990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

| Inter | nai Reve | nue Service | Information about Form 990-EZ and its instructions is at www.irs gov/ | ioinisso. | | | |
|--|----------------|--------------------|--|---------------|----------------------------------|----------------------------|--|
| A | For the | e 2016 calend | ar year, or tax year beginning , 2016, and endi | ng | | , 20 | |
| Вс | heck if a | pplicable | C Name of organization | DEm | D Employer identification number | | |
| くロ | Address o | change | International Forgiveness Institute, Inc. | 1 | | 39-1832533 | |
| - 🔲 | Name cha | ange | Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Tel | ephone r | number | |
| . == | Initial retu | | 1127 University Avenue | l | 6 | 608-251-6484 | |
| 믘 | | ım/terminated | City or town, state or province, country, and ZIP or foreign postal code | F Gro | up Exe | emption | |
| == | Amended | on pending | Madison, WI 53715-1021 | | ımber | • | |
| _ | | nting Method. | ☑Cash ☐ Accrual Other (specify) ► | H Checi | - | if the organization is not | |
| | Nebsite | • | Li rioridai Carati (oponiy) | | | tach Schedule B | |
| | | | eck only one) — 2501(c)(3) □ 501(c) () ◄ (insert no. □ 4947(a)(1) or □527 | • | | 90-EZ, or 990-PF). | |
| | | | 1: ☑ Corporation ☐ Trust ☐ Association ☐ Other | 1 01111 | 000, 00 | 70-LZ, 01-330-F1 J. | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to | tal assets | | | |
| | | | w) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ui abscu | ' ▶ 6 | • | |
| | | | | | -4: | o for Dood IV | |
| | art l | | e, Expenses, and Changes in Net Assets or Fund Balances (see th | | | | |
| | , | | the organization used Schedule O to respond to any question in this Par | | | | |
| | 1 | | ns, gifts, grants, and similar amounts received | | 1 | 73,030. | |
| | 2 | - | ervice revenue including government fees and contracts | | 2 | 2,329. | |
| | 3 | Membershi | ip dues and assessments | | 3 | | |
| 20% | 4 | | income | | 4 | 55. | |
| | Ja | Gross amo | ount from sale of assets other than inventory 5a | | | | |
| | | Less: cost | or other basis and sales expenses | | _} | | |
| € | 1 6: | Gain or (los | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | | |
| n G | 6 | Gaming an | d fundraising events | | | | |
| | | Gross inco | ome from gaming (attach Schedule G if greater than | | 1 | | |
| Đ, | . | \$15,000) . | 6a | |] ! | | |
| A Revenue | b | Gross inco | me from fundraising events (not including \$of contribut | ions | 7 ! | | |
| e e | | from fundra | aising events reported on line 1) (attach Schedule G if the | | | | |
| | - | sum of such | h gross income and contributions exceeds \$15,000) 6b | |) ! | | |
| ده در رب ب | c | Less: direc | ct expenses from gaming and fundraising events 6c | | 7 / | | |
| 'UJ | d | | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr | act | 7] | | |
| | | line 6c) . | | | 6d | | |
| | 7a | Gross sale | s of inventory, less returns and allowances | | | | |
| | Ь | | of goods sold | | 7 1 | | |
| y . | C | | t or (loss) from sales of inventory (Subtract line 7b from line 7a) | -\ | 7c | | |
|) | 8 | • | nue (describe in Schedule O) | · | 8 | | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 75,414. | |
| <u> </u> | 10 | | similar amounts paid (list in Schedule O) | | 10 | 75,414. | |
|) | 11 | | similar amounts paid (list in Schedule O) id to or for members ther compensation, and employee benefits al fees and other payments to independent contractors | ر ال | 11 | | |
| 75Expenses | 12 | | ther compensation, and employee benefits | | 12 | | |
| Ë | 13 | Drofession | of food and other neumonts to independent contractors | S. J. Times | | 46.000 | |
| , X | 1 | Professiona | | | 13 | 16,230. | |
| 75 | 14 | | r, rent, utilities, and maintenance | | 14 | 3,600. | |
| | 15 | | ublications, postage, and shipping | | 15 | 2,312. | |
| ر ایا ا | 16 | • | nses (describe in Schedule O) | | 16 | <u>53,960.</u> | |
| | 17 | Total expe | nses. Add lines 10 through 16 | <u> </u> | 17 | 76,102. | |
| ت ک | 18 | | deficit) for the year (Subtract line 17 from line 9) | | 18 | (688.) | |
| Se | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree | | _ | 1 | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1 | | r figure reported on prior year's return) | | 19 | 24.138. | |
| 4 1 2 U V | 20 | | ges in net assets or fund balances (explain in Schedule O) | | 20 | 0. | |
| ~~ | 21 | Net assets | or fund balances at end of year. Combine lines 18 through 20 | <u> </u> | 21 | 23,450. | |
| For | Paper | work Reducti | ion Act Notice, see the separate instructions. Cat No 10642 | 4 | | Form 990-EZ (2016) | |



