Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2022 calen	ıdar year, or tax year begi	nning 5/01		, 2022, a	and endin	g 4/	30	,	20 2023	
В	Check i	if applicable:	С						D Employ	er identi	fication number	
	Ad	ddress change	TRUTHOUT						20-0	00316	641	
	\vdash	ame change	PO BOX 276414						E Telepho			
	\vdash	-	SACRAMENTO, CA	95827					/010	2) 60	91-0060	
	\vdash	itial return	•						(010	5) 0:	91-0000	
	\blacksquare	nal return/terminated										
	An	mended return							G Gross re			
	Ap	oplication pending	F Name and address of princip	al officer: MAYA	SCHENW	/AR		` '	a group return		103	X No
			SAME AS C ABOVE					H(b) Are all	subordinates attach a list.	included	1? Yes	No
Ι	Tax-e	exempt status:	X 501(c)(3) 501(c) () (inse	ert no.)	4947(a)(1) or	527	11 140,	attacii a iist.	000 11131	a dettorio.	
J	Web	bsite: WW	W.TRUTHOUT.ORG	·				H(c) Group	exemption nu	mber		
K		of organization:	X Corporation Trust	Association	Other	Ly	ear of formati				egal domicile: CA	
	art I	Summar		Association	Otrici		cai oi ioiiiiati	on. 200	J III 0	tate of it	egar dorniene. CF	<u> </u>
Г			ibe the organization's miss	sion or most sic	mificant ac	tivitios: TDII	יייו אווייייי	JODKC	תר כוועו) IZ 7\(1)	CTTON DV	
	'		NG SYSTEMIC INJUS									
e			IN-DEPTH INVESTI			MAII	VE IDEAS,					
ıan		IUKOOGU	TN-DELIU TNAESIT	272.								
Governance	_	Charle Hair ha	ox if the organization									
်		Check this bo	oting members of the gove							3	sets.	_
∘જ			ndependent voting membe			•				4		5 3
es			r of individuals employed i							5		<u> </u>
Ξ			r of volunteers (estimate i							6		0
Activities &			ed business revenue from							7a		0.
~			d business taxable income							7b		0.
			<u> </u>		.,,				rior Year		Current Y	
	8	Contributions	s and grants (Part VIII, line	e 1h)					2,286,2	21	2,645	
ne			vice revenue (Part VIII, lin						2,200,2	24.	2,043	, 905.
Revenue			ncome (Part VIII, column						16,1	11	15	,620.
æ			ue (Part VIII, column (A), I		-				11,9			,020. ,091.
_			e – add lines 8 through 1						2,314,3		2,666	
			similar amounts paid (Part						2,314,3	33.	2,000	, 010.
			d to or for members (Part									
ø	15	Salaries, other	5-10)	1	L,457,0	88.	1,807	<u>,979.</u>				
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), lin-	e 11e)							
e e	b	Total fundrais	sing expenses (Part IX, co	olumn (D), line	25)							
ŭ	17		ses (Part IX, column (A), I						927,8	nα	996	,875.
			ses. Add lines 13-17 (must						2,384,8			
											2,704	•
	-	Revenue less	s expenses. Subtract line	16 Irom line 12				_	-70,5			<u>,238.</u>
3 of	20	Tatal assats	(Dort V. line 10)						ng of Curren		End of Ye	
Net Assets Fund Balanc	20		(Part X, line 16)						881,8			<u>, 415.</u>
Ž.	21		es (Part X, line 26)						169,3			,107.
			r fund balances. Subtract	line 21 from line	e 20				712,5	46.	674	,308.
Pa	art II	Signatur	re Block									
Und	er penalt	ties of perjury, I de	eclare that I have examined this re arer (other than officer) is based or	turn, including accon	npanying sche	dules and statem	ents, and to	he best of m	ny knowledge	and belie	ef, it is true, correct	t, and
com	plete. De	eclaration of prepa	arer (other than officer) is based or	1 all information of w	hich preparer	has any knowled	ge.					
									03/15/	2024	1	
Sig	n	Signature of	officer					Date				
He	re	ZIGGY	JEFFERY				E	XECUT1	IVE DIR	ЕСТО)R	
			nt name and title									
		Print/Type p	preparer's name	Preparer's signatu	ure		Date		Check	if I	PTIN	
D-	: 4	CHEID	Y LINKA	SHELBY L	TNKD				self-employe	_	P00335445	
Pa									3cm-cmpioye		1 00000440	
Tr.	epare e On	l			PA APC	TMD 225			Firmle FIN	0.5	0157010	
US	e OII	Firm's addre				ITE 335			Firm's EIN		-2157210	
			WOODLAND HII							818-	-691-0060	
Ma	y the I	RS discuss th	his return with the prepare	r shown above?	? See instr	uctions					. X Yes	No

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,415,902.

