

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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.

A For the 2023 calendar year, or tax year beginning **APR 1, 2023** **and ending** **MAR 31, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CAMPAIGN FOR TOBACCO-FREE KIDS		D Employer identification number 52-1969967
	Doing business as		E Telephone number 202-296-5469
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1400 I STREET, NW 1200		G Gross receipts \$ 46,412,846.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		
F Name and address of principal officer: YOLONDA C. RICHARDSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes ☐ No ☒	
		H(b) Are all subordinates included? Yes ☐ No ☐ If "No," attach a list. See instructions	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: WWW.TOBACCOFREEKIDS.ORG		L Year of formation: 1996 M State of legal domicile: DC	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE PASSIONATELY CHAMPION & ADVOCATE FOR EVIDENCE-BASED POLICIES THAT PROTECT CHILDREN, IMPROVE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	188	
	6 Total number of volunteers (estimate if necessary)	18	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	74,401,986.	32,015,213.
	9 Program service revenue (Part VIII, line 2g)	0.	1,483,844.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,684.	948,782.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,568.	-160,004.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,981,238.	34,287,835.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,695,368.	9,985,884.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,985,484.	15,844,313.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	989,882.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,488,337.	22,906,936.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,169,189.	48,737,133.
	19 Revenue less expenses. Subtract line 18 from line 12	24,812,049.	-14,449,298.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	89,353,565.
21 Total liabilities (Part X, line 26)		36,413,030.	30,056,246.
22 Net assets or fund balances. Subtract line 21 from line 20		52,940,535.	38,618,016.

Part II Signature Block

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

Sign Here	Signature of officer 		Date 2/13/25		
	Type or print name and title PRESIDENT AND CEO				
Paid Preparer	Print/Type preparer's name MEREDITH BELL	Preparer's signature MEREDITH BELL	Date 02/13/25	Check if self-employed ☐	PTIN P01696827
	Firm's name RSM US LLP	Firm's EIN 42-0714325			
Use Only	Firm's address 919 EAST MAIN STREET, SUITE 1800 RICHMOND, VA 23219		Phone no. 804-282-2121		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**File a separate application for each return.**
Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. CAMPAIGN FOR TOBACCO-FREE KIDS	Taxpayer identification number (TIN) 52-1969967
	Number, street, and room or suite no. If a P.O. box, see instructions. 1400 I STREET, NW, 1200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ABYOT WONDIMU, DIRECTOR OF FINANCE**
1400 I STREET, NW, 1200 - WASHINGTON, DC 20005

Telephone No. **202-296-5469**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 18**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or

☒ tax year beginning **APR 1**, 20 **23**, and ending **MAR 31**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2024)

Part III Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

WE PASSIONATELY CHAMPION & ADVOCATE FOR EVIDENCE-BASED POLICIES THAT PROTECT CHILDREN, IMPROVE HEALTH AND SAVE THE MOST LIVES.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **32,321,193.** including grants of \$ **8,656,565.**) (Revenue \$ **1,483,844.**)

INTERNATIONAL PROGRAMS:

THE CAMPAIGN FOR TOBACCO FREE KIDS WORKS TO SUPPORT CIVIL SOCIETY ORGANIZATIONS IN LOW- AND MIDDLE-INCOME COUNTRIES AROUND THE WORLD TO RAISE AWARENESS AND DEMAND ACTION TO REDUCE TOBACCO USE. THE CAMPAIGN PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE IN TEN PRIORITY COUNTRIES: BANGLADESH, BRAZIL, INDIA, INDONESIA, MEXICO, PAKISTAN, PHILIPPINES, TURKEY, UKRAINE, AND VIETNAM WHERE THE LARGEST NUMBERS OF THE WORLD'S SMOKERS RESIDE. THE CAMPAIGN ALSO OVERSEES AN EFFORT TO EDUCATE AND ENGAGE THE PUBLIC IN AFRICA, A REGION WHERE RATES OF TOBACCO CONSUMPTION HAVE NOT BEEN AS HIGH HISTORICALLY BUT ARE INCREASING. PRIORITY COUNTRIES INCLUDE ETHIOPIA, KENYA, NIGERIA, SENEGAL, SOUTH AFRICA AND ZAMBIA. CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ **12,106,448.** including grants of \$ **1,329,319.**) (Revenue \$)

U.S. PROGRAMS:

IN THE UNITED STATES, THE CAMPAIGN HAS WORKED AT THE FEDERAL, STATE, AND LOCAL LEVEL TO EDUCATE AND ENGAGE POLICYMAKERS ABOUT THE HARMS OF TOBACCO CONSUMPTION. THESE EFFORTS HAVE BEEN SUCCESSFUL, BUT TOBACCO REMAINS THE LEADING CAUSE OF PREVENTABLE DEATH IN THE UNITED STATES. A PARTICULAR FOCUS IN THE PAST YEAR HAS BEEN OUR WORK TO EDUCATE PARENTS, SCHOOLS, AND COMMUNITIES ABOUT THE HARMS OF E-CIGARETTES, PARTICULARLY FOR YOUNG PEOPLE. OUR WORK CALLED FOR THE FOOD AND DRUG ADMINISTRATION TO USE ITS FULL REGULATORY AUTHORITY TO BAN HARMFUL PRODUCTS AND TO KEEP THEM OFF THE MARKET AND ACCESSIBLE TO KIDS. OUR LEGAL TEAM WORKED WITH FDA WHEN THE TOBACCO INDUSTRY HAS CHALLENGED THE AGENCY'S AUTHORITY, CONTINUED ON SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **44,427,641.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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	X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 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? <i>If "Yes," complete Schedule R, Part VI</i>	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 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 116	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	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 188		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
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	X	
b If "Yes," enter the name of the foreign country VIETNAM 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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		X
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).			
a 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	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8 N/A		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a N/A		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b N/A		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a 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	12b N/A		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a N/A		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
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
17 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? If "Yes," complete Form 6069.	17 N/A		

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

	1a	1b	Yes	No
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.	16			
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
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 appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 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	X

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	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	X
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 taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
ABYOT WONDIMU, DIRECTOR OF FINANCE - 202-296-5469
1400 I STREET, NW, 1200, WASHINGTON, DC 20005

