIANCE STANDARDS SET BY TRUTH INITIATIVE. EACH GRANT

CONTRACT HAS A SCHEDULE OF REPORTING REQUIREMENTS. GRANTEES ARE REQUIRED

TO SUBMIT EXPENSE REPORTS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH

Part IV Supplemental Information

THE APPROVED BUDGET AND/OR CERTIFY GRANT EXPENDITURES IN ACCORDANCE WITH

THE APPROVED BUDGET. THE NARRATIVE REPORTING REQUIREMENTS ON THE

DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE AND FUNDING

INITIATIVE. MINIMALLY, ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT

ON PROGRAM ACTIVITIES.

FEDERAL SUBAWARD GRANTS ARE EXECUTED AND MONITORED BY TRUTH INITIATIVE'S

SPONSORED GRANTS DEPARTMENT IN ACCORDANCE WITH THE REQUIREMENTS CONTAINED

WITHIN THE UNIFORM GUIDANCE TITLE 2 PART 200 OF THE CODE OF FEDERAL

REGULATIONS (2 CFR 200). TRUTH INITIATIVE STAFF PERFORM A RISK ASSESSMENT

OF EACH SUBRECIPIENT EVALUATING INTERNAL CONTROLS, ORGANIZATION HISTORY AND

STRUCTURE, LATEST FINANCIAL STATEMENTS AND GOVERNMENT AUDITS PRIOR TO ANY

GRANT AWARD. INVOICES SUBMITTED FOR PAYMENT ARE EVALUATED FOR COST

ALLOWABILITY AND PROGRAMMATIC PROGRESS BY BOTH SPONSORED GRANTS STAFF AND

THE PRINCIPAL INVESTIGATOR. SUBRECIPIENTS ALSO SUBMIT PROGRAM PROGRESS

REPORTS, THE DETAILS OF WHICH ARE INCLUDED IN TRUTH INITIATIVE'S REPORTING

TO PRIME NIH SPONSORS.

| sc | SCHEDULE J Compensation Information | | | | | | |
|------|-------------------------------------|---|---------------------------|-----------|----------------|----------|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 2022 | | | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | | | |
| Depa | rtment of the Treasury | Attach to Form 990. | | Open to | | ic | |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | F aran la san i da | Inspe | | | |
| Nan | ne of the organizatior | | Employer ide | | on nui | nper | |
| Da | rt I Question | TRUTH INITIATIVE FOUNDATION s Regarding Compensation | 91-195 | 0021 | | | |
| 10 | | s negarang compensation | | | Yes | Na | |
| 19 | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990 | | Tes | No | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | 550, | | | | |
| | First-class or c | | naluse | | | | |
| | Travel for com | , i i i i i i i i i i i i i i i i i i i | | | | | |
| | | ation and gross-up payments X Health or social club dues or initiation fee | | | | | |
| | | spending account | | | | | |
| | | | ,, | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | • | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | х | | |
| 2 | | require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | - | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | х | | |
| | , | | | | | | |
| 3 | Indicate which, if ar | ny, of the following the organization used to establish the compensation of the organization's | ; | | | | |
| | | ctor. Check all that apply. Do not check any boxes for methods used by a related organizati | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation | committee Written employment contract | | | | | |
| | | ompensation consultant X Compensation survey or study | | | | | |
| | | ther organizations X Approval by the board or compensation of | ommittee | | | | |
| | | | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | lated organization: | | | | | |
| а | Receive a severanc | e payment or change-of-control payment? | | 4a | Х | | |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | Х | | |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | х | |
| | If "Yes" to any of lin | es 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| | contingent on the re | evenues of: | | | | | |
| а | The organization? | | | 5a | | Х | |
| b | Any related organiz | ation? | | 5b | | X | |
| | If "Yes" on line 5a c | r 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| | contingent on the n | | | | | | |
| а | The organization? | | | 6a | | Х | |
| b | Any related organiz | ation? | | 6b | | X | |
| | | r 6b, describe in Part III. | | | | | |
| 7 | | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | | ies 5 and 6? If "Yes," describe in Part III | | 7 | X | | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ıe | | | | |
| | | | | 8 | | X | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section | | | 9 | | <u> </u> | |
| LHA | For Paperwork Re | eduction Act Notice, see the Instructions for Form 990. | Schedule | e J (Forn | n 990) | 2022 | |