Form 990 (2022) TRUTHOUT 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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	X	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	146		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.	14b		X
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
18	column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	17		X
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	complete Schedule G, Part III	19 20a		X
∠ua	uiu tile organization operate one or more nospital facilities? If "Yes," complete Schedule H	20 a		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) TRUTHOUT 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? <i>If "Yes," complete Schedule J.</i>	23		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		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 Schedule L, Part I	25b		Х
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 "Yes," complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I.</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
35a	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(garnbling) winnings to prize winners?	1c	Α	

Form 990 (2022) TRUTHOUT Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a		- 11
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-IU		
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 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) TRUTHOUT 20-0031641 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 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..... 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

Form 990 (2022) TRUTHOUT 20-0031641 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

		(C)						_		
(A) Name and title	(B) Average hours per	is	both	an o ector/	ot che unles fficer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) MAYA SCHENWAR	10					ä				
PRESIDENT	0	Χ						0.	0.	0.
(2) LEWIS GORDON	10_									
TREASURER	0	Χ						0.	0.	0.
(3) LACEY DICKINSON	10									
DIRECTOR	0	Х						0.	0.	0.
(4) HENRY A. GIROUX	_ 10 _									
SECRETARY	0	Χ						0.	0.	0.
(5) ZIGGY_JEFFERY	40_									
EXECUTIVE DIR.	0			Χ				0.	0.	0.
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Ir	(B)	ney	Em	1010		-		Hignest Con	npensated Emp	oyees	(contin	ued)
(A) Name and title	Average hours per week	offic	, unle cer ar	Pos check ess pe	sition more erson direct	e than is botl or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	C	(F) ated amount other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the o	nsation fr rganizatio d related anizations	on
<u>(15)</u>												
(16)												
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal							L	0.	0.			0.
c Total from continuation sheets to Part VII, Sect								0.	0.			0.
d Total (add lines 1b and 1c)								0. more than \$100,00	0. 0 of reportable comp	ensatio	n	0.
from the organization 0												
3 Did the organization list any former officer, direct	ctor, truste	ee, ke	ey ei	mpl	oyee	e, or	high	nest compensated	employee		Yes	No
on line 1a? If "Yes,"complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	of reportab	le co	mpe	ensa	ation	and	oth	er compensation	from	. 3		X
the organization and related organizations great such individual	er than \$1	50,00	00? 	If "` 	Yes,	" cor	nple ····	ete Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ue comper es," compl	nsatio ete S	n fr Che	om <i>dule</i>	any <i>J f</i> o	unre or su	late ch p	ed organization or person	individual	. 5		Χ
1 Complete this table for your five highest comper compensation from the organization. Report compe	nsated ind	epen	dent	t co	ntra	ctors	tha	t received more t	nan \$100,000 of			
compensation from the organization. Report compensation from the organization. Report compensation (A) Name and business add		the c	alen	dar	year	endi	ng v	(B))	((C)	
Name and business add	dress							Description (of services	Compe	nsation	1
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	o tho	ose I	listed	d abo	ve)	who received more	than			