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YOLONDA RICHARDSON PRESIDENT & CEO, SECRETARY	31.00 9.00	X		X				288,902.	84,861.	68,178.
(2) DANIEL MCGOLDRICK VP, BI INCUBATOR/OBESITY	28.00 12.00				X			188,766.	80,856.	54,032.
(3) JACQUELINE BOLT VP, FINANCE & ADMIN., TREASURER	22.00 18.00			X				149,370.	116,748.	40,165.
(4) ANNE FORD VP, FEDERAL RELATIONS	22.00 18.00				X			136,671.	111,739.	52,173.
(5) VINCENT WILLMORE VP, COMMUNICATIONS	24.00 16.00				X			155,954.	107,214.	36,651.
(6) MATTHEW MYERS PRESIDENT (THRU 12/31/2023)	22.00 18.00	X		X				133,985.	105,670.	50,519.
(7) JOHN BOWMAN EXECUTIVE PRESIDENT	20.00 20.00				X			125,684.	120,487.	35,109.
(8) VANDANA AGARWAL REGIONAL DIRECTOR	32.00 8.00				X			190,039.	45,199.	45,254.
(9) LUCY SULLIVAN REGIONAL DIRECTOR	40.00				X			229,944.	0.	45,547.
(10) PATRICIA SOSA DIR. LATIN AFFAIRS	32.00 8.00				X			183,679.	48,798.	46,310.
(11) KIMBERLY AMAZEEN VP, DEVEL. & STRATEGIC ALLIANCES	36.00 4.00				X			200,963.	24,208.	49,196.
(12) PAMELA COFFEY DIR. INTERNATIONAL GRANTS	12.00 28.00				X			66,342.	156,381.	44,745.
(13) STEPHANIE PORTER CHIEF HUMAN RESOURCES OFFICIER	21.00 19.00				X			119,515.	111,190.	23,344.
(14) ANNIE TEGAN VP, STATE ISSUES	20.00 20.00				X			89,781.	88,531.	58,245.
(15) WILLIAM D. NOVELLI BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
(16) CHRISTOPHER CONLEY FINANCE COMMITTEE CHAIR	1.00 1.00	X						0.	0.	0.
(17) JONAH SHACKNAI DEVELOPMENT COMMITTEE	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOUG ULMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) EILEEN HOWARD BOONE DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) NANCY BROWN DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) MICHAEL MOORE DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) BEVERLY J. MAY DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) TIM RIESTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) PATRICE A. HARRIS DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) LISA A. LACASSE DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) DR. BECHARA CHOUCAIR DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,259,595.	1,201,882.	649,468.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,259,595.	1,201,882.	649,468.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BULLY PULPIT INTERACTIVE LLC, 1445 NEW YORK AVE NW, 5TH FL, WASHINGTON, DC 20005	CONSULTING	2,026,141.
SUBJECT MATTER 1201 NEW YORK AVE, NW, WASHINGTON, DC 20005	CONSULTING	918,616.
MARCUM TECHNOLOGY 10 MELVILLE PARK ROAD, MELVILLE, NY 11747	CONSULTING	284,366.
ZUCKERMAN SPAEDER LLP 1800 M STREET NW, WASHINGTON, DC 20036	CONSULTING	190,000.
SKDKNICKERBOCKER LLC, 1150 18TH STREET, NW, STE 800, WASHINGTON, DC 20036	CONSULTING	143,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

8

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

332201
04-01-23

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	483,716.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,531,497.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a CONTRACTS	Business Code	900099	1,483,844.	1,483,844.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,483,844.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			903,884.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b		11,871,405.			
c Gain or (loss)		7c		11,826,507.			
d Net gain or (loss)				44,898.			44,898.
8 a Gross income from fundraising events (not including \$ 483,716. of contributions reported on line 1c). See Part IV, line 18		8a		0.			
b Less: direct expenses		8b		298,504.			
c Net income or (loss) from fundraising events				-298,504.			-298,504.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	138,500.			138,500.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			138,500.			
	12 Total revenue. See instructions			34,287,835.	1,483,844.	0.	788,778.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,301,819.	1,301,819.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,500.	27,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,656,565.	8,656,565.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,699,548.	1,221,223.	189,730.	288,595.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,957,130.	9,206,376.	1,489,753.	261,001.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	969,925.	812,330.	134,435.	23,160.
9 Other employee benefits	1,404,828.	1,094,849.	257,889.	52,090.
10 Payroll taxes	812,882.	734,554.	55,309.	23,019.
11 Fees for services (nonemployees):				
a Management				
b Legal	63,532.	41,962.	21,570.	
c Accounting	104,859.		104,859.	
d Lobbying	10,425.	10,425.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,753.		35,753.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,284,700.	8,524,381.	549,389.	210,930.
12 Advertising and promotion				
13 Office expenses	316,415.	271,755.	39,475.	5,185.
14 Information technology	446,818.	340,965.	82,359.	23,494.
15 Royalties				
16 Occupancy	986,060.	815,268.	146,497.	24,295.
17 Travel	1,674,563.	1,598,567.	66,526.	9,470.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,834,586.	2,769,400.	60,747.	4,439.
20 Interest	1,358.	1,166.	159.	33.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	285,520.	214,862.	50,795.	19,863.
23 Insurance	70,097.	62,385.	6,427.	1,285.
24 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.)				
a PUBLIC SVCS/MEDIA	6,219,642.	6,219,642.		
b RESEARCH	284,934.	284,934.		
c TRANSLATIONS	119,377.	119,377.		
d RECRUITING/TEMP HELP	102,010.	53,413.	18,045.	30,552.
e All other expenses	66,287.	43,923.	9,893.	12,471.
25 Total functional expenses. Add lines 1 through 24e	48,737,133.	44,427,641.	3,319,610.	989,882.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	33,595,595.	2	27,698,253.
	3 Pledges and grants receivable, net	22,532,616.	3	6,047,891.
	4 Accounts receivable, net	37,101.	4	287,395.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,665,199.	9	2,371,713.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,121,815.		
	b Less: accumulated depreciation	10b 2,131,028.	10c	2,990,787.
	11 Investments - publicly traded securities	3,378,542.	11	17,202,863.
	12 Investments - other securities. See Part IV, line 11	14,018,855.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,125,657.	15	12,075,360.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,353,565.	16	68,674,262.	
Liabilities	17 Accounts payable and accrued expenses	1,855,773.	17	2,213,382.
	18 Grants payable		18	
	19 Deferred revenue	18,852,431.	19	13,709,168.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,704,826.	25	14,133,696.
	26 Total liabilities. Add lines 17 through 25	36,413,030.	26	30,056,246.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,735,700.	27	10,691,211.
	28 Net assets with donor restrictions	43,204,835.	28	27,926,805.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	52,940,535.	32	38,618,016.
	33 Total liabilities and net assets/fund balances	89,353,565.	33	68,674,262.