| Part V Other Information (Note the Schedule A and personal benefit contract statement requirem | | |
|--|------------------|------------|
| · instructions for Part V) Check if the organization used Schedule O to respond to any question in | this Part | No |
| Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provided the description of each activity in Schedule O | le a 33 | 140 |
| Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain change on Schedule O (see instructions) | | |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from busin activities (such as those reported on lines 2, 6a, and 7a, among others)? | ess | |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice | le O 35b ce, | V |
| reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | لتعتا | |
| during the year? If "Yes," complete applicable parts of Schedule N | 36 | |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <u>[37a]</u> b Did the organization file Form 1120-POL for this year? | . 37b | |
| any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved | | ✓ |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior yethat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 | ear | |
| Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | - <u>-</u> |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax she transaction? If "Yes," complete Form 8886-T | iter 40e | / |
| 41 List the states with which a copy of this return is filed Wisconsin | | |
| 42a The organization's books are in care of ▶ Dennis Blang Located at ▶ 5113 Schofield Street, Monona, WI ZiP + 4 ▶ | 608-25° 53716 | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority ov | | Yes No |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ | 42b | V |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR). | ıd | |
| c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: > | . 42c | / |
| 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 4 | 3 | . • 🗆 |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | [- | Yes No |
| completed instead of Form 990-EZ | 44a | / |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must completed instead of Form 990-EZ | 44b | |
| c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide | | |
| explanation in Schedule O | | |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within t meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead | he | |
| Form 990-EZ (see instructions) | 45b Form 990 | -EZ (2016) |

| Form 990- | EZ (2016) | | | | | | | | Page |
|---------------------------------------|---|--|---|--|-------------------------------|---|--|-------------|--|
| | oid the organization engago o candidates for public offic | | | | | | | Yes | No |
| | Section 501(c)(3) c | | | | | | . 40 | ٠ | |
| | All section 501(c)(3) | | | estions 47–49b a | nd 52, an | d complete the | e tables f | for lin | es |
| | 50 and 51. | . • | | | | • | | | |
| | Check if the organiza | ation used Sch | edule O to respond | to any question in | this Pa | art VI | . | | <u>, </u> |
| 47 5 | Vid the association anacc | o io lobbuios os | dividios es bayo a ac | rtion EO1/h) alastia | n in offent | during the tax | ŗ | Yes | No |
| | old the organization engage ear? If "Yes," complete Sc | | | | | | . 47 | | |
| • | s the organization a school | | | (ii)? If "Yes." compl | ete Sched | ule E | 48 | + | |
| | Did the organization make | | | • • | | | . 49a | 1 | |
| | f "Yes," was the related on | | | | | | . 49b | | |
| | Complete this table for the employees) who each recei | | | | | | | | |
| | imployees) willo each recei | ived filore trials | | r | | lealth benefits. | , 61161 | vone. | |
| | (a) Name and title of each empl | loyee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-Mis | contribut benefit p | tions to employee clans, and deferred empensation | (e) Estimate other con | | |
| | | | | | | | ······································ | | |
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| | | | | | | | | | |
| - 6 7 | otal number of other emplo | | - \$400,000 | <u> </u> | | | | | |
| 51 C | complete this table for the 100,000 of compensation | organization's | five highest compo | ensated independe | ent contrac | ctors who each | received | more | thar |
| | (a) Name and business address | s of each independe | nt contractor | (b) Type of s | ervice | (c) | Compensati | on | |
| | | | | | · | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| d | Total number of other indep | pendent contrac | ctors each receiving | over \$100,000 . | . > | | | | |
| | ompleted Schedule A . | olete Schedule | A? Note: All secti | on 501(c)(3) orga | nizations i | must attach | a _ | | <u> </u> |
| Under pena true, correc | alties of perjury, I declare that I hav it, and complete Declaration of pr | ve examined this ref reparer other than o | turn, including accompany ifficer) is based on all infor | ing schedules and state mation of which prepare | ments, and to r has any kr | the best of my know lowledge | vledge and b | elief, it i | is |
| · · · · · · · · · · · · · · · · · · · | Kenny | Have | | | | 08/09/2017 | | | |
| Sign | Signature of officer | d | | | | Date | | | |
| Here | Dennis Blang, Execu | | | | | | | | |
| Paid | Print/Type preparer's name |) | Preparer's signature | | Date | Check | f PTIN | | |
| Prepar | er | | L | | | self-employe | ad] | | |
| Use O | nly Firm's name | | | | | Firm's EIN > | | | |
| May the | Firm'saddress > IRS discuss this return with | h the preparer s | shown above? See | instructions | | Phone no | ☐ Ye | | do. |
| | | | | | | | Form 99(| | |