Part VIII	Statement of	of Revenue
-----------	--------------	------------

		Check if Schedule O contains a response	or note to any	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŠŠ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	h	Membership dues					
P E	6	Fundraising events					
δŞ	С.						
ii g	d	Related organizations 1d					
š,Ē	е	Government grants (contributions) 1e					
io S	f	All other contributions, gifts, grants, and					
돌		similar amounts not included above 1f 2,	,645,905.				
重点	g	Noncash contributions included in lines 1a-1f					
ÖE	h	Total. Add lines 1a-1f		0 645 005			
	- 11		usiness Code	2,645,905.			
Ĕ	_		usiliess code				
₽	2a	POLITICAL NEWS WEBSITE					
ď	b						
<u>.</u> 2	С						
ē	d						
S	е						
ā	f	All other program service revenue					
Program Service Revenue	q	T. 1 A 11111					
α.	Ť						
	3	Investment income (including dividends, interesother similar amounts)	st, and	15 600			15 620
	_	Income from investment of tax-exempt bone		15,620.			15,620.
	4	•					
	5	Royalties		5,091.	5,091.		
		(i) Real	(ii) Personal	,			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		(i) Securities	(ii) Other				
	/a	Gross amount from sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
<u></u>	L	Less: direct expenses 8b					
¥		•					
0	С	Net income or (loss) from fundraising event	.5				
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	/				
	_		usiness Code				
3	11-						
scellaneous Revenue	11a b c d						
급	D						
<u>6</u> 8	С						
<u>ت</u> حد	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,666,616.	5,091.	0.	15,620.
				_,,,	5,051.	<u> </u>	_0,000.

Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 0. 203,662. 101,831. 101,831 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 1,407,516 407,516 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 59,539 59,539 15,760 15,760 10 121,502 121,502 Fees for services (nonemployees): 320 320 c Accounting..... 49,243 49,243 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 194,063. 194,063. 13 5,294. 5,294. Information technology..... 14 140,609. 140,609. 15 Royalties..... 800. 800. 17 7,115 7,115 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 1,679 1,679 21 Payments to affiliates..... Depreciation, depletion, and amortization.... 683. 683. 23 137,558. 137,558. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... 197,902 OUTSIDE SERVICE 197,902 CREDIT CARD PROCESSING 90,528 90,528 15,160 15,160 REALIZED LOSSES TELEPHONE 12,110 12,110 43,811 43,811. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 2,704,854 2,415,902. 288,952 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

Form 990 (2022) TRUTHOUT Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			37,209.	1	139,367.
	2	Savings and temporary cash investments			843,960.	2	736,048.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons	(as defined under		6	
	7	Notes and loans receivable, net		· · · · ·		7	
Ø	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>		9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	59,737.			
		Less: accumulated depreciation		59,737.	264.	10c	
	11	Investments – publicly traded securities			201.	11	
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets	<u> </u>	419.	14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line		-	881,852.	16	875,415.
	17	Accounts payable and accrued expenses			169,306.	17	201,107.
	18	Grants payable			= = = ; = = = ;	18	=======================================
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, dir utor, or	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			169,306.	26	201,107.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	;	X			
<u>ā</u>	27	Net assets without donor restrictions			712,546.	27	674,308.
ä	28	Net assets with donor restrictions			,	28	•
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
Š	31	Retained earnings, endowment, accumulated income,	or othe	er funds		31	
it A	32	Total net assets or fund balances			712,546.	32	674,308.
ž	33	Total liabilities and net assets/fund balances			881,852.	33	875,415.
RΔ	Δ		TEEA011	1L 09/01/22	·		Form 990 (2022)

Form 990 (2022) TRUTHOUT 20-0031641 Page **12**

Pai	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	2,6	66,6	516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	04,8	354.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	38,2	238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	12,5	546.
5	Net unrealized gains (losses) on investments.	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6	74,3	308.
Pai	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ				
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	3a		Х
t	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Form	9 90 ((2022)

SCHEDULE A (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

TRU	TH							0-003164						
Par	t I	Reason for Public Cha	rity Status. (All o	rganizations must	compl	ete this	s part.) S	See instrud	ctions.					
The o	orga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)							
1		A church, convention of church	,		•	b)(1)(A)((i).							
2		A school described in section		·										
3		A hospital or a cooperative h												
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 17 0 (b) (1)(A)(iii) . E	nter the	hospital's				
		name, city, and state:												
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governm	nental unit de	escribed	in				
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).							
7		An organization that normally r in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described n section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a la	nd-grant colle	ege					
	-	or university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	r the nan	ne, city,	and state o	f the college of	or					
		university:												
10	Х	An organization that normally from activities related to its investment income and unre June 30, 1975. See section 5	exempt functions, sub lated business taxable	oject to certain exception e income (less section	ns; and	(2) no r	more than	33-1/3% of it	ts suppoi	rt from gross				
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4)	•						
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	or sectio	n 509(a)(2). See s	ection 509(a	ut the pu)(3). Che	rposes of one ck the box on				
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported c	organizat	tion(s), typic	cally by giving	the suppon. You n	oorted ust				
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organize the suppor	zation(s), by rted organizat	having c ion(s). Yo	ontrol or ou				
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat	ion operated in connection	n with, a	nd functio	onally integ	rated with, its	supported	İ				
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	anization operated in cor	nnection	with its s	supported on a	organization(s) ttentiveness) that is n requirem	ot nent (see				
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	s a Type I,	Type II, Typ	e III func	tionally				
f	Er	nter the number of supported	, ,	11 3 3					[
g		ovide the following information	J						L					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed poverning ment?		nt of monetary ee instructions)		Amount of other (see instructions)				
						1								
					Yes	No								
(A)														
(B)														
(C)														
(D)														
(D)														
(E)														
Tate!														