Part XI Reconciliation of Net AssetsCheck 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	34,287,835.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,737,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,449,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,940,535.
5	Net unrealized gains (losses) on investments	5	126,779.
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	38,618,016.

Part XII Financial Statements and ReportingCheck 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 ☒ 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10708879.	37380243.	40244980.	74401986.	32015213.	194751301
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	10708879.	37380243.	40244980.	74401986.	32015213.	194751301
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)						160333871
6 Public support. Subtract line 5 from line 4.						34417430.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	10708879.	37380243.	40244980.	74401986.	32015213.	194751301
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	287,090.	255,391.	178,959.	503,494.	903,884.	2128818.
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.)			250.	105,394.	138,500.	244,144.
11 Total support. Add lines 7 through 10						197124263
12 Gross receipts from related activities, etc. (see instructions)					12	1,492,844.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	17.46	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	21.69	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2022. 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			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

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

☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
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 .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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.			
2a			
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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 .			
3a			
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.			
3b			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section 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 integrated Type III supporting organization (see instructions).			

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**REIMBURSEMENT OF PROGRAM EXPENSES**

2021 AMOUNT: \$ 250.

2022 AMOUNT: \$ 105,394.

2023 AMOUNT: \$ 138,500.

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

ALTHOUGH THE PUBLIC SUPPORT IS BELOW ONE-THIRD, AS DEMONSTRATED BELOW THE ORGANIZATION NONETHELESS CONTINUES TO QUALIFY AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER THE FACTS AND CIRCUMSTANCES TEST PROVIDED IN THE TREASURY REGULATIONS (THE "REGULATIONS").

1. TEN PERCENT PUBLIC SUPPORT

THE ORGANIZATION'S PUBLIC SUPPORT DURING THE PERIOD FROM 2019-2023 WAS 17.46% AND, THEREFORE, WAS AT LEAST 10%, AS REQUIRED UNDER THE REGULATIONS.

2. ATTRACTION OF PUBLIC SUPPORT AND SOURCES OF SUPPORT

THE ORGANIZATION WAS CREATED IN 1996 BY SEVERAL LEADING PUBLIC HEALTH NONPROFITS TO REDUCE TOBACCO USE AND ITS DEADLY CONSEQUENCES IN THE UNITED STATES AND AROUND THE WORLD. IT HAS BUILT A CONTINUOUS PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC AND CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM INDIVIDUALS AND OTHER PUBLICLY SUPPORTED ORGANIZATIONS. THE ORGANIZATION HAS RECEIVED LARGE AND SMALL CONTRIBUTIONS FROM A VARIETY OF INDIVIDUALS, MAJOR CORPORATIONS, AND SOME OF THE NATION'S MOST PROMINENT FOUNDATIONS. THE FUNDS WERE RAISED THROUGH A VARIETY OF MEANS, INCLUDING PHILANTHROPIC GRANTS, THE COMBINED FEDERAL

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.)

CAMPAIGN, IN-PERSON FUNDRAISING EVENTS, AND MEMORIAL DONATIONS CONTRIBUTED IN MEMORY OF PEOPLE WHO DIED FROM TOBACCO-RELATED CAUSES. THE ORGANIZATION CONTINUES TO SOLICIT CONTRIBUTIONS DIRECTLY FROM THE GENERAL PUBLIC AND VARIOUS COMPANIES AND PHILANTHROPIES INTERESTED IN COMBATTING TOBACCO USE.

3. REPRESENTATIVE GOVERNING BODY

THE ORGANIZATION'S BOARD OF DIRECTORS REPRESENTS BROAD PUBLIC INTERESTS AND IS COMPRISED OF INDIVIDUALS WITH PARTICULAR EXPERTISE AND KNOWLEDGE IN THE AREAS OF TOBACCO CONTROL, PUBLIC HEALTH, EDUCATION, LAW AND COMMUNITY OUTREACH. THEY ARE LEADERS IN THEIR COMMUNITIES AND REPRESENT A BROAD CROSS-SECTION OF VIEWS AND INTERESTS. THE DIRECTORS INCLUDE CURRENT OR FORMER EXECUTIVES OF THE AMERICAN HEART ASSOCIATION, THE AMERICAN CANCER SOCIETY, THE AMERICAN MEDICAL ASSOCIATION, CVS HEALTH, AND AARP. MANY OF THE BOARD MEMBERS HAVE OR CURRENTLY SERVE IN LEADERSHIP ROLES IN GOVERNMENT, THE PRIVATE SECTOR, AND ON THE BOARDS OF OTHER TAX-EXEMPT ORGANIZATIONS.

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES

ALL OF THE ORGANIZATION'S PROJECTS AND PURPOSES SERVE TO DIRECTLY BENEFIT THE PUBLIC. THE ORGANIZATION'S EFFORTS AIM TO REDUCE TOBACCO USE TO PROTECT INDIVIDUALS FROM THE HARMS THAT TOBACCO CAUSES. THESE EFFORTS INCLUDE SPOTLIGHTING THE TOBACCO INDUSTRY'S PREDATORY MARKETING TACTICS (E.G., PUSHING MENTHOL CIGARETTES ON BLACK COMMUNITIES; TARGETING FLAVORED TOBACCO AT YOUTH); EDUCATING CONSUMERS WITH WARNING LABELS; ADVOCATING FOR SMOKE-FREE LAWS TO PROTECT NONSMOKERS; DEVELOPING THE GLOBAL HEALTH ADVOCACY INCUBATOR TO SUPPORT PUBLIC HEALTH EFFORTS AROUND THE WORLD; AND

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.)

HOSTING AN ANNUAL YOUTH SYMPOSIUM TO PROVIDE EDUCATION AND LEADERSHIP
TRAINING TO STUDENTS WHO ARE FIGHTING THE TOBACCO EPIDEMIC IN THEIR
COMMUNITIES. PARTICIPATION IN THESE ACTIVITIES IS OPEN TO THE PUBLIC AND
ARE ORIENTED TO ENGAGE THE PUBLIC BROADLY; FURTHER, THE ORGANIZATION'S
ACTIVITIES ARE STRUCTURED TO BENEFIT THE PUBLIC BROADLY, NOT ANY
PARTICULAR INDIVIDUAL OR GROUP.

