

NO CHILD IS BROKEN

TRUETH Foundation: what we do, what we have learned, and what we have not proven yet

A white paper for clinicians, educators, funders and families

TRUETH Foundation · Woodinville, Washington · 501(c)(3) · EIN 39-2576788

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A note on how this document is written

Most organizations write this kind of paper to look further along than they are. This one does the opposite, on purpose, and the reason is practical rather than noble.

TRUETH works with children whose families have already been promised things. A therapy that would work. A waitlist that would move. A school plan that would hold. Those families have a finely tuned instrument for detecting a claim that is about to fail, and so do the clinicians and school administrators who are asked to refer to us. The fastest way to lose all three audiences at once is to state something we cannot show.

So this paper marks every claim. Where TRUETH delivers something today, it says so. Where something is being built, it says that. Where something is a concept, it says that too, and where a question is open we have written the question down rather than answering it. **There is not a single participant outcome statistic in this document, because TRUETH does not yet have one that has been measured properly.** That absence is the most important thing on the page.

PART ONE: THE PROBLEM

1.1 The shape of it

Four figures describe the environment TRUETH operates in. They are system data. None of them says anything about whether TRUETH works.

More than one in five U.S. adolescents ages 12 to 17 had a current diagnosed mental or behavioural health condition in 2023. *HRSA / MCHB adolescent mental and behavioural health brief, 2023*

The share of pediatric and young adult emergency department visits that were mental health related roughly doubled between 2011 and 2020. *Bommersbach et al., JAMA, 2023*

Seventy two percent of U.S. counties have no practising child and adolescent psychiatrist. *AACAP child and adolescent psychiatrist workforce map*

Forty eight days is the national behavioural health wait benchmark. *National Council for Mental Wellbeing*

Put together, they describe a system where demand rises, capacity does not, and the standard unit of care is one licensed clinician for one child for one hour. You cannot hire your way out of that arithmetic, and the country has been trying for a decade.

1.2 The gap that is less discussed

The capacity problem is well documented. The second problem is quieter.

Most of what is offered to a dysregulated child is delivered through language. Sit down, talk about it, notice the thought, reframe it. For a great many children that is exactly right and it works. For a child whose nervous system is already past the point where language lands, the intervention arrives at a door that is closed. Parents describe this constantly: the strategies work in the office and evaporate in the parking lot.

TRUETH's premise is that regulation can be practised as a physical skill, in a group, repeatedly, until it is available to the child when they need it rather than when they are calm enough to discuss it.

We want to be precise about the status of that premise. It is a design hypothesis informed by three decades of applied practice and by a substantial research literature on movement, breath and self-regulation. It is not a proven mechanism for TRUETH's specific protocol. Section 5 sets out exactly what would have to happen for us to say more.

PART TWO: WHAT TRUETH ACTUALLY IS

2.1 The organization

TRUETH Foundation is a 501(c)(3) tax-exempt nonprofit corporation, EIN 39-2576788, based in Woodinville, Washington, serving the greater Seattle and Kirkland area. Tax-exempt determination was granted in September 2025.

It is small. As of this edition it operates from one location, works out of the martial arts academy that hosts its founding program, and has no seated board of directors, which is stated here rather than obscured because the governance page on our own website already says it.

2.2 The program

TRUETH Jin Sun Do is a structured group program for children ages 5 to 17. Every session contains three elements, in the same order, every time.

Structured breathwork. Specific, repeatable breathing patterns practised before, during and after physical effort, so that the child experiences a change of state in their own body rather than being told about one. The skill is meant to transfer: to a classroom, to a hard moment, to the night before sleep.

Movement sequences. Progressive martial arts patterns demanding timing, balance, coordination, distance, attention, persistence and controlled effort. They are difficult on purpose. The point is mastering something real, which is also the point of the belt system.

Emotional literacy. Learning to name what is happening internally and to communicate it, inside a group with a shared vocabulary, in a room where nobody is the designated problem.

2.3 The decision that defines TRUETH

Mixed cohorts. Neurodivergent and neurotypical children train together.