91-1956621

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

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-N compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|-------------------------------------|------|---|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) ROBIN KOVAL | (i) | 672,599. | 68,394. | 355,543. | 120,500. | 32,526. | 1,249,562. | 180,000. | |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) ANTHONY T. O'TOOLE | (i) | 462,925. | 57,738. | 310,687. | 110,500. | 58,849. | 1,000,699. | 170,000. | |
| EVP/CFI0 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) DONNA VALLONE | (i) | 372,283. | 29,258. | 160,451. | 65,500. | 33,656. | 661,148. | 72,000. | |
| CHIEF RESEARCH OFFICER THRU 4/2022 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) M. DAVID DOBBINS | (i) | 274,979. | 0. | 252,143. | 28,067. | 30,943. | 586,132. | 0. | |
| COO THRU 8/2022 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) ROBERT FALK | (i) | 313,150. | 20,725. | 142,532. | 65,500. | 16,613. | 558,520. | 72,000. | |
| GEN. COUNSEL/CORP. SECRETARY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) PATRICIA KENNEY | (i) | 289,470. | 31,465. | 90,982. | 55,500. | 39,200. | 506,617. | 52,000. | |
| CHIEF COMMUNICATIONS OFFICER | (ii) | 0. | 0. | 0. | Ο. | 0. | 0. | 0. | |
| (7) RALPH LOGAN | (i) | 286,000. | 10,531. | 65,606. | 43,000. | 13,120. | 418,257. | 27,000. | |
| SENIOR VICE PRESIDENT, MARKETING | (ii) | 0. | 0. | 0. | Ο. | Ο. | 0. | 0. | |
| (8) AMANDA GRAHAM | (i) | 276,292. | 9,462. | 66,054. | 43,000. | 18,877. | 413,685. | 27,000. | |
| CHIEF OF INNOVATIONS & RESEARCH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (9) ANNA SPRIGGS | (i) | 260,055. | 28,959. | 46,034. | 42,137. | 35,751. | 412,936. | 27,000. | |
| CHIEF OF HUMAN RESOURCES & ADMIN. | (ii) | 0. | 0. | 0. | 0. | Ο. | 0. | 0. | |
| (10) AMY TAYLOR | (i) | 254,287. | 28,151. | 47,365. | 41,312. | 35,082. | 406,197. | 27,000. | |
| CHIEF OF COMMUNITY ENGAGEMENT | (ii) | 0. | 0. | 0. | Ο. | Ο. | 0. | 0. | |
| (11) ELIZABETH KENNY | (i) | 144,774. | 0. | 30,121. | Ο. | 10,554. | 185,449. | 0. | |
| CHIEF MKTG & STRAT OFF. THRU 1/2022 | (ii) | 0. | 0. | 0. | Ο. | Ο. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

| Schedule J (Form 990) 2022 | TRUTH | INITIATIVE | FOUNDATION |
|----------------------------|-------|------------|------------|
|----------------------------|-------|------------|------------|

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAID EXECUTIVE DISABILITY INSURANCE. INCLUDING GROSS UP

TO ROBIN KOVAL IN THE AMOUNT OF \$11,266 AND THIS WAS TREATED AS TAXABLE

INCOME.

THE ORGANIZATION PAID A HOUSING STIPEND TO ROBIN KOVAL IN THE AMOUNT OF

\$7,475 AND THIS WAS TREATED AS TAXABLE INCOME.

THE ORGANIZATION HAS A HEALTH CLUB/CLASS BENEFIT WHICH IS OFFERED TO ALL

EMPLOYEES. THIS BENEFIT IS TREATED AS TAXABLE INCOME TO THE RECIPIENT.

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

PART I, LINES 4A-B:

M. DAVID DOBBINS RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$248,507

WHICH IS INCLUDED IN PART II, COLUMN B(III).

EMPLOYEES LISTED BELOW PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN. EMPLOYER CONTRIBUTION DURING THE CALENDAR YEAR 2022 ARE AS

FOLLOWS:

| S | Schedule J (Form 990 |) 2022 | TRUTH | INITIATIVE | FOUNDATION |
|---|----------------------|--------|-------|------------|------------|
| | | | | | |

Page 3

Part III Supplemental Information

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

| ROBIN KOVAL - \$90,000 | |
|---|----------------------------|
| ANTHONY T. O'TOOLE - \$80,000 | |
| ROBERT FALK - \$35,000 | |
| | |
| DONNA VALLONE - \$35,000 | |
| PATRICIA KENNEY - \$25,000 | |
| RALPH LOGAN - \$12,500 | |
| AMANDA GRAHAM - \$12,500 | |
| ANNA SPRIGGS - \$12,500 | |
| | |
| | |
| EMPLOYEES LISTED BELOW RECEIVED PAYMENT FROM A SUPPLEMENTAL NON-QUALIFIED | |
| RETIREMENT PLAN. PAYMENT DURING THE CALENDAR YEAR 2022 ARE AS FOLLOWS: | |
| | |
| ROBIN KOVAL - \$297,764 | |
| ANTHONY T. O'TOOLE - \$274,742 | |
| ROBERT FALK - \$117,810 | |
| DONNA VALLONE - \$117,810 | |
| | |
| PATRICIA KENNEY - \$84,725 | |
| RALPH LOGAN - \$43,369 | |
| AMANDA GRAHAM - \$43,369 | |
| ANNA SPRIGGS - \$43,369 | |
| | Schedule J (Form 990) 2022 |

| Schedule J (Form 990) 2022 | TRUTH INITIATIVE FOUNDATION | 91-1956621 | Page 3 |
|-----------------------------------|--|--|--------|
| Part III Supplemental Information | on | | |
| | n, 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. | |
| | | | |
| | | | |
| AMY TAYLOR - \$43,369 | | | |
| · · · · | | | |
| | | | |
| | | | |
| PART I, LINE 7: | | | |
| | | | |
| ALL BONUS AMOUNTS REPORTED | ON SCHEDULE J, PAGE 2, PART II, ARE PERFORMANCE | | |
| | | | |
| BASED. | | | |
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TRUTH INITIATIVE FOUNDATION

91-1956621

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91-1956621

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

TRUTH INITIATIVE FOUNDATION

NICOTINE.

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.

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

PRIMARILY THROUGH IN-SCHOOL EDUCATION.