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.)

Sec	tion A. Public Support	under the tests his	ited below, please	e complete Part II	1.)				_
	• • • • • • • • • • • • • • • • • • • •								—
begi	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								_
3	The value of services or facilities furnished by a governmental unit to the organization without charge								_
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see in	structions)				12		_
	First 5 years. If the Form 990 is organization, check this box and	stop here							
	tion C. Computation of Pul					<u> </u>			_
	Public support percentage for 20 Public support percentage from 2	•			•	ļ	14 15	%	
	33-1/3% support test—2022. If the and stop here. The organization	ne organization d	id not check the b	oox on line 13, an	d line 14 is 33-1/3	ے 3% or more, c	heck	this box	<u></u>
b	33-1/3% support test—2021. If th and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or mo	re, ch	ے ۔ neck this box	
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Éxplain in F	Part V	'l how _	
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in F	Part V	I how the	
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and se	e inst	tructions	_

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.)

Page 3

Sec	tion A. Public Support						
	dar 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.")	1 720 075	1 965 318	2 683 414	2 286 224	2 645 905	11,300,936.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,720,073.	1, 303, 310.	2,003,414.	2,200,224.	2,043,303.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	1,720,075.	1,965,318.	2,683,414.	2,286,224.	2,645,905.	11,300,936.
h	2, and 3 received from disqualified persons	230,000.	155,900.	0.	235,000.	639,487.	1,260,387.
J	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.	0	0				
	,	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	230,000.	155,900.	0.	235,000.	639,487.	1,260,387.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support						10,040,549.
	• •	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(-) 2022	(f) Total
				(C) 2020	(d) 2021	(e) 2022	i (ii) rolar
	dar year (or fiscal year beginning in)				0.006.004	0 645 005	
9	Amounts from line 6	1,720,075.	1,965,318.	2,683,414.	,	2,645,905.	11,300,936.
9 10a b	Amounts from line 6	1,720,075. 379.	1,965,318. 420.	2,683,414. 1,116.	16,111.	15,620.	33,646. 0.
9 10a b	Amounts from line 6	1,720,075.	1,965,318.	2,683,414.	,	,	33,646.
9 10a b c 11	Amounts from line 6	1,720,075. 379.	1,965,318. 420.	2,683,414. 1,116.	16,111.	15,620.	33,646. 0.
9 10a b c 11	Amounts from line 6	1,720,075. 379.	1,965,318. 420.	2,683,414. 1,116.	16,111.	15,620.	33,646. 0. 33,646.
9 10a b c 11	Amounts from line 6	379. 379. 778.	1,965,318. 420. 420. 9,351.	2,683,414. 1,116. 1,116. 9,699.	16,111. 16,111. 11,998.	15,620. 15,620. 5,091.	11,300,936. 33,646. 0. 33,646.
9 10a b c 11	Amounts from line 6	379. 379. 379. 778. 1,721,232. for the organization	1,965,318. 420. 420. 9,351. 1,975,089. on's first, second,	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12	Amounts from line 6	1,720,075. 379. 379. 778. 1,721,232. for the organizatic stop here	1,965,318. 420. 420. 9,351. 1,975,089. on's first, second,	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec	Amounts from line 6	1,720,075. 379. 379. 778. 1,721,232. for the organization stop here blic Support P	1,965,318. 420. 420. 9,351. 1,975,089. on's first, second,	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	379. 379. 379. 778. 1,721,232. for the organization stop here	9,351. 1,975,089. 1,975,089. on's first, second,	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	379. 379. 379. 379. 778. 1,721,232. for the organization stop here	9,351. 1,975,089. 2ercentage n (f), divided by li Part III, line 15.	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 36,917. 11,371,499. 88.30 %
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	379. 379. 379. 778. 1,721,232. for the organizatic stop here	9,351. 1,975,089. on's first, second, rercentage n (f), divided by li Part III, line 15 ne Percentage	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	1,720,075. 379. 379. 778. 1,721,232. for the organizatic stop here	9,351. 1,975,089. on's first, second, rercentage of (f), divided by lip Part III, line 15 me Percentage column (f), divided (f), di	2,683,414. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or f	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a	15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	379. 379. 379. 778. 1,721,232. for the organization stop here	9,351. 1,975,089. 1,975,089. 2ercentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid le A, Part III, line lid not check the	2,683,414. 1,116. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or four	16,111. 16,111. 11,998. 2,314,333. ifth tax year as a umn (f) d line 15 is more as a publicly supp	15,620. 15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 36,917. 11,371,499.
9 10a b c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6	379. 379. 379. 379. 778. 1,721,232. for the organization stop here	9,351. 1,975,089. 1,975,089. 2ercentage (f), divided by li Part III, line 15. me Percentage column (f), divid le A, Part III, line lid not check the le phere. The organ id not check a boand stop here. The	2,683,414. 1,116. 1,116. 1,116. 9,699. 2,694,229. third, fourth, or four	16,111. 16,111. 16,111. 11,998. 2,314,333. ifth tax year as a jumn (f)) ad line 15 is more as a publicly suppose 19a, and line 1 alifies as a public.	15,620. 15,620. 15,620. 5,091. 2,666,616. section 501(c)(3)	11,300,936. 33,646. 0. 33,646. 0. 36,917. 11,371,499. 11,371,499. 0.30 % 91.16 % 0.30 % 0.18 % and line 17 0