2023

*** Not Open to Public Inspection ***

323171 04-01-23

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

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		\$ 26,623,331.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 1,756,882.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 1,470,096.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 760,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 220,819.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 260,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CAMPAIGN FOR TOBACCO-FREE KIDS	52-1969967

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,796.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 54,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CAMPAIGN FOR TOBACCO-FREE KIDS	52-1969967

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CAMPAIGN FOR TOBACCO-FREE KIDS	52-1969967

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 87,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 12,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CAMPAIGN FOR TOBACCO-FREE KIDS	52-1969967

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
31		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

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
37		\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 5,175.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 5,088.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

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
43		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

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
49		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

52-1969967

Part II

[illegible]

Name of organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS**52-1969967****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		180,674.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		475,577.													
c Total lobbying expenditures (add lines 1a and 1b)		656,251.													
d Other exempt purpose expenditures		48,343,633.													
e Total exempt purpose expenditures (add lines 1c and 1d)		48,999,884.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	294,125.	529,824.	498,164.	656,251.	1,978,364.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	7,840.	85,541.	169,650.	180,674.	443,705.

Schedule C (Form 990) 2023

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II

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

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

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

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 maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,099,842.	821,874.	2,277,968.
d Equipment		1,965,773.	1,309,154.	656,619.
e Other		56,200.		56,200.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				2,990,787.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

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) INTEREST RECEIVABLE	166,999.
(2) DUE FROM THE ACTION FUND	946,682.
(3) RIGHT-OF-USE OPERATING LEASE ASSETS, NET	10,907,840.
(4) RIGHT-OF-USE FINANCE LEASE ASSETS, NET	53,839.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	12,075,360.

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) OPERATING LEASE LIABILITIES, NET	14,078,523.
(3) FINANCE LEASE LIABILITY, NET	55,173.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,133,696.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	34,821,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	126,779.
b	Donated services and use of facilities	2b	144,404.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	271,183.
3	Subtract line 2e from line 1	3	34,550,586.
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	4a	35,753.
b	Other (Describe in Part XIII.)	4b	-298,504.
c	Add lines 4a and 4b	4c	-262,751.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,287,835.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	49,144,288.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	144,404.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	298,504.
e	Add lines 2a through 2d	2e	442,908.
3	Subtract line 2e from line 1	3	48,701,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,753.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	35,753.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	48,737,133.

Part XIII Supplemental Information

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B -298,504.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 298,504.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Employer identification number

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		1,157,657.
EAST ASIA AND THE PACIFIC	1	6	GRANTS TO RECIPIENTS IN LOCATED REGION		424,965.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		160,168.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		162,422.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		3,432,834.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		250,082.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		3,059,548.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN LOCATED REGION		8,889.
3 a Subtotal	1	6			8,656,565.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	6			8,656,565.

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

Schedule F (Form 990) 2023

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)
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	250,475.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	231,784.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TOBACCO CONTROL GRANT	15,625.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	208,005.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	294,207.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	112,783.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH GRANT	44,778.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL GRANT	7,600.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 87

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	60,089.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	34,645.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL GRANT	5,290.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	8,317.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL GRANT	12,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL GRANT	23,333.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL GRANT	34,860.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	67,906.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	55,907.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	82,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	10,750.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH GRANT	21,768.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL GRANT	8,889.	WIRE	0.		
		NORTH AMERICA	TOBACCO CONTROL GRANT	60,168.	WIRE	0.		
		NORTH AMERICA	TOBACCO CONTROL GRANT	100,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH GRANT	21,251.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	TOBACCO CONTROL GRANT	35,278.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	TOBACCO CONTROL GRANT	105,893.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HEALTH GRANT	54,667.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	42,000.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	587,937.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	434,473.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	185,902.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	216,334.	WIRE	0.		
		SOUTH AMERICA	TOBACCO CONTROL GRANT	48,300.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	54,778.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	512,492.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HEALTH GRANT	424,166.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	443,750.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	306,208.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	44,211.	WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH GRANT	75,042.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	16,979.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	14,683.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	31,250.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TOBACCO CONTROL GRANT	13,750.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	14,000.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	11,331.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	10,000.	WIRE	0.		
		SOUTH ASIA	GLOBAL HEALTH GRANT	27,000.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	19,886.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	20,833.	WIRE	0.		
		SOUTH ASIA	TOBACCO CONTROL GRANT	20,370.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	49,999.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	118,334.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	84,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	130,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	27,925.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	99,324.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	29,812.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	57,545.	WITE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	87,501.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	23,999.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	78,125.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	230,678.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	167,918.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	77,946.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	106,845.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	190,164.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	99,324.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	53,288.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	54,310.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	119,999.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	143,736.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	36,667.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	39,754.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	85,500.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	20,123.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	8,333.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	34,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	115,538.	WIRE	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL GRANT	102,249.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	14,284.	WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH GRANT	322,328.	WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

CFTFK'S INTERNATIONAL GRANTS SUPPORT NON-LOBBYING ACTIVITIES OF NON-GOVERNMENTAL AND CIVIL SOCIETY ORGANIZATIONS WORKING TO IMPLEMENT AND ENFORCE TOBACCO CONTROL POLICIES IN LOW- AND MIDDLE-INCOME FOREIGN COUNTRIES. TO EFFECTIVELY CONTROL AND MONITOR THE RECIPIENT'S USE OF THE GRANT FUNDS, THE CAMPAIGN MAINTAINS THE FOLLOWING POLICIES & PROCEDURES:- THE CAMPAIGN DOES A CAREFUL PROGRAMMATIC AND FINANCIAL REVIEW OF ALL GRANT APPLICANTS AND PROPOSALS TO ENSURE THAT PROJECT OBJECTIVES AND ACTIVITIES ARE IN LINE WITH CTFK GOALS AND FIT WITHIN THE APPLICANT ORGANIZATION'S CAPACITY AND EXPERIENCE.

