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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit fruits for private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 900. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pend of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection DEC 31, For the 2012 calendar year, or tax year beginning AUG 8 2012 and ending 2012 Check if applicable C Name of organization D Employer identification number THE GROUNDTRUTH PROJECT INC. 46-0908502 X Name change X initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number THE PILOT HOUSE, LEWIS WHARF, C/O GLOBAL City or town, state or country, and ZIP + 4 Terminated (617) 854-3177 F Group Exemption X Application pending BOSTON, MA Number >

G	Acco	ounting Method: Cash Accrual Other (specify) > H Chec	ck 🕨 🗓 f the organization	ıs not
t	Web	site: ► WWW.THEGROUNDTRUTHPROJECT.ORG requ	uired to attach Schedule B	
J	Tax-	exempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 (For	rm 990, 990-EZ, or 990-PF).	_
K	Chec	k▶ 🔲 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross rec	ceipts are normally not more th	ıan
	\$50,	000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). Bu	ut if the organization chooses to	o file
	a ret	urn, be sure to file a complete return.		
L	Add	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
_		25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>\$</u>	0.
L	<u>Part</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	for Part I)	
_		Check if the organization used Schedule O to respond to any question in this Part I		
-	1	Contributions, gifts, grants, and similar amounts received	. 1	
-	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
•	5	a Gross amount from sale of assets other than inventory 5a		
	Ì	b Less: cost or other basis and sales expenses 5b		
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
ē		a Gross income from gaming (attach Schedule G if greater than		
le le	ļ	\$15,000)		
Revenue		b Gross income from fundraising events (not including \$ of contributions		
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	-	gross income and contributions exceeds \$15,000)		
	ŀ	c Less: direct expenses from gaming and fundraising events		
	-	Met income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7	· · · · · · · · · · · · · · · · · · ·		
		b Less: cost of goods sold		
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)	_7c	
	8	ether revenue (describe in confedite o)	8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0.
⇔	10	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members	10	——
WAR @ \$ 20% Expenses	11	Benefits paid to or for members	11	
Ses Ses	12	Salaries, other compensation, and employee benefits Professional face and other payments to independent contractors.	12	
en en	13	Professional fees and other payments to independent contractors	13	
S N N	14	Occupancy, rent, utilities, and maintenance	14	
₹	15	Printing, publications, postage, and shipping	15	
2	16	Other expenses (describe in Schedule O)	16	
<u> </u>	17	Total expenses. Add lines 10 through 16	17	0.
SCANNED!	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.
Z.es	19	Net assets or fund balances at beginning of year (from line 27, column (A))		^
34		(must agree with end-of-year figure reported on prior year's return)	19	0.
തുട്	20	Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year, Combine lines 18 through 20	20	0.
		mai accure or mon narange at ann ot vear. Lormona inne 1x toronton 201	21	

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

Form **990-EZ** (2012)