SCHEDULE A

(Form 990 or 990-EZ)

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. Open to Public

▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization International Forgiveness Institute, Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я 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: An organization that normally receives: (1) more than 331/8% 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 331,8% 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (iv) is the organization (iii) Type of organization (v) Amount of monetary (VI) Amount of (described on lines 1-10 d in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 118,221. 29,408. include any "unusual grants.") . . . 65,601. 57,752. 73,030. 344.012. levied revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 118,221 65,601. 29,408 57,752. 73,030 344,012. The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support, Subtract line 5 from line 4 344.012. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 57,752. 118,221 65,601. 29,408. 73,030. 344,012. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 54. 58. 41. 46. 55. 254. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0. (Explain in Part VI.) 560. 1.049. 5,450. 2,329. 9,388. Total support. Add lines 7 through 10 11 353,654. 12 9,642. 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) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 97.27 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 331/2% support test—2016. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. 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 b 10%-facts-and-circumstances test-2015. 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

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

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.)

| Secti | on A. Public Support | | | | | | |
|-------|--|-----------------------|---------------------------------------|-------------------|-------------------|--------------------|-------------|
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | 1 |] | |
| 2 | Gross receipts from admissions, merchandise | | | 1 | | 1 | |
| | sold or services performed, or facilities | | | Į. | [| | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | 1 | [| Į | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | ŀ | ŀ | į | |
| 4 | Tax revenues levied for the | | | | | ļ | |
| ~ | organization's benefit and either paid | | | | | ! | |
| | to or expended on its behalf | | | | 1 | | |
| _ | • | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the | | ļ | } | J | } | |
| | organization without charge | | ł | | | } | |
| • | | | | | | | |
| 6 | Total. Add lines 1 through 5 | L | | | ļ | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | ł |) | j | |
| _ | received from disqualified persons . | | | - | - | | |
| b | Amounts included on lines 2 and 3 | | | | 1 | } | |
| | received from other than disqualified | |) |) | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | <u> </u> | | |
| _ | Add lines 7a and 7b | <u> </u> | | ļ | | | |
| 8 | Public support. (Subtract line 7c from | | | • | ļ | į | |
| | line 6.) | | <u></u> | <u>L.,</u> | <u> </u> | | |
| | on B. Total Support | , | | | | , | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | | | i | i | 1 | } | |
| | payments received on securities loans, rents, | | | | } | | |
| | royalties and income from similar sources . | | · · · · · · · · · · · · · · · · · · · | | | | |
| b | Unrelated business taxable income (less | | | } | | | |
| | section 511 taxes) from businesses | | | 1 | | ' | |
| | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | L | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | <u> </u> | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | ļ | 1 | |
| | (Explain in Part VI.) | <u> </u> | | <u></u> | <u> </u> | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | } | | - | |
| 14 | First five years. If the Form 990 is for the | | 's first, secon | d, third, fourth | , or fifth tax ye | ear as a section | n 501(c)(3) |
| | organization, check this box and stop he | re | | | | | ▶ 🗆 |
| Secti | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 15 | Public support percentage for 2016 (line 8 | 3, column (f) di | vided by line 1 | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2015 Sch | | | <u></u> . | <u></u> . | 16 | % |
| Secti | on D. Computation of Investment In | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2016 (| | | | | 17 | % |
| 18 | Investment income percentage from 2015 | | | | | 18 | % |
| 19a | 331/3% support tests-2016. If the organi | | | | | | |
| | 17 is not more than 331/3%, check this box | and stop here. | The organization | on qualifies as a | a publicly suppo | orted organization | on . ▶ 📋 |
| b | 331/3% support tests - 2015. If the organiz | ation did not c | heck a box on | line 14 or line 1 | 9a, and line 16 | is more than 3 | |
| | line 18 is not more than 331/3%, check this I | oox and stop h | ere. The organi | ization qualifies | as a publicly s | upported organi | zation 🕨 🔲 |
| | | | | | | and see instruc | |