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

TOBACCO CONTROL VIA FORMAL COMMENTS AND LETTERS TO FDA AND OTHER

FEDERAL AGENCIES.

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

ISSUES RELATED TO TOBACCO. IN ADDITION, WE WORK WITH SCHOOLS TO EDUCATE

STUDENTS WITH TRUTH INITIATIVE'S HIGH SCHOOL CURRICULUM, VAPING: KNOW

THE TRUTH.

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

TOBACCO CESSATION INNOVATIONS:

TRUTH INITIATIVE'S INNOVATIONS CENTER IS A CROSS-FUNCTIONAL TEAM OF

LEADING SCIENTISTS, PRODUCT DEVELOPMENT EXPERTS, AND SALES AND

MARKETING PROFESSIONALS THAT BUILDS AND DEPLOYS SCALABLE AND

SUSTAINABLE DIGITAL SOLUTIONS FOR TOBACCO CESSATION. IN PARTNERSHIP

| Schedule O (Form 990) 2022 | Page 2 |
|--|--|
| Name of the organization TRUTH INITIATIVE FOUNDATION | Employer identification number 91-1956621 |
| WITH MAYO CLINIC, WE RUN A FREELY AVAILABLE DIGITAL CESSATION PROGRAM - | |
| BECOMEANEX - THAT HAS BEEN USED BY NEARLY A MILLION TOBACCO USERS. OUR | |
| ENTERPRISE PRODUCT - EX PROGRAM - EXPANDS OUR REACH THROUGH STRATEGIC | |
| PARTNERSHIPS WITH HEALTH PLANS, HEALTH SYSTEMS, AND EMPLOYERS. IN 2019, | |
| WE LAUNCHED THIS IS QUITTING, A FIRST OF ITS KIND TEXT MESSAGE VAPING | |
| CESSATION PROGRAM SPECIFICALLY DESIGNED FOR TEENS AND YOUNG ADULTS THAT | |
| IS NOW IN USE BY NEARLY 500,000 YOUNG PEOPLE. STRATEGIC PARTNERSHIPS | |
| WITH STATES, SCHOOL SYSTEMS, AND HEALTH PLANS HELP FURTHER OUR EFFORTS | |
| TO ENGAGE YOUNG PEOPLE WITH THIS IS QUITTING. THE INNOVATIONS CENTER IS | |
| INTERNATIONALLY RECOGNIZED FOR ITS RIGOROUS RESEARCH IN DIGITAL | |
| APPROACHES TO TOBACCO CESSATION AND ITS FIELD-LEADING CONTRIBUTIONS TO | |
| THE ACADEMIC LITERATURE AND REAL-WORLD DEPLOYMENT OF DIGITAL CESSATION | |
| TOOLS. | |
| EXPENSES \$ 6,866,905. INCLUDING GRANTS OF \$ 0. REVENUE \$ 966,744. | |
| | |
| FORM 990, PART V, LINE 3B: | |
| TRUTH INITIATIVE FOUNDATION IS AWAITING ADDITIONAL INFORMATION IN ORDER TO | |
| TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF | |
| MAY 15, 2024. 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: | |
| EGYPT, TAIWAN, ISRAEL, UNITED ARAB EMIRATES | |

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

THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEYS

GENERAL, AND NATIONAL COUNCIL OF STATE LEGISLATURES EACH HAVE THE AUTHORITY

| Schedule O (Form 990) 2022 Name of the organization | Page 2 Employer identification number |
|---|--|
| TRUTH INITIATIVE FOUNDATION | 91–1956621 |
| TO APPOINT TWO CLASS A DIRECTORS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| PURSUANT TO BOARD RESOLUTION, THE BOARD OBSERVES THE FOLLOWING PROCEDURES | |
| IN THE FOLLOWING ORDER: FIRST, THE AUDIT COMMITTEE REVIEWS AND APPROVES | |
| THE DRAFT FORM 990; SECOND, THE APPROVED FORM 990 IS ELECTRONICALLY ROUTED | |
| TO ALL BOARD MEMBERS; THIRD, THE FORM IS FILED WITH THE IRS AND POSTED TO | |
| THE FOUNDATION'S WEB SITE. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| TRUTH INITIATIVE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES | |
| COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY: REQUIRING ANNUAL REVIEW | |
| OF POLICY AND WRITTEN DISCLOSURES BY ALL DIRECTORS, SENIOR STAFF AND | |
| RESEARCH INVESTIGATORS WHICH ARE COLLECTED AND REVIEWED BY THE GENERAL | |
| COUNSEL; REQUIRING UPDATED FILINGS AS NECESSARY BY DIRECTORS AND COVERED | |
| STAFF; REQUIRING CONTEMPORANEOUS DISCLOSURES OF ALL CONFLICTS AND POTENTIAL | |
| CONFLICTS NOT DISCLOSED IN THE ANNUAL FILINGS, BY ALL DIRECTORS AND STAFF; | |
| REQUIRING ALL RESEARCH INVESTIGATORS WHO PARTICIPATE IN NIH-FUNDED RESEARCH | |
| TO COMPLY WITH NIH'S FINANCIAL CONFLICT OF INTEREST (FCOI) REGULATION AND | |
| TO ANNUALLY COMPLETE THE NIH TUTORIAL ON CONFLICTS OF INTEREST; AND PLACING | |
| ADMINISTRATIVE RESPONSIBILITY FOR TRAINING AND COMPLIANCE WITH THE GENERAL | |
| COUNSEL. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND TOP MANAGEMENT | |

INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARATIVE DATA AND

CONTEMPORANEOUS SUBSTANTIATION. THE BOARD REGULARLY RETAINS AN INDEPENDENT

CONSULTING FIRM TO EVALUATE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT

| Name of the organization | | Employer identification number |
|--|---|--------------------------------|
| TRUTH INITIATIVE FOUNDATION | | 91-1956621 |
| AGAINST THE COMPETITIVE MARKET, INCLUDING COMPARAB | LE POSITIONS AMONG | |
| SIMILARLY SITUATED ORGANIZATIONS AS WELL AS BROADE | R, RELEVANT MARKET | |
| SURVEYS. BASED ON THAT ANALYSIS AND PERFORMANCE A | SSESSMENTS AND THE REVIEW | |
| AND RECOMMENDATION OF THE BOARD'S EXECUTIVE COMMIT | TEE, THE FULL BOARD SETS | |
| THE CEO'S COMPENSATION, APPROVES OR AMENDS THE CEO | 'S RECOMMENDATION FOR THE | |
| COMPENSATION OF THE CFIO, AND REVIEWS OR AMENDS TH | E CEO'S RECOMMENDATION | |
| FOR THE COMPENSATION OF THE COO, GC, CHIEF MARKETI | NG OFFICER, AND CHIEF | |
| RESEARCH OFFICER. THE CEO MAKES COMPENSATION DECIS | IONS FOR OTHER SENIOR | |
| LEVEL EMPLOYEES IN ACCORDANCE WITH AN OUTSIDE BI-A | NNUAL BENCHMARK REVIEW. | |
| | | |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVI | ING COPY OF FORM 990: | |
| AK, AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NC, NJ | , NH , NM , NY , OK , OR , PA , RI , SC | |
| TN, UT, VA, WI, WV | | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| TRUTH INITIATIVE'S FINANCIAL STATEMENTS ARE AVAILA | BLE ON TTS CORPORATE | |
| | | |
| WEBSITE, WWW.TRUTHINITIATIVE.ORG. ITS GOVERNING D | OCOMENTS AND CONFLICT OF | |
| INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON R | EQUEST FOR THE SAME | |
| PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(| D). | |
| | | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | | |
| TELEPHONE & WIRELESS SERVICES: | | |
| PROGRAM SERVICE EXPENSES | 251,512. | |
| MANAGEMENT AND GENERAL EXPENSES | 251,485. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 502,997. | |
| | | |

| Name of the organization TRUTH INITIATIVE FOUNDATION | | Employer identification number 91-1956621 |
|---|-------------|---|
| | 25 570 | |
| PROGRAM SERVICE EXPENSES | 35,570. | |
| ANAGEMENT AND GENERAL EXPENSES | 0. | |
| UNDRAISING EXPENSES | 0. | |
| COTAL EXPENSES | 35,570. | |
| CONSULTING: | | |
| ROGRAM SERVICE EXPENSES | 326,338. | |
| ANAGEMENT AND GENERAL EXPENSES | 81,835. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 408,173. | |
| | | |
| CONTRACT SERVICES: | | |
| PROGRAM SERVICE EXPENSES | 73,998,614. | |
| IANAGEMENT AND GENERAL EXPENSES | 276,801. | |
| UNDRAISING EXPENSES | 0. | |
| OTAL EXPENSES | 74,275,415. | |
| REFERRAL FEES: | | |
| PROGRAM SERVICE EXPENSES | 19,645. | |
| ANAGEMENT AND GENERAL EXPENSES | 0. | |
| UNDRAISING EXPENSES | 0. | |
| OTAL EXPENSES | 19,645. | |
| ULFILLMENT SERVICES: | | |
| ROGRAM SERVICE EXPENSES | 3,307. | |
| ANAGEMENT AND GENERAL EXPENSES | 0. | |
| FUNDRAISING EXPENSES | 0. | |
| OTAL EXPENSES | 3,307. | |

| Schedule O (Form 990) 2022 | |
|--|--|
| Name of the organization TRUTH INITIATIVE FOUNDATION | Employer identification number 91-1956621 |
| | |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,245,107. | |
| | |
| | |
| 2022 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS: | |
| TRUTH INITIATIVE FOUNDATION D/B/A TRUTH INITIATIVE (TRUTH INITIATIVE) | |
| QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS | |
| AND CIRCUMSTANCES BECAUSE (A) IT NORMALLY RECEIVES A SUBSTANTIAL PART | |
| | |
| OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR INDIRECT | |
| CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE | |
| SOURCES, UNDER THE STANDARDS SET FORTH IN REG. 1.170A-9(F)(3)(I) AND | |
| (II); AND (B) IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION | |
| | |
| TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG. 1.170-A-9(F)(3)(III) | |
| THROUGH (VII). | |
| | |
| A. TEN PERCENT SUPPORT LIMITATION. TRUTH INITIATIVE NORMALLY RECEIVES | |
| | |
| AT LEAST 10 PERCENT OF ITS TOTAL SUPPORT FROM PUBLIC SOURCES. AS SET | |
| FORTH IN SCHEDULE A, PART II, THE ORGANIZATION'S PUBLIC SUPPORT FOR | |
| TAXABLE YEARS 2018-2022 WAS 19%. | |
| | |
| | |
| ATTRACTION OF PUBLIC SUPPORT. TRUTH INITIATIVE MAINTAINS A CONTINUOUS | |
| AND BONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT. THE TOTAL | |
| AMOUNT OF PUBLIC SUPPORT RAISED BY THE ORGANIZATION IN TAXABLE YEARS | |
| | |
| 2018-2022 AS A RESULT OF THESE EFFORTS WAS \$21.2 MILLION. EXAMPLES OF | |
| EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTING PERIOD | |
| INCLUDE THE FOLLOWING: | |
| | |
| | |
| FEDERAL GOVERNMENT GRANTS AND CONTRACTS. TRUTH INITIATIVE MAINTAINS A | |

BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW AND

ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT. AS PART OF THIS PROGRAM, THE

| Schedule O (Form 990) 2022 | |
|---|--|
| Name of the organization TRUTH INITIATIVE FOUNDATION | Employer identification number 91-1956621 |
| ORGANIZATION HAS DEDICATED STAFF IN BOTH ITS SCHROEDER RESEARCH | |
| INSTITUTE, INNOVATIONS, AND FINANCE DEPARTMENT TO ASSIST WITH | |
| APPLICATIONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS | |
| THAT ARE AWARDED. FROM TAX YEAR 2018 THROUGH 2022, TRUTH INITIATIVE | |
| SUBMITTED 44 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS. IN 2022 | |
| ALONE, WE SUBMITTED 9 APPLICATIONS FOR NATIONAL INSTITUTES OF HEALTH | |
| FUNDED GRANTS AND CONTRACTS TO SUPPORT OUR RESEARCH AND RELATED | |
| ACTIVITIES. ALL OF THESE APPLICATIONS WERE CONSISTENT WITH TRUTH | |
| INITIATIVE'S CHARITABLE PURPOSE OF MITIGATING THE TOLL OF DEATH AND | |
| DISEASE CAUSED BY THE TOBACCO EPIDEMIC. OVER THE FIVE-YEAR PERIOD, | |
| TRUTH INITIATIVE WAS AWARDED 13 FEDERAL GRANTS AND CONTRACTS FOR A | |
| TOTAL AMOUNT AWARDED OF \$2,184,368. | |
| | |
| OTHER GRANTS. DURING THE FIVE-YEAR TESTING PERIOD, TRUTH INITIATIVE | |
| ALSO SUBMITTED FUNDING PROPOSALS TO A NUMBER OF OTHER ENTITIES. THE | |
| ORGANIZATION RECEIVED 15 AWARDS FOR A TOTAL AMOUNT AWARDED OF | |
| \$9,952,095. IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM CVS | |
| HEALTH FOUNDATION AND EAST BAY COMMUNITY FOUNDATION. | |
| | |
| B. PERCENTAGE OF FINANCIAL SUPPORT. TRUTH INITIATIVE WAS ESTABLISHED | |
| IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT | |
| NEGOTIATED BY THE ATTORNEYS GENERAL OF 46 STATES, THE DISTRICT OF | |
| COLUMBIA AND FIVE U.S. TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED | |
| AGAINST THE MAJOR U.S. TOBACCO COMPANIES FOR DAMAGES DUE TO THE HARMFUL | |
| EFFECTS OF TOBACCO. THE STATES REQUESTED THAT A PORTION OF THE FUNDS | |
| THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND | |
| AN ORGANIZATION PRIMARILY DEDICATED TO STUDYING AND PROVIDING PUBLIC | |
| EDUCATION ABOUT THE IMPACT OF TOBACCO IN ORDER TO REDUCE ITS USE AND | |

| Schedule O (Form 990) 2022 Name of the organization | Page 2 Employer identification number |
|--|---------------------------------------|
| TRUTH INITIATIVE FOUNDATION | 91-1956621 |
| ASSOCIATED DEATH AND DISEASE. THE ORGANIZATION ALSO RECEIVED FUNDING | |
| FROM A SIMILAR SETTLEMENT AGREEMENT ENTERED INTO BETWEEN THE STATES AND | |
| THE SMOKELESS TOBACCO COMPANIES. EARLY ON TRUTH INITIATIVE'S BOARD OF | |
| DIRECTORS VOTED TO ALLOCATE A SIGNIFICANT PORTION OF THE SETTLEMENT | |
| FUNDS RECEIVED FROM 1999 2003 FOR LONG-TERM INVESTMENTS (RESERVE | |
| FUND), WHICH OPERATES LIKE A QUASI-ENDOWMENT TO SUPPORT FUTURE | |
| CHARITABLE AND EDUCATIONAL ACTIVITIES IN THE YEARS AFTER THE SETTLEMENT | |
| PAYMENTS WOULD CEASE. THE ORGANIZATION'S LONG-TERM INVESTMENTS | |
| (RESERVE FUND) AT JUNE 30, 2023 WAS \$641 MILLION. | |
| | |
| UNDER THE TERMS OF THE SETTLEMENT AGREEMENTS, THE LAST OF THE NORMALLY | |
| SCHEDULED PAYMENTS WERE RECEIVED DURING ITS 2007 TAXABLE YEAR (ENDING | |
| JUNE 30, 2008). SINCE THAT TIME, BECAUSE OF THE CESSATION OF THE | |
| SETTLEMENT PAYMENTS, TRUTH INITIATIVE HAS RECEIVED AN INCREASINGLY HIGH | |
| PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS LONG-TERM | |
| INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCENTAGE HAS | |
| DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR THE | |
| ORGANIZATION FOR THE FIRST TIME NO LONGER QUALIFIED UNDER THE 33 1/3 | |
| PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD. HOWEVER, | |
| WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTMENT INCOME GENERATED | |
| BY THE RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF \$21.2 MILLION | |
| WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION. | |
| AS SET FORTH IN REG. 1.170A-9(F)(3)(III), THE FACT THAT TRUTH | |
| INITIATIVE'S PUBLIC SUPPORT PERCENTAGE IS LOW BECAUSE A HIGH PERCENTAGE | |
| OF ITS TOTAL SUPPORT COMES FROM INVESTMENT INCOME ON ITS LONG-TERM | |
| INVESTMENTS (RESERVE FUND) IS EVIDENCE OF ORGANIZATIONAL COMPLIANCE | |
| WITH THE FACTS AND CIRCUMSTANCES TEST. | |