rom 990-EZ (2012) THE GROUNDTRUTH PROJECT			46-	<u>09085</u>	UZ Page 2
Part II Balance Sheets (see the instructions for Part II)				-	
Check if the organization used Schedule O to re				(D) F	_ <u></u>
		(A) Beginning of year	+-7	(B) E	nd of year
22 Cash, savings, and investments			22		
23 Land and buildings			23		
24 Other assets (describe in Schedule 0)	<u> </u>	·	24		
25 Total assets		0			
26 Total liabilities (describe in Schedule 0)		0	-		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21 Part III Statement of Program Service Accomplishme		0	. 27		0.
	•	•			rpenses for section
Check if the organization used Schedule O to re		on in this Part III	الما	501(c)(3)	and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE		 _			ons and section) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant information of the control of the services provided.		es in a clear and concise		for others.	
28 THERE WERE NO GRANTS OR RELATED EX	PENSES PAID O	R ACCRUED	i		
DURING 2012.		110011022			
(Grants \$) If this amount includes foreign	grants check here			28a	
29	granto, onook nore				
			— I		
(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30	<u> </u>				
			_		
(Grants \$) If this amount includes foreign	grants, check here			30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign	grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)				32	0.
Part IV List of Officers, Directors, Trustees, and Key				nstructions fe	or Part IV)
Check if the organization used Schedule O to re	spond to any questi	on in this Part IV	' 		, <u> </u>
	(b) Average hours	(C) Reportable		alth benefits, butions to	(e) Estimated
(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	yee benefit and deferred	amount of other
	position	(if not paid, enter -0-)	com	pensation	compensation
CHARLES M. SENNOTT		_ 1		_	_
PRESIDENT/TREASURER/EXECUTIVE DIR.	0.00	0.		0.	0.
GARY KNIGHT					l
DIRECTOR	0.00	0.		0.	0.
DAVID H. FEINBERG		_		_	_
CLERK/DIRECTOR	0.00	0.		0.	0.
CHRIS BAKE				_	
DIRECTOR	0.00	0.		0.	0.
MEREDITH DEWITT					
DIRECTOR	0.00	0.		0.	0.
ALAN KHAZEI	·			_	
DIRECTOR	0.00	0.		0.	0.
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Form 990)-EZ (20 ⁻	2)	THE GROU	NDTRUTH	PROJECT	INC.			<u>46-0908</u>	<u>502</u>		Page 4
											Yes	No
46 Did	the orga	nızatıon er	ngage, directly or i	ndırectiy, ın po	litical campaign acti	vities on behalf o	for in opposition	on to candidates for p	ublic office?			
			edule C, Part I							46		<u>X</u>
Part \			501(c)(3) org		-							
			· · · · · -				•	te the tables for line	es 50 and 51			
	Ct	eck if the	e organization us	sed Schedule	O to respond to	any question in	this Part VI					ليا
											Yes	
								ear? If "Yes," complet	e Sch. C, Part II	47		X
					f "Ye:(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(۱)(dule E			48		X
	-		-	•	on-charitable relate	d organization?				49a		X
			d organization a se	-						49b	L	<u> </u>
50 Cor	nplete th	is table for	the organization's	s five highest co	ompensated employ	rees (other than c	ifficers, directo	rs, trustees and key e	mployees) who e	ach re	ceived i	more
than	n \$100,0	00 of com	pensation from the	e organization.	If there is none, ent	er "None."		, 				
		(a) i	Name and title of e	ach employee			rage hours	(C) Reportable	(d) Health benefit contributions to	1 1) Estim	
			paid more than \$				devoted to	compensation (Forms W-2/1099-MISC)	employee benefi	t Jam	ount of	
				NON	IE	po po	sition ——————		compensation	00	mpens	ation
					<u> </u>							
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f Tota	al numbe	r of other	employees paid or	ver \$100,000	· · · ·							
51 Cor	nplete th	s table for	the organization's	five highest co	ompensated indepe	ndent contractors	who each rece	eived more than \$100	,000 of compens	ation f	rom the	е
			s none, enter "Non			•			,			
					more than \$100,00	00	(b) Type	of service	(c)	Compe	ensatio	
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d Tot:	al numbe	r of other	independent contr	actors each rec	ceiving over \$100,0		L					
			•		ction 501(c)(3) orga		47(a)(1) noney	romnt				
			attach a complete		011011 30 1(0)(3) 019	inzanons and 45	47 (a)(1) HOHEX	empi	⊾ Γ	X Ye		
Under pena	alties of pe	rjury, I decla	re that I have Examin	ed this return, incl	luding acomparing s	chedules and staten	ents, and to the l	pest of my knowledge and	belief, it is true, co		d comp	lete
Declaration	of prepar	er (other ther	n errycer) is/oassed on	all intermation of V	which preparer has any	knowledge			12-7-	14		
Sign	5	ignature of	officer	4 - X					Date			
Here		_		•	•							
	1	ype or print	name and title	 								
			preparer's name		Dranarar's signati	Iro.	Data	Check	ıf PTIN			
Paid		niiiv i ype j	preparer S hame		Preparer's signatu	n e	Date	_				
	ror			0110	Linns -	-11 11	1 .1-1	self- emplo	·	- ^ -		
Prepai	<u> </u>		TODD NI		Darry 1	ody Nuch	<u> </u>	14	P00			
Use O		irm's nam	<u> </u>			LLP /		Firm's EIN	I ► 04-22			
	Į F	ırm's addr	ress ► 52 C					Phone no	. 617-2	10-	120	0
			BOST	ON, MA	02116							
May the L	RS discu	ss this reti	urn with the prepa	rer shown abov	ve? See instructions	<u> </u>				X Ye	s	No
										Earm 0	00 E7	(2012)

SOHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. ➤ See separate instructions.