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.)

Page 4

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3с		
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.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined 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 .	9b		
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 .	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	1 0 b		

		(Form 990) 2022	TRUTHOUT	20-003164	1	Р	age !
Pa	rt IV	Supporting Orga	nizations (continued)			.,	
11	Has t	ne organization accep	ted a gift or contribution from any of th	e following persons?		Yes	No
ä				h persons described on lines 11b and 11c below,			
	J	3 ,	oported organization?		11a		
		•	on described on line 11a above?		11b		
			n described on line 11a or 11b above? If "Yes" to I	ine 11a, 11b, or 11c, provide detail in Part VI.	11c		
5 ec	ction E	s. Type i Support	ing Organizations			Yes	No
1	or mo office organ than o were	re supported organizars, directors, or trustenization(s) effectively one supported organization	ations have the power to regularly apports at all times during the tax year? If "operated, supervised, or controlled the station, describe how the powers to app	acting in their official capacity, or membership of one bint or elect at least a majority of the organization's No," describe in Part VI how the supported organization's activities. If the organization had more oint and/or remove officers, directors, or trustees litions or restrictions, if any, applied to such powers	1	165	NO
2	that o	perated, supervised,	or controlled the supporting organization	nization other than the supported organization(s) on? If "Yes," explain in Part VI how providing such that operated, supervised, or controlled the	2		
Sec	ction (C. Type II Suppor	ing Organizations				
						Yes	No
1	of eac	ch of the organization	s supported organization(s)? If "No," d	x year also a majority of the directors or trustees escribe in Part VI how control or management of the trolled or managed the supported organization(s).	1		
Sec	ction [D. All Type III Sup	porting Organizations				
1	organ year,	ization's tax year, (i) (ii) a copy of the Forr	a written notice describing the type and notice and person 990 that was most recently filed as o	s, by the last day of the fifth month of the damount of support provided during the prior tax f the date of notification, and (iii) copies of the		Yes	No
	organ	ization's governing do	ocuments in effect on the date of notific	cation, to the extent not previously provided?	1		
2	organ	ization(s) or (ii) servi	ng on the governing body of a supporte	er (i) appointed or elected by the supported dorganization? If "No," explain in Part VI how onship with the supported organization(s).	2		
3	voice all tim	in the organization's nes during the tax year	investment policies and in directing the	zation's supported organizations have a significant use of the organization's income or assets at the organization's supported organizations played	3		
Sad		s regard. Type III Function	unally Integrated Supporting Or	ganizations	3		
360	LIIOII	. Type III Function	nally Integrated Supporting Or	ganizations			
	a	ne organization satisf ne organization is the	ed the Activities Test. Complete line 2 parent of each of its supported organiz		e instru	uctions	s).
2	Activi	ties Test. <i>Answer line</i>	s 2a and 2b below.			Yes	No
	suppo organ respo	rted organization(s) to nizations and explain	which the organization was responsive? If how these activities directly furthered t ted organizations, and how the organiz	rear directly further the exempt purposes of the "Yes," then in Part VI identify those supported heir exempt purposes, how the organization was ration determined that these activities constituted	2a		
	b Did the more reaso	e activities described of the organization's	on line 2a, above, constitute activities supported organization(s) would have to be position that its supported organiza	that, but for the organization's involvement, one or been engaged in? If "Yes," explain in Part VI the tion(s) would have engaged in these activities	2b		
3	Parer	it of Supported Organ	izations. Answer lines 3a and 3b below	ν.			
	a Did th	e organization have t		a majority of the officers, directors, or trustees of	3a		
	b Did th	e organization exercise orted organizations? /	a substantial degree of direction over the f "Yes," describe in Part VI the role play	policies, programs, and activities of each of its yed by the organization in this regard.	3b		