This is not an efficiency measure. A pull-out group tells every child in it what the group is for, and the child carries that information out of the room. A mixed cohort makes the shared identity effort, learning and mastery instead of diagnosis. Accommodations remain individual and are planned privately with each family. Belonging is collective.

No diagnosis, IEP, referral or documentation is required to enrol, or to receive an accommodation.

2.4 The method's origin, and one open question

TRUETH Jin Sun Do was developed by **Grand Master Kim**, who was raised inside a martial arts household connected to the founding generation of Taekwondo in Korea, who began training from early childhood, who spent a career training masters, military and law enforcement personnel in Hong Kong and the United States, and who has spent roughly three decades in direct practice with children in Greater Seattle.

He came to children's teaching by being asked to, and treats it as service rather than as a business. When TRUETH's founder finally asked him why a master of his standing was teaching children, that was his answer.

His method takes ten martial arts disciplines back to their shared root. Hapkido, Aikido, Kenpo, Taekwondo, Karate, Thai Boxing, Kung Fu, Judo, Ninjutsu and Gumdo. Most martial arts are taught as branches, each developed by a different country for a different kind of combat, each keeping its root

knowledge close. Jin Sun Do asks the question underneath: what is the body doing, why was the movement built that way, and what is the breath doing beneath it.

The open question, stated rather than avoided. TRUETH's internal records currently give Grand Master Kim's full name in more than one form, and describe his relationship to a named founding figure of Taekwondo in two different ways. Until we hold a document that settles both, this paper describes the lineage accurately and generally, and does not state the specific relationship as fact. We would rather publish a weaker sentence that is certainly true. Anyone who needs the precise lineage for a due diligence process should ask us directly, and we will tell them exactly where we are with it.

2.5 Belts, and the Warrior Ceremony

Children progress through a belt system. Each cohort ends with a Warrior Ceremony, where the child receives their belt in front of their family and community.

For many of these children it is the first time they have stood in front of the people who love them and been recognised for something they built rather than managed. Parents tend to talk about this ceremony more than about any session.

Belts are earned in person, under supervision. **TRUETH does not award rank online**, and decided so explicitly in August 2026, because rank that cannot be verified is not rank.

2.6 What it costs, and what that means

\$0	\$45 TO \$95	\$145	\$195 AND UP
Full scholarship	Supported	Standard	Sustaining

Uniform, belt testing and Warrior Ceremony participation are included at every band. **Bands are private, never visible on the mat, and never discussed in front of students.** If a family's circumstances change, the band changes with them, in either direction.

No child is turned away for financial reasons. That sentence is only worth anything because of the scholarship band above it, and the scholarship band is only funded because donors fund it.

2.7 Safety, stated concretely

Martial arts involves contact. In TRUETH's children's programs that contact is controlled, taught progressively, and never used as punishment or as a test of toughness. Sparring is not the point of this program.

- Observable environments. Parents are welcome to watch.
- Clear rules about appropriate physical contact in instruction, with form correction available verbally or by modelling for children who need that.
- A named route to raise a concern, and protection from retaliation for raising one.

- Everyone working with children completes safeguarding requirements first, without exception.
- **A child who melts down, leaves the mat, or cannot participate that day has not failed.** The response is regulation support, not discipline.

2.8 The four things TRUETH will never do

1. Tell a family to stop a medication, a therapy or a treatment plan. That is between the family and their clinician.
2. Promise a clinical outcome.
3. Shame a child for dysregulating.
4. Turn a child away because the family cannot pay.

PART THREE: THE TIMELINE

Reconstructed from TRUETH's own organizational record and from seven recorded working sessions between 2026-07-19 and 2026-08-04. Every entry has a date and a source. Nothing here is rounded up.

Before the organization

TRUETH began with one mother and one child. Her son is twice exceptional, exceptionally gifted and neurodivergent at the same time. The available therapies were not reaching him.

She is a martial arts practitioner herself, and she believed the discipline could help, so she tried to teach him. It did not work. She was focused on technique, and he was refusing to learn it from his own parent.