Employer identification number

		THE GRO	DUNDTRUTH PRO	JECT	INC.				4	6-0908	502	
Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions				
The organ	zation is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	es, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)		-						
з 🖳	A hospital or	a cooperative hosp	otal service organization (described	ın 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 stat											
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
• 🗀		(b)(1)(A)(iv). (Comp										
		_	nent or governmental unr									
<i>/</i>			ceives a substantial part	or its supp	ort from a	governme	ental unit c	or from the	general	public desc	nbed ir	า
• [b)(1)(A)(vi). (Compl		/C	D-4 II \							
8 <u> </u>			section 170(b)(1)(A)(vi).				h					
9 டது			ceives. (1) more than 33									
			inctions - subject to certa	•	-	· · ·				_		
		509(a)(2). (Complet	taxable income (less sect	iioii 511 la	x) Hom bu	311162262	acquired b	y trie orga	inzation	anter June 3	0, 197	5
10 🔲			perated exclusively to te	et for publ	o safaty 9	See coatio	n 500/a\/	1\				
11			perated exclusively to te						Vout the	nurnoses (of one o	nr.
			ations described in section						-			,
•			organization and compl				-). Oco 30 0)000 11011	anon on			
	a Type			ype III - Fu	_			Typ	e III - No	n-functional	lv inted	ırated
е 🗔	• •		at the organization is not		-	-						
			than one or more publicly			-						
f			tten determination from t		-				, , , ,		. ,, ,	
		rganization, check t										
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	described i	ın (ıi) and (ııi) below	/ ₁	Yes	No
	the gove	erning body of the s	supported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) o	or (II) above	∋ ?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıonı	(s)							
		,	- 							 		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Amoun	t of mor	netary
orga	nızatıon		(described on lines 1-9		sted in your			(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))		document?							
			(656	Yes	No	Yes	No	Yes	No	-		
					ļ		<u> </u>	ŀ		,		
		 		<u> </u>					-			
												
				 -				 				
			 			<u> </u>						
Total										1		

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

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II I (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) 2008 (b) 2009(c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 THE GROUNDTRUTH PROJECT INC.

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

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

Se	ction A. Public Support	siow, picase com	piete r art ii j				
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			L
7:	a Amounts included on lines 1, 2, and	_					
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						0.
<u>Se</u>	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	,	·	- 	····
Cale	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6				ļ		
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						0.
14	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	
	check this box and stop here					•	$\triangleright [X]$
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2012 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
<u>16</u>	Public support percentage from 2011	Schedule A, Part	. III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))	•	17	%
18	Investment income percentage from 2	:011 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	ifies as a publicly	supported organi	zation	
ł	33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che	-			•		and
20	Private foundation. If the organization						
		,o. o.1001. a	= 50 00 mio 17, 10	., o. 100, 01160K ti	557 6110 566 11		

									OJECT				46	<u>5-090</u>	8502 Page 4
Part									e the expla ormation. (S			y Part I	l, line 10,	Part II, in	e 17a or 17b;
THE			_									N-PF	ROFIT	CORP	ORATION
						т 8, 2			E ORGA						
															-
'I'AX-	EXEM	5.T.	STATU	ປຣ ປເ	NDER .	I.R.C.	SEC	TION	501(C)(3),	AND	15	FILI	NG AN	INITIAL
FORM	990-	-EZ	FOR	THE	SHOR	r year	R END	ED D	ECEMBE	R 31,	201	2.			
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Inspection

Employer identification number

▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

THE GROUNDTRUTH PROJECT INC. 46-0908502 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE GROUNDTRUTH PROJECT INC. IS A NON-PARTISAN, INDEPENDENT RESEARCH AND EDUCATION ORGANIZATION DEDICATED TO COLLECTING AND DISSEMINATING INFORMATION RELATED TO SOCIAL JUSTICE ISSUES. THE GROUNDTRUTH PROJECT INC. SEEKS TO EDUCATE, INCREASE KNOWLEDGE AND TO PROVIDE ONLINE ENVIRONMENTS OF UNDERSTANDING CONCERNING THE ABOVE ISSUES, WITH THE AIM OF EXPOSING INJUSTICE AND FINDING SOLUTIONS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