| Name of the organization | Employer identification number |
|---|--------------------------------|
| TRUTH INITIATIVE FOUNDATION | 91-1956621 |
| REPRESENTATIVE GOVERNING BODY. TRUTH INITIATIVE HAS A GOVERNING BODY | |
| WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, OTHER THAN THE | |
| PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS. UNDER THE | |
| ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF | |
| TWO DIRECTORS APPOINTED BY EACH OF THE NATIONAL ASSOCIATION OF | |
| ATTORNEYS GENERAL, THE NATIONAL GOVERNORS ASSOCIATION, AND THE NATIONAL | |
| CONFERENCE OF STATE LEGISLATURES FROM AMONG THEIR MEMBERS. AS OF THE | |
| END OF THE REPORTING YEAR, THESE DIRECTORS (CLASS A DIRECTORS) INCLUDED | |
| THE GOVERNORS OF UTAH AND MAINE, THE ATTORNEYS GENERAL OF NORTH | |
| CAROLINA AND SOUTH DAKOTA, A STATE REPRESENTATIVE FROM UTAH AND A STATE | |
| ASSEMBLYMAN FROM NEW JERSEY. THE CLASS A DIRECTORS ELECT BY MAJORITY | |
| VOTE THE REMAINING FIVE DIRECTORS, THE CLASS B DIRECTORS. THE BYLAWS | |
| PROVIDE THAT ONE OF THE CLASS B DIRECTORS SHALL HAVE EXPERTISE IN | |
| PUBLIC HEALTH ISSUES AND FOUR DIRECTORS SHALL HAVE EXPERTISE IN | |
| MEDICAL, CHILD PSYCHOLOGY, OR PUBLIC HEALTH DISCIPLINES. AS OF THE END | |
| OF THE REPORTING YEAR, CLASS B DIRECTORS INCLUDED THE EXECUTIVE | |
| DIRECTOR OF THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE CHIEF | |
| EXECUTIVE OFFICER OF THE AMERICAN HEART ASSOCIATION. RECENT FORMER | |
| CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN CALIFORNIA | |
| REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE THEN-ASSOCIATE | |
| DEAN FOR PUBLIC HEALTH PRACTICE AT THE HARVARD SCHOOL OF PUBLIC HEALTH, | |
| A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, AN IMMEDIATE | |
| PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A DISTINGUISHED | |
| PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT OF MEDICINE OF | |
| THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. THERE ARE ALSO TWO YOUTH | |
| LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAST NON-BINDING ADVISORY | |
| VOTES | |

VOTES.

| Name of the organization TRUTH INITIATIVE FOUNDATION | Employer identification number 91-1956621 |
|---|--|
| | 51 1550021 |
| 2021 FORM 990, SCHEDULE A - PART IV FACTS AND CIRCUMSTANCES ANALYSIS (CONT) | |
| AVAILABILITY OF PUBLIC FACILITIES AND SERVICES; PUBLIC PARTICIPATION IN | |
| PROGRAMS. | |
| TRUTH INITIATIVE PROVIDES FACILITIES AND SERVICES DIRECTLY FOR THE | |
| BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS. THE | |
| ORGANIZATION'S TRUTH CAMPAIGN, BEGUN IN 2000, IS THE LARGEST NATIONAL | |
| YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY; ITS | |
| AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, SOCIAL | |
| MEDIA AND OTHER ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO | |
| MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND | |
| HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES. | |
| IN THE SUMMER OF 2014, TRUTH INITIATIVE LAUNCHED A REDESIGNED AND | |
| UPDATED VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA | |
| PLATFORMS INCLUDING TELEVISION, SOCIAL MEDIA, ON-LINE AS WELL AS A | |
| GRASS ROOTS COMPONENT. THE ORGANIZATION COMMITTED TO SUPPORTING THE | |
| CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$200 MILLION OVER THREE YEARS | |
| THROUGH ITS 2016 TAX YEAR AND HAS RENEWED A SUBSTANTIAL FUNDING | |
| COMMITMENT FOR THE CAMPAIGN FOR TAX YEARS BEYOND THAT INCLUDING TAX | |
| YEARS 2017 AND 2018. THE CAMPAIGN IS REACHING MILLIONS OF YOUTH AND | |
| AFFECTING THEIR ATTITUDES ABOUT TOBACCO AND THEIR INTENTIONS TO SMOKE. | |
| IN 2008, TRUTH INITIATIVE AND A COALITION OF PUBLIC HEALTH GROUPS AND | |
| STATE PUBLIC HEALTH DEPARTMENTS BEGAN BECOME AN EX, AN INNOVATIVE | |
| SMOKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY | |
| TO QUIT BUT NEED HELP. THE WEBSITE INCLUDES A COMMUNITY WHERE, AT NO | |
| CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SUPPORT AS WELL AS A COMPANION | |
| TEXT MESSAGING PROGRAM TO OFFER TAILORED CESSATION RESOURCES. THE SITE | |
| PROTOCOL WAS DEVELOPED IN CONJUNCTION WITH THE MAYO CLINIC AND MAYO | |
| CLINIC STAFE DEOVIDE CLINICAL SUDDORT IN THE FORM OF ONLINE INTERACTION | |