	1110111001			,01011
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See k through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
(e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion 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-functionally inte	orated	Type III supporting or	ganization

7 Leck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2022

Pa	\uparrow V \mid Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
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	Amounts paid to acquire exempt-use assets	4	
5	Qualified 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	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). 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: \$			
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, explain in 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 Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 TRUTHOUT 20-0031641 Page **8**

Part VI

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2022	2021	2020	2019	2018
ROYALTY	\$ 5,091.	\$ 11,998.	\$ 9,699.	\$ 9,351.	\$ 778.
	\$ 5,091.	\$ 11,998.	\$ 9,699.	\$ 9,351.	\$ 778.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

TRU	THOUT			20-0031641
Par			r Similar Funds or A	ccounts.
	Complete if the organization answered			
		(a) Donor advised fund	ls (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	e organization's exclusive legal con	trol?	Yes No
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing the fit of the donor or donor advisor, or	nat grant funds can be use for any other purpose cor	ed only nferring Yes No
Par	Conservation Easements. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held I	by the organization (check all that a	pply).	
	Preservation of land for public use (for exam	nple, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	fied historic structure
	Preservation of open space	•	<u> </u>	
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribu		
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation ease			
	Number of conservation easements on a cer-	,	· -	
	Number of conservation easements included historic structure listed in the National Regist	ter		
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or te	erminated by the organization	on during the
4	Number of states where property subject to o	conservation easement is located		
5	Does the organization have a written policy r	egarding the periodic monitoring, in	spection, handling of viola	ations,
	and enforcement of the conservation easeme			
6	Staff and volunteer hours devoted to monitoring,	, inspecting, handling of violations, and	d enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enf	orcing conservation easeme	ents during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requir	ements of section 170(h)((4)(B)(i)
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	eports conservation easements in its to the organization's financial state	s revenue and expense sta ements that describes the	atement and balance sheet, and organization's accounting for
Par	Organizations Maintaining Co Complete if the organization answered	ollections of Art, Historical T d "Yes" on Form 990, Part IV, line 8.	reasures, or Other S	imilar Assets.
1 a	If the organization elected, as permitted und historical treasures, or other similar assets h Part XIII the text of the footnote to its financial	eld for public exhibition, education.	or research in furtherance	balance sheet works of art, e of public service, provide in
ŀ	If the organization elected, as permitted und- historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	earch in furtherance of publ	lic service, provide the
	(i) Revenue included on Form 990, Part VIII			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, amounts required to be reported under FASE	3 ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, lin			
k	Assets included in Form 990, Part X	<u></u>	<u></u>	\$