So she went looking for the right teacher instead. After months of searching she found a small school in Woodinville and interviewed the instructor.

What she noticed was specific. Her son, who resisted every tutor and had to be dragged to every appointment, would not be a minute late to that class. He ran to it.

She spent a year saying nothing and simply watching. Then she began asking other parents whether she could include their children in what she was observing, and the pattern held. It was not just her child.

That observation is the origin of TRUETH, and it is also the thing TRUETH cannot yet prove. It was gathered informally, by an interested parent, without a protocol. It is a reason to run a study. It is not a study.

2025

DATE	EVENT
September 2025	501(c)(3) tax-exempt determination granted. EIN 39-2576788.

Then very little, publicly, for months. The founder was travelling and largely absent from the organization for roughly six months, then spent about three and a half months examining whether a clinical, insurance-reimbursed route into hospitals was viable. That gap is in the record because leaving it out would make the next six weeks look less like what they were.

2026: six weeks that built the organization

DATE	EVENT	WHY IT MATTERED
2026-06-06	First pitch deck produced.	Later withdrawn. See section 6.
2026-07-19	First full recorded working session. 319 exchanges, all three principals.	Mission, method, clinical strategy, technology and marketing set out for the first time in one place.
2026-07-21	Board strategy memo.	Recommended retiring candidate-aligned messaging, retiring the framing of students as marketers, and adopting a claims ladder that avoids stating unproven efficacy. This memo is the reason the rest of this paper reads the way it does.
2026-07-25	Accepted on Benevity.	TRUETH becomes searchable in corporate giving portals, so employees at large companies can log volunteer hours and have gifts matched.
2026-07-25	First \$5,000 committed.	The first individual gift to the organization.
2026-07-25	Master Kim approves the academy as TRUETH's working office.	The organization gains a daily physical home until it has its own.
2026-07-25	Public website built. 53 pages including 27 policy pages.	Built nonpartisan, with no payment rails and no unproven efficacy claims, deliberately.
2026-07-26	trueth.group purchased and live.	TRUETH's first purchase. The site serves from its own domain.
2026-07-26	Team workspace and shared boards move into a database behind a membership allowlist.	Institutional memory stops living in individual heads.
2026-07-26	Brand decision: remove solid black from the TRUETH design.	A small decision that turned out to govern every subsequent visual surface.
2026-07-26	Founder reports strong interest from managers at a major Seattle pediatric hospital following an outreach conversation.	Interest, not a partnership. No agreement exists. TRUETH does not name the institution publicly and will not until there is something in writing.
2026-07-28	Working session at the academy. The clinical monetization route is judged too slow given hospital pilot requirements, quarterly payment cycles and billing complexity. Technology-first monetization is prioritised.	The first significant strategic reversal, six weeks in.
2026-07-29	Media consent and safeguarding packets signed for every current participant.	Photography and video become possible. Consent remains per asset and per person, never a blanket.

DATE	EVENT	WHY IT MATTERED
2026-07-29	IP roadmap session. Legal counsel meeting scheduled.	
2026-07-30	Session on expansion concepts, mobile delivery and progression systems. Work formally divided: one principal leads online, one leads physical expansion.	
2026-08-02	Decision: no online belt ranking. Course slate narrowed to a small number of specific offerings. Founder commits 75% of her time back to the clinical track.	The second reversal, and a correction of the first.
2026-08-03	Relationship map captured and recorded, with every uncertain name explicitly flagged as uncertain.	
2026-08-04	Legal structure session. Counsel recommends a Wyoming LLC to hold intellectual property and a Washington S-corp for commercial operations, alongside the existing nonprofit. Decision: Master Kim is the public face of TRUETH. Decision: the nonprofit focuses primarily on the clinical track serving neurodivergent children.	The current position.
2026-08-05	Full reconciliation of every printed document against the organizational record. Six documents reviewed. One withdrawn.	This paper.