CLINIC STAFF PROVIDE CLINICAL SUPPORT IN THE FORM OF ONLINE INTERACTION

| Schedule O (Form 990) 2022 Name of the organization | Page 2 Employer identification number |
|---|--|
| TRUTH INITIATIVE FOUNDATION | 91-1956621 |
| WITH THE COMMUNITY. WE CONTINUE TO SUPPORT THE BECOMEANEX.ORG WEB SITE | |
| AND THE EX COMMUNITY THROUGH EARNED MEDIA AND PAID ONLINE ADVERTISING. | |
| BEGINNING IN 2016, WE HAVE BEGUN AN EFFORT TO PROVIDE EX AS A SMOKING | |
| CESSATION SOLUTION FOR EMPLOYERS, HEALTH PLANS AND OTHER PAYORS. THIS | |
| HAS INCLUDED A SUBSTANTIAL OVERHAUL OF THE TECHNICAL CAPABILITIES OF | |
| THE SITE, WHICH IS STILL PROVIDED FREE OF CHARGE TO THE GENERAL PUBLIC. | |
| OUR HOPE IS THIS WILL PROVIDE A STREAM OF MISSION RELATED REVENUE TO | |
| SUPPORT AND SUSTAIN EX AND OTHER TRUTH INITIATIVE PROGRAMMING. DURING | |
| FY23, FEE REVENUE FROM THIS SERVICE WAS \$954,744. IN 2019, TRUTH | |
| INITIATIVE DEVELOPED THIS IS QUITTING, A FIRST OF ITS KIND YOUTH VAPING | |
| CESSATION PROGRAM. SINCE ITS INCEPTION, MORE THAN 630,000 YOUTH AND | |
| YOUNG ADULTS HAVE SIGNED UP FOR THE SERVICE. ITS EFFECTIVENESS WAS | |
| DEMONSTRATED IN A RANDOMIZED CLINICAL TRIAL AMONG YOUNG ADULTS AGES | |
| 18-24. A RANDOMIZED TRIAL AMONG TEENS AGES 13-17 IS ONGOING. THE | |
| PROGRAM GENERATED \$500,494 IN REVENUE IN FY23 THROUGH CONTRACTS WITH | |
| STATES, HEALTH PLANS, AND OTHER YOUTH-SERVING ORGANIZATIONS. | |
| | |
| IN TAX YEAR 2019, AND CONTINUING THROUGH TAX YEAR 2022, TRUTH | |
| INITIATIVE INITIATED A PROGRAM IN WHICH IT PROVIDES GRANTS AND | |
| TECHNICAL ASSISTANCE TO COMMUNITY COLLEGES AND HISTORICALLY BLACK | |
| COLLEGES AND UNIVERSITIES (HBCU'S). IN 2022, WE EXPANDED OUR PROGRAM TO | |
| INCLUDE ANY COLLEGE AND UNIVERSITY WITH THE GOAL OF SUPPORTING THE | |
| ESTABLISHMENT OF TOBACCO-FREE POLICIES AT THESE INSTITUTIONS WHICH | |
| SERVE LARGE NUMBERS OF YOUNG ADULTS FROM LOW-INCOME AND MINORITY | |
| COMMUNITIES. IN FIVE YEARS OF THIS PROGRAM, THROUGH TAX YEAR 2022 TRUTH | |
| INITIATIVE HAS AWARDED MORE THAN \$2.1 MILLION IN GRANTS TO THESE | |
| SCHOOLS. TRUTH INITIATIVE'S YOUTH ACTIVISM PROGRAMS ALSO REACH OUT TO | |
| TEENS AND YOUNG ADULTS TO EDUCATE THEM ABOUT THE DANGERS OF TOBACCO AND | |