Part III Organizations Maintaining Co	ollections of Art, His	toricai Treasures, o	r Otner Similar As	ssets	(contii	пиеа)
3 Using the organization's acquisition, accession, items (check all that apply):	<u> </u>	,	ke significant use of its	collectio	on	
a Public exhibition	<u> </u>	or exchange program				
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII.		•				
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m Part IV Escrow and Custodial Arrangements				Yes		No
Escrow and Custodial Arrang reported an amount on Form 990, Par	t X, line 21.	e organization answered	'Yes" on Form 990, Par	t IV, IIn	e 9, or	
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermediary	for contributions or other	assets not included	Yes	Γ	No
b If "Yes," explain the arrangement in Part XIII an				'``		
2 33, 3 , 3 , 3 3 3 3 3 3 3 3 3 3 3 3 3	3 ···			Amoun	t	
c Beginning balance			. 1c			
d Additions during the year			. 1 d			
e Distributions during the year						
f Ending balance						_
2 a Did the organization include an amount on F			, i	Yes	<u> </u>	No
b If "Yes," explain the arrangement in Part XII	I. Check here if the explai	nation has been provided	d on Part XIII		· · · · · L	_
Part V Endowment Funds. Complete if	the organization answered	l "Vas" on Form 990 Part	· IV line 10			
(a) Curre			(d) Three years back	(e)	Four years	s hack
1 a Beginning of year balance	ti year (b) i nor year	(c) Two years back	(u) Three years back	(6)	Tour yours) back
b Contributions				1		
c Net investment earnings, gains,						
and losses				+		
d Grants or scholarships				+		
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held a	s:			
a Board designated or quasi-endowment	 %					
	00					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered f	or the	Г	.,	
organization by:				2-45	Yes	No
(i) Unrelated organizations				3a(i)		
b If "Yes" on line 3a(ii), are the related organizations.				3a(ii)		
4 Describe in Part XIII the intended uses of the	•			. Ju		-
Part VI Land, Buildings, and Equipm		nt fullus.				
Complete if the organization answered		V line 11a See Form 99	O Part X line 10			
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) [Book va	ماراد
Description of property	(investment)	basis (other)	depreciation	(u) 1	DOOK Va	lue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other		59,737.	59,737.			0.
Total. Add lines 1a through 1e. (Column (d) must	egual Form 990, Part X, c	olumn (B), line 10c.)				0.

BAA Schedule D (Form 990) 2022

	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
(a) Description of security or category (including name of security) 1) Financial derivatives	(B) Book value	(C) Michiga of Variation. Cost of City	a-or-year market value
2) Closely held equity interests			
2) OH			
A) B)			
<u>, </u>			
o <u>/</u>			
E)			
- <u>-</u>			
: <u>/</u> G)			
- <u>/</u>			
(l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
		N/A	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	· N/	7	
Complete if the organization answered "Yes" o			
(a) De	escription		(b) Book value
(1)	escription		(b) Book value
(1) (2)	еѕсприоп		(b) Book value
(1) (2) (3)	escription		(b) Book value
(1) (2) (3) (4)	escription		(b) Book value
(1) (2) (3) (4) (5)	escription		(b) Book value
(1) (2) (3) (4) (5) (6)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	(B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" 0	(B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o (1) Federal income taxes (2)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o (1) Federal income taxes (2) (3)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o (1) Federal income taxes (2) (3) (4)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered (a) Description (b) (1) Federal income taxes (2) (3) (4) (5)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered (a) Description (b) (1) Federal income taxes (2) (3) (4) (5) (6)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o I. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered (a) Description (b) Description (c) De	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Desc. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(B) line 15.)		e 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Desc (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	(B) line 15.)	e 11e or 11f. See Form 990, Part X, line	e 25.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Doturn N/A
·	return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Keturii. N/A
·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 6 Donated Services and Use of facilities. 7 Donated Services and Use of facilities. 8 Donated Services and Use of facilities. 9 Donated Services and Use of facilities.	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3

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

BAA Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRUTHOUT

Employer identification number
20-0031641

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM HAS BEEN REVIEWED AND APPROVED BY THE BOARD PRESIDENT AND BOARD TREASURER BEFORE FILING, AND COPIES WERE PROVIDED TO ALL OTHER BOARD OF DIRECTORS MEMBERS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE ON CALIFORNIA ATTORNEY GENERAL WEB SITE.