- THE CAMPAIGN DOES NOT FUND ANY ACTIVITIES THAT MIGHT INCLUDE LOBBYING GOVERNMENT OFFICIALS, ADVOCATING FOR SPECIFIC LEGISLATIVE INITIATIVES, OR SUPPORTING OR OPPOSING CANDIDATES FOR ELECTED OFFICE.

- THE CAMPAIGN REQUIRES DETAILED INFORMATION FROM EACH GRANT APPLICANT SO THAT IT CAN FOLLOW THE U.S. DEPARTMENT OF THE TREASURY ANTI-TERRORIST FUNDING GUIDELINES REGARDING CHARITABLE GRANTS TO FOREIGN ENTITIES OR INDIVIDUALS. AMONG OTHER THINGS, THE CAMPAIGN ENSURES, PRIOR TO ISSUING ANY GRANT, THAT NEITHER THE RECIPIENT ORGANIZATION NOR ANY OF ITS DIRECTORS, TOP EXECUTIVE STAFF, MAJOR FUNDERS OR MAJOR RECIPIENTS OF ORGANIZATION GRANTS ARE LISTED ON ANY OF THE MAJOR DATABASES OF PERSONS AND ORGANIZATIONS LINKED WITH TERRORISM.

- THE INTERNATIONAL GRANT AGREEMENTS, THEMSELVES, CONTAIN SPECIFIC PROVISIONS TO PROTECT AGAINST GRANT FUNDS BEING USED TO SUPPORT TERRORIST ORGANIZATIONS OR ACTIVITIES, TO SUPPORT OR OPPOSE ANY CANDIDATES FOR POLITICAL OFFICE, FOR LOBBYING PURPOSES, OR IN VIOLATION OF ANY APPLICABLE LAWS.

- EXCEPT FOR SOME RELATIVELY SMALL GRANTS WITH SHORT TIME FRAMES, CFTFK

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

BREAKS UP ITS PAYMENT OF THE TOTAL GRANT AMOUNTS INTO INSTALLMENT
PAYMENTS TO HELP ENSURE COMPLIANCE WITH THE GRANT AGREEMENTS AND SO THAT
THE ENTIRE GRANT AMOUNTS ARE NEVER AT RISK OF IMPROPER USE OR DIVERSION.
CFTFK ALSO REQUIRES INTERIM REPORTS, INCLUDING FINANCIAL REPORTING, THAT
MUST BE RECEIVED AND APPROVED TO ENSURE PROPER USE OF RECEIVED GRANT
FUNDS BEFORE ADDITIONAL INSTALLMENT PAYMENTS ARE MADE. AS PART OF THE
FINANCIAL REPORTING, GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT ANNUAL
FINANCIAL STATEMENTS AND/OR AUDIT DOCUMENTS.

- FOR LARGER GRANTS, CFTFK UNDERTAKES SITE VISITS, AS WELL, TO ENSURE THE
PROPER USE OF GRANT FUNDS, TO CHECK THE INTERNAL FINANCIAL CONTROL
SYSTEMS OF THE RECIPIENT ORGANIZATIONS, AND TO ENGAGE IN OTHER OVERSIGHT
AND SUPPORT ACTIVITIES.

- AT THE CONCLUSION OF ALL GRANTS, GRANTEE ORGANIZATIONS ARE REQUIRED TO
SUBMIT FINAL NARRATIVE AND FINANCIAL REPORTS, WHICH ARE ANALYZED TO
ENSURE THAT ALL GRANT ACTIVITIES HAVE BEEN COMPLETED, ALL FUNDS HAVE BEEN
EXPENDED AND EXPENDED IN ACCORDANCE WITH U.S. GOVERNMENT AND LOCAL
GOVERNMENT REGULATIONS AND RESTRICTIONS, AND ALL OTHER REQUIREMENTS HAVE
BEEN FULFILLED UNDER THE TERMS OF THE GRANT.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2023

Open to Public Inspection

CAMPAIGN FOR TOBACCO-FREE KIDS

52-1969967

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d** ☐ In-person solicitations

- ☐
- No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 2023 YOUTH ADVOCATE AWA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	483,716.			483,716.
	2 Less: Contributions	483,716.			483,716.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	37,537.			37,537.
	7 Food and beverages	86,281.			86,281.
	8 Entertainment				
	9 Other direct expenses	174,686.			174,686.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				298,504.
11 Net income summary. Subtract line 10 from line 3, column (d)				-298,504.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number
52-1969967

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ASSOCIATION OF STATE AND STATE TERRITORIAL HEALTH OFFICIALS (ASTHO) - 2331 CRYSTAL DRIVE, STE 450 - ARLINGTON, VA 22202	35-1044487	501(C)(3)	12,500.	0.			TOBACCO CONTROL GRANT
NATIONAL PTA 1250 N. PITT STREET ALEXANDRIA, VA 22314	36-2169155	501(C)(3)	15,000.	0.			TOBACCO CONTROL GRANT
CAFFEE, CAFFEE & ASSOCIATION PHF 5295 OLD HWY 11, STE 3 HATTIEBURG, MS 39402	42-1627128		10,000.	0.			TOBACCO CONTROL GRANT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	107,498.	0.			GLOBAL HEALTH GRANT
EARTHRIGHTS INTERNATIONAL, INC 1612 K STREET, NW, SUITE 401 WASHINGTON, DC 20006	04-3265555	501(C)(3)	896,329.	0.			GLOBAL HEALTH GRANT
NATIONAL HISPANIC COUNCIL ON AGING 2201 12TH ST. NW, #101 WASHINGTON, DC 20009	52-1306347	501(C)(3)	20,000.	0.			TOBACCO CONTROL GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3 Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LGBT CANCER NETWORK 11 SOUTH ANGELL STREET, #377 PROVIDENCE, RI 02906	26-2539172	501(C)(3)	37,500.	0.			TOBACCO CONTROL GRANT
NAACP EMPOWERING 4805 MT. HOPE DRIVE BALITMORE, MD 21215	13-1084135	501(C)(3)	62,500.	0.			TOBACCO CONTROL GRANT
OUT MAINE PO BOX 1723 ROCKLAND, ME 04841	20-3682307	501(C)(3)	10,000.	0.			TOBACCO CONTROL GRANT
WELLSPRING CENTER FOR PREVENTION 620 CRANBURY ROAD, SUITE 105 BRUNSWICK, NJ 08818	22-2291498		10,000.	0.			TOBACCO CONTROL GRANT
SAVE A GIRL SAVE A WORLD 19702 FLEETWOOD DRIVE HARPER WOODS, MI 48225	46-3680673	501(C)(3)	50,000.	0.			TOBACCO CONTROL GRANT
THE CENTER FOR BLACK HEALTH AND EQUITY - 2726 CROASDAILE DRIVE, SUITE 212 - DURHAM, NC 27705	56-2211875	501(C)(3)	28,125.	0.			TOBACCO CONTROL GRANT
VIADUCT CONSULTING LLC 4613 NORWOOD DRIVE CHEVY CHASE, MD 20815	82-2711598		42,367.	0.			RESEARCH ON THE NATIONAL CRISIS OF OPIOID USE FOR PEOPLE IN JAIL OR JAIL WITH OPIOID USE

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
SCHOLARSHIPS/MINI GRANTS	7	27,500.	0.		