| Schedule O (Form 990) 2022 | Page 2 Employer identification number |
|---|--|
| Name of the organization TRUTH INITIATIVE FOUNDATION | 91-1956621 |
| HELP THEM BECOME CHANGE AGENTS IN THEIR COMMUNITIES. DURING TAX YEARS | |
| 2016 THROUGH 2018, THIS PROGRAM WAS SUPPORTED BY \$2.3 MILLION IN GRANT | |
| FUNDING PROVIDED BY THE CVS FOUNDATION. IN TAX YEAR 2022, WE DIRECTLY | |
| REACHED OVER 50,000 TEENS AND YOUNG ADULTS AND, THROUGH OUR COMMUNITY | |
| LEADERS, TRUTH COLLEGE LEADERS, TRAINING TEAM, AND TRUTH AMBASSADORS | |
| PROVIDED TRAINING AND TECHNICAL ASSISTANCE TO OVER 105 YOUTH LEADERS IN | |
| CONNECTION WITH PLANNING AND EXECUTING SCHOOL AND COMMUNITY-BASED | |
| PROJECTS TO HIGHLIGHT THE TOLL OF TOBACCO AND RECRUIT THEIR PEERS. IN | |
| 2020, TRUTH INITIATIVE LAUNCHED A MIDDLE AND HIGH SCHOOL CURRICULUM TO | |
| HELP PREVENT STUDENTS FROM VAPING. SINCE THE LAUNCH OF THIS PROGRAM | |
| THROUGH THE END OF 2022 7,791 SCHOOLS, 615,885 STUDENTS ENGAGED WITH | |
| THE PROGRAM. | |
| | |
| TRUTH INITIATIVE ALSO SUPPORTS AND CONDUCTS RESEARCH ON THE CAUSES OF | |
| TOBACCO ADDICTION AND METHODS FOR PREVENTING AND TREATING TOBACCO | |
| DEPENDENCE ACROSS THE AGE SPECTRUM. TRUTH REGULARLY PUBLISHES SCHOLARLY | |
| STUDIES TO HELP DISSEMINATE THE RESULTS OF THIS RESEARCH THROUGHOUT THE | |
| PUBLIC HEALTH AND BROADER SCIENTIFIC COMMUNITIES. FORTY-THREE ARTICLES | |
| WERE PUBLISHED IN BETWEEN JULY 2022 AND JUNE 2023. THESE MANUSCRIPTS | |
| WERE PUBLISHED IN VARIOUS JOURNALS INCLUDING ADDICTION, AMERICAN | |
| JOURNAL OF PREVENTIVE MEDICINE, BMC PUBLIC HEALTH, DIGITAL HEALTH, DRUG | |
| AND ALCOHOL DEPENDENCE, FRONTIERS IN PUBLIC HEALTH, HEALTH EDUCATION & | |
| BEHAVIOR, INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC | |
| HEALTH, JMIR FORMATIVE RESEARCH, JOURNAL OF MEDICAL INTERNET RESEARCH, | |
| JOURNAL OF PUBLIC HEALTH MANAGEMENT & PRACTICE, JOURNAL OF SURVEY | |
| STATISTICS AND METHODOLOGY, MORBIDITY AND MORTALITY WEEKLY REPORT, | |
| NICOTINE AND TOBACCO RESEARCH, PLOS ONE, PREVENTIVE MEDICINE REPORTS, | |
| SOCIAL MEDIA + SOCIETY, SUBSTANCE USE & MISUSE, THE NEW ENGLAND JOURNAL | |

| Schedule O (Form 990) 2022 Name of the organization | Page 2 Employer identification number |
|---|---------------------------------------|
| TRUTH INITIATIVE FOUNDATION | 91-1956621 |
| OF MEDICINE, TOBACCO CONTROL, AND TOBACCO PREVENTION & CESSATION. | |
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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

| Eile e | concrete | application | for oach | roturn |
|--------|----------|-------------|----------|---------|
| File a | separate | application | tor each | return. |

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Туре о | Name of exempt organization or other filer, see instructions. | | | Taxpayer identification number (TIN) | | | | |
|--|---|---|--|--------------------------------------|---|---------------------------|--------|--|
| print | TRUTH INITIATIVE FOUNDATION | | | | 91-1956621 | | | |
| File by the due date filing your | for Number, street, and room or suite no. If a P.O. box, s 900 G STREET NW 4TH FL | Number, street, and room or suite no. If a P.O. box, see instructions. 900 G STREET NW, 4TH FL | | | | | | |
| return. Se instructio | | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | |
| Enter t | ne Return Code for the return that this application is for (fil | e a separat | e application for each return) | | | | 0 1 | |
| Applic | ation | Return | Application | | | | Return | |
| ls For | | Code | Is For | | | | Code | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 1041-A | | | | 08 | |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | | | 09 | |
| Form 990-PF | | 04 | Form 5227 | | | | 10 | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 | |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | | 12 | |
| Form 9 | 90-T (corporation) | 07 | | | | | | |
| If th If th box 1 t t t | request an automatic 6-month extension of time until | Group Exe and atta MAY 1 anization's , an | mption Number (GEN) I ch a list with the names and TINs of 5, 2024 , to file return for: d ending 30, 2023 | f this is fo all membe | r the whole g ers the exten npt organizat | group, che Ision is fo | r. | |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. |), enter the | tentative tax, less | 3a | \$ | | 0. | |
| b l | this application is for Forms 990-PF, 990-T, 4720, or 6069 |), enter any | refundable credits and | | | | | |
| e | stimated tax payments made. Include any prior year overp | ayment all | owed as a credit. | 3b | \$ | | 0. | |
| сE | Balance due. Subtract line 3b from line 3a. Include your pa | ayment with | n this form, if required, by | | | | | |
| <u> </u> | sing EFTPS (Electronic Federal Tax Payment System). See | e instructio | ns. | 3c | \$ | | 0. | |
| Cautio instruc | n: If you are going to make an electronic funds withdrawal tions. | (direct deb | bit) with this Form 8868, see Form 84 | 153-TE and | d Form 8879 | -TE for pa | ayment | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)