Part IV Supporting Organizations

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

| Secti | on A. All Supporting Organizations | | | , |
|-----------|---|-----|-----|-----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | - |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | - | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | - | - |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | - + |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | - | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | - |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 90 | | |
| 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 | | | |
| b | supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10a | | |

| Part | IV Supporting Organizations (continued) | | | |
|-------------|---|----------|---------|-------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | 1 | 1 |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | T | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 1 | 1 | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | į . |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | 1 |
| | describe how the powers to appoint and/or remove 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 | 1 |
| | organizations and what conditions of restrictions, it any, applied to such powers during the tax year. | 1 | | İ |
| 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 | | | 1 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | 1 | } |
| | supervised, or controlled the supporting organization. | 2 | | l |
| Sect | on 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 | 1 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | İ |] |
| | the supported organization(s). | 1 | | |
| Sect | on 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 | | <u> </u> |
| 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 | | | į |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | <u> </u> |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 1 | | |
| | 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 | | |
| Secti | on 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 | nstruc | ctions | s). |
| а | ☐ 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 government entity (| see ins | structi | ions). |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| | | Γ | 168 | NO |
| а | 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, | 1 1 | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | 1 | |
| h | • | 28 | | |
| þ | Did the activities described in (a) 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 | | ļ | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | } | ļ | |
| | activities but for the organization's involvement. | | | |
| • | - | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? <i>Provide details in Part VI</i> . | 0- | İ | |
| •- | • | 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 Org | jani | zations | | |
|---|-------|---------------------------|--------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | | |
| 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 | İ | (A) Prior Year | (B) Current Year (optional) | |
| 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 | 10 | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 Subtract line 2 from line 1d. | 3 | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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-functional | y int | egrated Type III supporti | ng organization (see | |
| instructions) | | | | |

| Part | | B) Supporting Organi | zations (continued) | |
|---------------|---|---------------------------------------|---|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | orted | 1 |
| | organizations, in excess of income from activity | | |] |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | <u> </u> |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| | Distributions to attentive supported organizations to which | L Ab | | |
| 8 | (provide details in Part VI). See instructions. | n the organization is res | sponsive | 1 |
| | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10_ | Line 8 amount divided by Line 9 amount | | | |
| S: | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| _1_ | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| C | From 2013 | | | |
| d | From 2014 | | | |
| • | From 2015 | <u> </u> | | |
| f | Total of lines 3a through e | | · ···································· | |
| g | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | <u> </u> |
| - | Carryover from 2011 not applied (see instructions) | | | |
| - | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | · · · · · · · · · · · · · · · · · · · | - | |
| 4 | Distributions for 2016 from | | | |
| ** | Section D, line 7: |) | | |
| | | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | · | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| C | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | - · · · · · · · · · · · · · · · · · · · | ······································ |
| | | | O als - dad- | A (E 000 ex 000 E7) 0040 |

| Pa | n | _ | 8 |
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| Part VI | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|------------|---|
| Part II, I | Line 10: Sales of forgiveness curriculum guides, forgiveness manuals, and forgiveness CE Course. |
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SCHEDULE O (Form 990 or 990-EZ)

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 2016

Open to Public Inspection

Department of the Treasury

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Employer identification number Name of the organization 39-1832533 International Forgiveness Institute, Inc. Part I, Lie 4, Other Investment Income: Description: Amount: Interest Income Part I, Line 16, Other Expenses: Description: Research/Education Development Materials 3,541. Office Expenses 2,420. Information Technology/Website & Social Media Development 20,836. Travel 24,728. 1,542. Insurance - Liability/Property/Umbrella Miscellaneous Expenses 893, Total (to Line 16) 53,960. Part III, Primary Exempt Purpose: The International Forgiveness Institute is dedicated to helping people gain knowledge about forgiveness and to encourage them to use that knowledge for personal, group, and societal renewal. Part III, Line 28, Program Service Accomplishments: The primary focus of the International Forgiveness Institute (IFI) has shifted from helping people learn about interpersonal forgiveness providing forgiveness education programs in schools throughout the world, particularly those in war-torn or oppressed areas. Research conducted by Dr. Enright and his associates at the University of Wisconsin-Madison has demonstrated the the IFI program is the first scientifically proven forgiveness program in the country. During 2016, the IFI expanded its outreach and now has established uniquely

customized Forgiveness Education Programs (using curriculum guides developed by IFI for grades pre-kindergarten through 12th) in

more than 31 countries around the world. Those countries include Iran, Northern Ireland, Greece, Liberia, the Philippines, Rwanda,

| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
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