What the timeline shows

Read it honestly and it shows an organization that changed its mind twice in three weeks about its own central strategy, that publishes the fact, and that stopped each time to write down what it had decided and why.

That is not a weakness to hide. An eleven-month-old nonprofit that had not revised its strategy in the first six weeks of real operation would either be extremely lucky or not paying attention.

PART FOUR: HOW A PARTNERSHIP WORKS

4.1 What TRUETH offers an institution

A defined group protocol, delivered at your site by TRUETH instructors, under your governance and your licensed clinical supervision where applicable. Current published design targets are 10 to 17 participants, 4 to 8 weeks, 2 to 3 sessions per week, 45 to 60 minutes. Final parameters are co-designed.

Four stages, each with a defined output: **Discovery** produces a written problem and scope. **Design** produces an approved protocol covering cohort, consent, schedule, supervision, data roles and escalation. **Delivery** produces an implementation record. **Review** produces a go, revise or stop decision.

4.2 What TRUETH will not tell you

We will not tell you a billing code is reimbursable in your setting. That determination belongs to your institution, your supervising clinician, your documentation and your payers. We will support it with implementation records rather than with claims. Any TRUETH material that names a billing code and asserts coverage is material we have withdrawn.

We will not name you as a partner, in any document or on any channel, without your written approval.

We will not claim your outcomes. Reductions in crisis presentations, admissions or staff workload are exactly the claims that would be most useful to both of us, and exactly the claims we are not entitled to make.

4.3 The disclosure a partner deserves up front

No TRUETH pilot has been completed. The first institutional partner would be the first, and we will put that in writing rather than let them discover it. A founding partner gets naming on any resulting publication, real influence over the measurement design, and an organization that has every reason to get it right.

PART FIVE: EVIDENCE

5.1 The ladder

TRUETH operates a four-tier claims policy. It governs the website, the print materials, this paper and everything said on TRUETH's behalf.

TIER	WHAT IT COVERS	WHAT MAY BE SAID
Known now	Defined methodology, published program structure, applied practice, safeguarding and access policies	What TRUETH currently delivers
Observed	Family and instructor experience	Observations, clearly labelled as observations. Never as clinical proof
To be tested	Feasibility, acceptability, attendance, fidelity, change on validated measures	The question and the protocol. Never an outcome
To be validated	Replication across populations, with governance and peer review where required	Results, only once evidence and approvals support them

5.2 Where TRUETH sits on it today

Tier one, entirely. TRUETH has a defined methodology, a published program structure, three decades of applied practice, and written safeguarding and access policies.

It has tier two material that has never been written up. Observational work exists inside the organization. It has no documented methodology, no recorded sample size, no dated instrument and no named collector, which means it cannot support a grant application or a hospital conversation, and it is not published here. Writing it up properly is the single most valuable thing TRUETH could do in the next ninety days.

It has nothing at tiers three or four. No pilot has run. No validated instrument has been administered. No result exists.

5.3 What the literature does and does not tell you

There is a real and substantial research literature on breath-based practice and heart rate variability, on physical activity and executive function in children, on structured martial arts training and inhibitory control, and on body-based approaches to trauma. It is the reason TRUETH's design looks the way it does.

It is not evidence about TRUETH. A literature that supports the components of an intervention does not establish that a specific protocol, delivered by specific instructors, to a specific population, in a specific dose, produces an effect. Every failed clinical trial in history was built on plausible mechanisms.

TRUETH has withdrawn a previously circulated document that presented five neurological mechanisms under the heading "why this works", because that heading is a claim regardless of the disclaimer underneath it. A properly referenced literature annex, written with clinical input, is the correct home for that material and is on the build list.

5.4 The publication standard

Select the measures before delivery. Document implementation. Protect privacy. Review findings with the partner before anything is published. Report limitations.

Publish results honestly, including findings that are flat or negative.

An organization that only publishes wins has told you nothing about the wins.

PART SIX: WHAT WE GOT WRONG

This section exists because a paper that only describes discipline is not evidence of discipline.