William Francis Galvin Secretary of the Commonwealth of Massachusetts



HOME

DIRECTIONS

CONTACT US

Search sec state ma us

Search

Corporations Division

Business Entity Summary

ID Number: 46	0908502	Request certificate	New search
Summary for: 1	THE GROUNDTRUTH PROJECT INC.		· · · · · · · · · · · · · · · · · · ·
The exact name	of the Nonprofit Corporation: THE	GROUNDTRUTH PROJECT INC.	
The name was	changed from: THE GROUNDTRUTH IN	ITTIATIVE INC on 12-12-2013	
Entity type: No	onprofit Corporation		
Identification N	umber: 460908502		-
Date of Organiz	ation in Massachusetts: 08-08-201	2	
		Last date certain:	
Current Fiscal N	lonth/Day: 12/31		
The location of	the Principal Office in Massachuset	ts:	
Address. THE P	ILOT HOUSE, LEWIS WHARF C/O GLOB	ALPOST	
City or town, Sta	te, Zıp code, Country: BOSTON, M	1A 02110 USA .	
The name and a	ddress of the Resident Agent:		
Name: CTC	DRPORATION SYSTEM		
Address: 155 Fi	EDERAL ST., SUITE 700		
City or town, Stat	e, Zip code, Country: BOSTON, M	A 02110 USA	
The Officers and	Directors of the Corporation:	<u> </u>	
Title	Individual Name	Address	Term expires
PRESIDENT	CHARLES M. SENNOTT	53 BOLTON RD. HARVARD, MA 01451 USA	
TREASURER	CHARLES M. SENNOTT	53 BOLTON RD HARVARD, MA 01451 USA	
CLERK	DAVID H. FEINBERG	89 HYSLOP RD. BROOKLINE, MA 02445 USA	n/a
DIRECTOR	DAVID H. FEINBERG	89 HYSLOP RD. BROOKLINE, MA 02445 USA	n/a
DIRECTOR	GARY KNIGHT	8 MAPLE AVE., UNIT 2 CAMBRIDGE, MA 02139 USA	n/a
DIRECTOR	CHRIS BAKE	13 PHILLIMORE GARDENS LONDON, UK W8 7QG UK	n/a
DIRECTOR	MEREDITH DEWITT	294 STILL RIVER ROAD STILL RIVER, MA 01467 USA	n/a
DIRECTOR	ALAN KHAZEI	48 ALLERTON ST BROOKLINE, MA 02141 USA	n/a
DIRECTOR	CHARLES M SENNOTT	53 BOLTON RD. HARVARD, MA 01451 USA	
	□Consent	a ☐ Merger Allowed ☐ Manufactu	uring
View filings for	this business entity:		
Articles of Conso Articles of Merge Articles of Merge	olidation - Foreign and Domestic olidation - Domestic and Domestic er - Domestic and Domestic er - Foreign and Domestic		<
[8 -4 -4 - a -6 -81 - m	V	liew filings	

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The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$15.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512

Trove a direction	Boston, MA 02108-1512 Telephone: (617) 727-9640	
Articles of Amendment (General Laws, Chapter 180, Section 7)	and the same of th	
Federal Employer Identification Number	r: 460908502 (must be 9 digit	s)
We, CHARLES M SENNOTT X Pr	esident Vice President,	,
and DAVID H. FEINBERG X Clerk	Assistant Clerk ,	-
of THE GROUNDTRUTH INITIATIVE located at THE PILOT HOUSE, LEWIN		OST BOSTON, MA 02110 USA
do hereby certify that these Articles of	Amendment affecting articles	numbered:
<u>X</u> Article 1 Article 2	Artıcle 3	Article 4
(Select those a	erticles 1, 2, 3, and/or 4 that are b	peing amended)
of the Articles of Organization were duly addirectors, or <u>0</u> shareholders, being at least two-thirds of its members/director of a corporation having capital stock, by the therein).	ectors legally qualified to vote in i	meetings of the corporation (or, in the case
	ARTICLE I	
	t name of thé corporation, as ame state Article I if it has not been an	
THE	GROUNDTRUTH PROJECT	INC.
	ARTICLE II	
	, as amended , is to engage in the tate Article II if it has not been ar	
	ARTICLE III	
A corporation may have one or more classe of election or appointments, the duration of members of each class, may be set forth in	membership and the qualification	ns and rights, including voting rights, of the

ARTICLE IV

As amended, other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the business entity, or of its

directors or members, or of any class of members, are as follows: (If there are no provisions state "NONE")

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than thirty days after such filing, in which event the amendment will become effective on such later date.

Later Effective Date:

Signed under the penalties of perjury, this 12 Day of December, 2013, <u>CHARLES M. SENNOTT</u>, its , President / Vice President, <u>DAVID H. FEINBERG</u>, Clerk / Assistant Clerk.

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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 12, 2013 04:02 PM

WILLIAM FRANCIS GALVIN

Station Train Dalies

Secretary of the Commonwealth

The Groundtruth Project Inc. #46-0908502 Boston, MA 02110

List of Attachments:

- Schedule A Public Charity Status and Public Support (4 pages)
- Schedule O –Supplemental Information to Form 990 or 990-EZ (1 page)
- Copy of Name Change with the Commonwealth of Massachusetts (1 page)
- On-Line Filing of Amendment to the Articles of Incorporation with the Commonwealth of Massachusetts (3 pages)