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

THE CAMPAIGN FOR TOBACCO-FREE KIDS (CFTFK) DOMESTIC GRANT PROGRAM SUPPORTS THE TOBACCO CONTROL EFFORTS OF 501(C)(3) NONPROFITS THROUGHOUT THE UNITED STATES THROUGH BOTH GENERAL-PURPOSE AND PROJECT-SPECIFIC GRANTS. IN BOTH CASES, GRANTS ARE GIVEN TO ORGANIZATIONS THAT CFTFK HAS WORKED WITH IN THE PAST AND WILL CONTINUE TO BE WORKING WITH ON AN ONGOING BASIS. THIS FAMILIARITY WITH GRANT RECIPIENTS, AND THE CONTINUING WORKING RELATIONSHIPS, MAKES GRANT OVERSIGHT MUCH EASIER AND MORE DIRECT. TO EFFECTIVELY CONTROL AND MONITOR THE RECIPIENT'S USE OF THE GRANT FUNDS, THE

Part IV Supplemental Information

CAMPAIGN ALSO MAINTAINS THE FOLLOWING POLICIES & PROCEDURES.

EACH GRANT PROPOSAL IS SUBMITTED ON FORMS PROVIDED BY CFTFK THAT REQUIRE DETAILED INFORMATION TO ALLOW FOR A CAREFUL EVALUATION OF THE GRANT PROPOSAL AND THE RECIPIENTS ABILITY TO USE THE GRANT FUNDS EFFECTIVELY, AS WELL AS FORMAL CONFIRMATION OF THE APPLICANT'S 501(C)(3) STATUS. GENERAL PURPOSE GRANT REQUESTS ARE EVALUATED BY THE REGIONAL ADVOCACY DIRECTORS, THE VICE-PRESIDENT FOR STATE ISSUES AND OTHER RELEVANT CFTFK STAFF, SOMETIMES IN CONSULTATION WITH OTHERS FAMILIAR WITH THE APPLICANT. THE PROJECT-SPECIFIC GRANTS ARE EVALUATED BY THE SAME CFTFK PERSONNEL IN MONTHLY TELECONFERENCE DISCUSSIONS THAT ALSO INCLUDE MANAGEMENT-LEVEL REPRESENTATIVES FROM THE AFOREMENTIONED ORGANIZATIONS. AFTER CLARIFYING ANY ISSUES RAISED RELATING TO A PROPOSAL, INCLUDING POSSIBLE REVISIONS TO THE PROPOSAL, THOSE REVIEWING THE PROPOSAL RECOMMEND WHETHER OR NOT THE GRANT SHOULD BE MADE.

THE PROPOSALS AND RELATED GRANT DOCUMENTS FOR RECOMMENDED GRANTS ARE REVIEWED BY THE CFTFK VICE PRESIDENT FOR STATE ISSUES, GENERAL COUNSEL, AND VICE PRESIDENT FOR FINANCE & ADMINISTRATION. UPON THEIR APPROVAL, THE GRANT LETTER (FOR GENERAL PURPOSE GRANTS) OR GRANT AGREEMENT (FOR PROJECT-SPECIFIC GRANTS) IS SUBMITTED TO CFTFK'S PRESIDENT FOR FINAL APPROVAL AND SIGNATURE, WITH PROJECT GRANT AGREEMENTS ALSO SIGNED BY A LEGALLY AUTHORIZED REPRESENTATIVE OF THE GRANTEE. AFTER THE CHECK IS DISBURSED, THE RELEVANT CAMPAIGN REGIONAL ADVOCACY DIRECTOR WORKS WITH THE GRANTEE ON AN ONGOING BASIS TO CONFIRM THAT THE GRANT FUNDS ARE USED CONSISTENTLY WITH THE GRANT AGREEMENT.

THE GENERAL PURPOSE GRANT LETTERS PROVIDE THAT THE FUNDS MAY BE USED ONLY

Part IV Supplemental Information

FOR ACTIVITIES 501(C)(3) NONPROFITS MAY LEGALLY ENGAGE IN AND MUST BE USED FOR THE GENERAL PURPOSE OF PREVENTING AND REDUCING TOBACCO USE OR ITS HARMS. THE PROJECT-SPECIFIC GRANT AGREEMENTS ARE MUCH MORE DETAILED AND RESTRICTIVE, REQUIRING THAT THE FUNDS NOT ONLY BE USED SOLELY FOR ACTIVITIES 501(C)(3) NONPROFITS MAY LEGALLY ENGAGE BUT ALSO ONLY TO PROMOTE THE GRANT PROJECT, PURSUANT TO THE PROVIDED BUDGET. SOME GRANT LETTERS/AGREEMENTS MAY HAVE STIPULATIONS THAT A PERCENTAGE OF GRANT FUNDS MAY BE USED FOR GRASSROOTS LOBBYING, AND/OR DIRECT LOBBYING, IN WHICH CASE CFTFK COUNTS THAT PORTION OF THE GRANT TOWARD ITS OWN LOBBYING LIMITS.