In June 2026 TRUETH produced a pitch deck. In August 2026, reconciling every printed document against the organizational record, we found that it contained:

- **Four quoted parent testimonials** about children's behaviour, with no signed release on file and no trace in any TRUETH record.
- **A named university research centre** listed as a 2026 collaboration. The only contact behind it was an individual physician who had expressed interest in sponsoring the organization.

- **Two specific billing codes** and a five-year hospital revenue model built on them, in direct contradiction of TRUETH's own published position that it will not assert reimbursability.
- **Revenue projections** extending to nine figures, resting on a thirty-hospital scenario that our own internal roadmap had already flagged as unreconciled by roughly a factor of thirteen.
- **A personal mobile number and the street address of a building where children train.**
- **A pharmaceutical partnership concept** describing TRUETH as an adjunct arm for sponsors seeking to demonstrate better medication outcomes.
- **A personality disorder listed as an indicated population** for a children's martial arts program.
- **A medical advisory board described as fully seated.** It has never met. It has never been seated.

That deck has been withdrawn. It is not being revised, corrected or reissued. Anyone who received a copy should treat it as void, and we would rather hear from them than not.

We are publishing this because the alternative is that someone finds it later, and because an organization asking clinicians and parents to trust its restraint should be willing to show the one document where its restraint failed.

PART SEVEN: WHAT IS BEING BUILT, AND WHAT IS ONLY AN IDEA

Being built now. Partner pilot design. The outcome measurement framework. A facilitator curriculum, which is a workstream and not yet a certification. Parent education. A documentary and heritage archive preserving the method, its philosophy and its lineage. Advisory capacity, sponsors, operations, and the legal and IP architecture.

Concepts only. Mobile academy units for places without permanent movement space. Regional hubs and a licensed network. A digital learning platform. Opt-in progression and identity systems for participants. Movement sensing and camera-based feedback. Every one of these is subject to evidence, governance, child-safety review and legal review, and none of them is offered, sold or fundraised against today.

Two guardrails on the concept work, both of which came from decisions TRUETH made about itself:

No child is responsible for organizational growth. An earlier strategy document framed students as marketers. That framing was formally retired.

TRUETH is nonpartisan. An earlier strategy document proposed candidate-aligned messaging. It was retired. TRUETH does not align with candidates, parties or campaigns, and works with anyone who wants to help children regulate.

PART EIGHT: WHAT WE ARE ASKING FOR

Clinical and school partners. A first pilot site, co-designed, with real measurement and an honest closeout. First institutional partner named on any resulting publication.

Clinicians and researchers. Read the measurement plan before a pilot starts and tell us where it is weak. This is hours, not a commitment.

Space. Weekday evening or weekend hours in a safe room with space to move. This is the constraint that decides how many children TRUETH can serve, and it is the one money solves slowest.

Scholarship funding. \$45 covers one supported seat for a month. \$145 covers one full scholarship month. \$1,740 covers one scholarship year including uniform, testing and the Warrior Ceremony.

Skills. Grant writers. Educators who know how a district actually says yes. Writers who can turn what is true into what is citable.

Introductions. One conversation with someone who takes your call.

Contact

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TRUETH supports wellbeing through movement, breathwork and community. It does not diagnose or treat any condition and never replaces professional care. For immediate danger call 911. In the United States, call or text 988 for the Suicide and Crisis Lifeline. TRUETH is not a crisis service.

Sources

TRUETH organizational records reviewed 2026-08-05: the trueth.group public site and its underlying content modules; the organizational timeline; seven recorded working sessions between 2026-07-19 and 2026-08-04 and their 140 extracted decisions, actions, risks and open questions; the internal roadmap; the relationship map; the legal and policy document register.

System data: HRSA / MCHB adolescent mental and behavioural health brief, 2023; Bommersbach et al., JAMA, 2023; AACAP child and adolescent psychiatrist workforce map; National Council for Mental Wellbeing access reporting.

No participant outcome, testimonial, partner name or research collaboration appears in this document.
Where a fact could not be sourced, the question was printed instead of the answer.