IN SOME CASES, CFTFK MAY PROVIDE A DOMESTIC GRANT EXPLICITLY FOR DIRECT OR GRASSROOTS LOBBYING PURPOSES EITHER TO 501(C)(3) OR 501(C)(4) NONPROFITS IN WHICH CASE CFTFK COUNTS THAT EXPENDITURE TOWARD ITS LOBBYING LIMITS. SIMILAR PROCEDURES AND OVERSIGHT AS THOSE DESCRIBED ABOVE APPLY TO ANY SUCH GRANTS, WITH ADDITIONAL ATTENTION TO ENSURING COMPLIANCE WITH ANY APPLICABLE LAWS RELATING TO LOBBYING ACTIVITIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VIADUCT CONSULTING LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH ON THE NATIONAL CRISIS OF OPIOID USE FOR PEOPLE IN JAIL OR JAIL WITH OPIOID USE DISORDERS(OD)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YOLONDA RICHARDSON PRESIDENT & CEO, SECRETARY	(i)	286,759.	0.	2,143.	22,957.	30,797.	342,656.	0.
	(ii)	84,232.	0.	629.	6,743.	9,046.	100,650.	0.
(2) DANIEL MCGOLDRICK VP, BI INCUBATOR/OBESITY	(i)	185,032.	0.	3,734.	17,031.	21,851.	227,648.	0.
	(ii)	79,256.	0.	1,600.	7,295.	9,360.	97,511.	0.
(3) JACQUELINE BOLT VP, FINANCE & ADMIN., TREASURER	(i)	148,704.	0.	666.	13,654.	10,963.	173,987.	0.
	(ii)	116,227.	0.	521.	10,672.	8,571.	135,991.	0.
(4) ANNE FORD VP, FEDERAL RELATIONS	(i)	135,146.	0.	1,525.	12,446.	17,011.	166,128.	0.
	(ii)	110,492.	0.	1,247.	10,175.	13,906.	135,820.	0.
(5) VINCENT WILLMORE VP, COMMUNICATIONS	(i)	154,875.	0.	1,079.	13,572.	9,195.	178,721.	0.
	(ii)	106,472.	0.	742.	9,330.	6,319.	122,863.	0.
(6) MATTHEW MYERS PRESIDENT (THRU 12/31/2023)	(i)	130,253.	0.	3,732.	11,999.	16,996.	162,980.	0.
	(ii)	102,727.	0.	2,943.	9,464.	13,403.	128,537.	0.
(7) JOHN BOWMAN EXECUTIVE PRESIDENT	(i)	124,328.	0.	1,356.	11,331.	8,238.	145,253.	0.
	(ii)	119,186.	0.	1,301.	10,836.	7,899.	139,222.	0.
(8) VANDANA AGARWAL REGIONAL DIRECTOR	(i)	189,259.	0.	780.	17,272.	20,388.	227,699.	0.
	(ii)	45,013.	0.	186.	4,109.	4,850.	54,158.	0.
(9) LUCY SULLIVAN REGIONAL DIRECTOR	(i)	229,314.	0.	630.	20,456.	31,456.	281,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICIA SOSA DIR. LATIN AFFAIRS	(i)	181,489.	0.	2,190.	16,765.	21,787.	222,231.	0.
	(ii)	48,216.	0.	582.	4,454.	5,787.	59,039.	0.
(11) KIMBERLY AMAZEEN VP, DEVEL. & STRATEGIC ALLIANCES	(i)	200,101.	0.	862.	17,395.	27,731.	246,089.	0.
	(ii)	24,104.	0.	104.	2,095.	3,342.	29,645.	0.
(12) PAMELA COFFEY DIR. INTERNATIONAL GRANTS	(i)	65,804.	0.	538.	6,048.	7,800.	80,190.	0.
	(ii)	155,113.	0.	1,268.	14,256.	18,388.	189,025.	0.
(13) STEPHANIE PORTER CHIEF HUMAN RESOURCES OFFICIER	(i)	119,297.	0.	218.	10,788.	2,013.	132,316.	0.
	(ii)	110,988.	0.	202.	10,036.	1,872.	123,098.	0.
(14) ANNIE TEGAN VP, STATE ISSUES	(i)	89,337.	0.	444.	8,417.	21,339.	119,537.	0.
	(ii)	88,094.	0.	437.	8,300.	21,043.	117,874.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE
BOARD WHO WORK AT SIMILAR ORGANIZATIONS AND ARE FAMILIAR WITH COMPARABLE
COMPENSATION FOR SIMILARLY QUALIFIED INDIVIDUALS. THE BOARD EVALUATES THE
PERFORMANCE OF THE PRESIDENT ANNUALLY AND MAKES RECOMMENDATIONS ON SALARY
INCREASES BASED ON PERFORMANCE AND THE AVERAGE RATE OF INFLATION.
COMPENSATION IS CONSIDERED AND APPROVED IN AN EXECUTIVE SESSION BY THE FULL
BOARD OF DIRECTORS. PERIODICALLY, HR REVIEWS COMPENSATION OF THE
EXECUTIVE MANAGEMENT TEAM AND STAFF TO ENSURE THAT COMPENSATIONS ARE IN
LINE WITH SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT OTHER
NON-PROFIT ORGANIZATIONS.

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

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

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

HEALTH AND SAVE THE MOST LIVES.

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

GLOBAL CAMPAIGN TEAM SUPPORT INCLUDES STRATEGIC PLANNING, CAMPAIGN
IMPLEMENTATION, COMMUNICATIONS AND MEDIA OUTREACH AND POLICY RESEARCH
AND LEGAL TECHNICAL ASSISTANCE.

THROUGH OUR SPECIAL INITIATIVE, THE GLOBAL HEALTH ADVOCACY INCUBATOR,
WE ALSO WORK WITH CIVIL SOCIETY ORGANIZATIONS WORKING ON FOOD AND
NUTRITION, ROAD SAFETY, DROWNING PREVENTION, AND A RANGE OF HEALTH
SYSTEM STRENGTHENING EFFORTS. IN ITS WORK, THE INCUBATOR PROVIDES
SIMILAR FINANCIAL AND TECHNICAL ASSISTANCE TO LOCAL PARTNERS IN MORE
THAN 25 COUNTRIES WHERE THE HEALTH BURDEN FROM THESE ISSUES HAVE LED TO
PREVENTABLE DEATHS AND DISEASE.

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

BUT ALSO INITIATES LEGAL ACTION WHEN FDA FAILS TO ACT. ONE SUCH ACTION
WAS TO DEMAND THAT THE FDA FULFILL ITS OBLIGATION TO DEVELOP EFFECTIVE,
SCIENCE-BASED, CONSUMER WARNINGS ON CIGARETTES. FINALLY, WE HAVE
SEVERAL EFFORTS WHERE WE WORK WITH YOUTH TO BUILD THEIR CAPACITY TO
DEVELOP CAMPAIGNS TO REDUCE YOUTH USE IN THEIR SCHOOLS AND COMMUNITIES.
SEVERAL OF THESE YOUTH ARE PROFILED AND HONORED AT OUR ANNUAL GALA.

THROUGH OUR SPECIAL INITIATIVE, THE GLOBAL HEALTH ADVOCACY INCUBATOR,
WE ALSO WORK TO ENGAGE AND EDUCATE THE PUBLIC ON THE OVERDOSE EPIDEMIC

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

Schedule O (Form 990) 2023

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

IN THE UNITED STATES.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE & ADMINISTRATION STAFF, IN CONSULTATION WITH OUR OUTSIDE ACCOUNTING FIRM, PREPARES THE 990 FORM EACH YEAR. ONCE IT IS COMPLETED AND APPROVED BY THE VICE-PRESIDENT FOR FINANCE & ADMINISTRATION AND THE PRESIDENT, IT IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS (WHICH INCLUDES THE TREASURER) AND ALSO THE FULL BOARD OF DIRECTORS FOR THEIR FINAL REVIEW AND APPROVAL, ALONG WITH KEY UNDERLYING DATA AND RECORDS. THE FINANCE COMMITTEE AND BOARD ARE GIVEN READY ACCESS TO RELEVANT STAFF AS WELL AS THE ACCOUNTING FIRM IN THE EVENT THAT THE COMMITTEE HAS QUESTIONS OR WANTS TO REVIEW ANY DATA OR RECORDS THAT WERE NOT INITIALLY PROVIDED. ONCE THE FINANCE COMMITTEE APPROVES THE 990 FORM IT IS SUBMITTED TO THE IRS.

FORM 990, PART V, LINE 2B:

THE CAMPAIGN FOR TOBACCO FREE KIDS SHARES STAFF AND CERTAIN OTHER EXPENSES WITH TOBACCO-FREE KIDS ACTION FUND (THE "ACTION FUND," EIN: 52-1974904), AN IRC SECTION 501(C)(4) ORGANIZATION, PURSUANT TO A WRITTEN COST-SHARING AGREEMENT. UNDER THE AGREEMENT, EMPLOYEES OF THE CAMPAIGN FOR TOBACCO FREE KIDS CONDUCT ACTIVITIES ON BEHALF OF THE ACTION FUND, AND THE ACTION FUND PROMPTLY REIMBURSES CAMPAIGN FOR TOBACCO FREE KIDS FOR ALL ASSOCIATED EXPENSES, INCLUDING THE ALLOCABLE SHARE OF EMPLOYMENT TAXES. THE CAMPAIGN FOR TOBACCO FREE KIDS, AS THE

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number

52-1969967

COMMON PAYMASTER, PAYS ALL REQUIRED EMPLOYMENT TAXES FOR ITS EMPLOYEES
AND ISSUES THE RELEVANT IRS FORMS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CAMPAIGN FOR TOBACCO-FREE KIDS HAS A FORMAL, WRITTEN CONFLICT OF
INTEREST POLICY FOR STAFF AND BOARD THAT IS PERIODICALLY REVIEWED AND, AS
NEEDED, UPDATED AND REVISED. THE WRITTEN POLICY IS PERIODICALLY DISTRIBUTED
TO ALL STAFF AND BOARD MEMBERS, AND ALWAYS DISTRIBUTED WHEN ANY SIGNIFICANT
CHANGES ARE MADE. ALL NEW STAFF MEMBERS AND NEW BOARD MEMBERS ARE GIVEN A
COPY OF THE WRITTEN CONFLICTS OF INTEREST POLICY, AND IT IS AVAILABLE ON
THE CAMPAIGN'S INTERNAL COMPUTER NETWORK. THE CONFLICT OF INTEREST POLICY
CLEARLY STATES THAT STAFF AND BOARD MUST DISCLOSE ANY OF THEIR EXISTING OR
PLANNED ACTIVITIES THAT MIGHT CONSTITUTE A CONFLICT OF INTEREST AND THAT
THE CAMPAIGN RESERVES THE RIGHT TO TAKE ANY REASONABLE ACTION TO RESOLVE A
CONFLICT SITUATION, INCLUDING THE POSSIBLE TERMINATION OF AN EMPLOYEE
AND/OR BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE
BOARD WHO WORK AT SIMILAR ORGANIZATIONS AND ARE FAMILIAR WITH COMPARABLE
COMPENSATION FOR SIMILARLY QUALIFIED INDIVIDUALS. THE BOARD EVALUATES THE
PERFORMANCE OF THE PRESIDENT ANNUALLY AND MAKES RECOMMENDATIONS ON SALARY
INCREASES BASED ON PERFORMANCE AND THE AVERAGE RATE OF INFLATION.
COMPENSATION IS CONSIDERED AND APPROVED IN AN EXECUTIVE SESSION BY THE FULL
BOARD OF DIRECTORS. PERIODICALLY, HR REVIEWS COMPENSATION OF THE
EXECUTIVE MANAGEMENT TEAM AND STAFF TO ENSURE THAT COMPENSATIONS ARE IN
LINE WITH SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT OTHER
NON-PROFIT ORGANIZATIONS.

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

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

AL, AR, CA, FL, GA, HI, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT
VA, WV, WI, IL

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

UPON REQUEST, THE ORGANIZATION MAKES AVAILABLE THE DOCUMENTS REQUIRED TO BE
MADE PUBLICLY AVAILABLE BY SECTION 6104.

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES	8,524,381.
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MANAGEMENT AND GENERAL EXPENSES	549,389.
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FUNDRAISING EXPENSES	210,930.
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TOTAL EXPENSES	9,284,700.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,284,700.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAMPAIGN FOR TOBACCO-FREE KIDS

Employer identification number
52-1969967

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TOBACCO-FREE KIDS ACTION FUND - 52-1974904 1400 I STREET, NW STE 1200 WASHINGTON, DC 20005	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)		N/A		X

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TOBACCO-FREE KIDS ACTION FUND	M	729,632.	FMV
(2) TOBACCO-FREE KIDS ACTION FUND	O	9,421,316.	FMV
(3) TOBACCO-FREE KIDS ACTION FUND	Q	965,064.	FMV
(4)			
(5)			
(6)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.