

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.us gov/form990.

OMB No 1545-0047

		the Treasury 18 Service	· ·	ecurity numbers on this form	=		Open to Public			
			lar year, or tax year beginning	orm 990 and its instructions is	ending	s.aov/form990.	- Stinspection			
	heck if		f organization	and	ending	D Employer identific	nation number			
	pplicable	Civalie	Organization			D Employer identific	Catton number			
	Address	THE	GROUNDTRUTH PROJECT	r INC.						
$\vdash$	Name		ousiness as	46-0	908502					
<u> </u>	_initial		r and street (or P.O. box if mail is not de	E Telephone number						
늗	Jreturn ∏Final		SUEST STREET	(617						
L_	lermin-		town, state or province, country, and	G Gross receipts \$	1,297,930.					
Γ-	ated ∏Amende		ON, MA 02135	Zir or loreign postal code						
-	Jreturn ∏Applica-		and address of principal officer. CHA	RLES M. SENNOTT		H(a) Is this a group re				
L_	_ltion pending		AS C ABOVE	RDES M. SENNOTT		H(b) Are all subordinates in				
		<del></del> _		◀ (insert no.) 4947(a)(1)	or 527	i ' '	list. (see instructions)			
			X   501(c)(3)     501(c)( ) THEGROUNDTRUTHPROJ		01 327	H(c) Group exemptio				
				ssociation Other	I Voor		State of legal domicile MA			
Pa		Summary		SSOCIATION CITICI P	I L TEAT	OF TOT MARKOTT, A O I ZE IN	A State of legal dominione 1-12.1			
1			pe the organization's mission or most	significant activities THE	CROINID	TRUTH PROJEC	TT TS			
8			ED TO TRAINING A N				<u> </u>			
Governance	_	Check this bo								
Je.			ting members of the governing body	ntinued its operations or dispo	CEIVE	3	8			
So.			dependent voting members of the go	( a.t vi, ( a)	reserved.		8			
8					2021		0			
Activities &			of individuals employed in calendar y	1 [44] 1			0			
ĘĶ			of volunteers (estimate if necessary)	000	DEN.	UT 6	0,			
Ac			d business revenue from Part VIII, co		3) <b>[</b>   [		0.			
	ри	let unrelated	business taxable income from Form	990-1, line 34		7b				
					<b>)</b>	Prior Year 2,863,450.	Current Year 1,297,930.			
e			and grants (Part VIII, line 1h)		-	2,863,450.				
Revenue		_	ice revenue (Part VIII, line 2g)		<u> </u>		0.			
è			come (Part VIII, column (A), lines 3, 4			0.	0.			
			e (Part VIII, column (A), lines 5, 6d, 8c	•		0.	0.			
			- add lines 8 through 11 (must equal			2,863,450.	1,297,930.			
- 1			mılar amounts paid (Part IX, column (		·	0.	0.			
			to or for members (Part IX, column (A		·	0.	0.			
છ			r compensation, employee benefits (I	, ,,		502,038.	812,847.			
Expenses			undraising fees (Part IX, column (A), I		<u> </u>	0.	0.			
Ř	bТ	otal fundrais	ing expenses (Part IX, column (D), lin	e 25) 🕨/	83.	a company of the first	A CONTRACT OF THE PROPERTY OF			
۳			es (Part IX, column (A), lines 11a-11d		_	855,971.	1,035,449.			
į	18 T	otal expense	es. Add lines 13-17 (must equal Part I	X, column (A), line 25)	<u> </u>	1,358,009.	1,848,296.			
	19 R	levenue less	expenses Subtract line 18 from line	12		1,505,441.	<550,366.>			
្តផ្ល					Be	eginning of Current Year	End of Year			
Assets d Baland			Part X, line 16)	- ···		2,546,444.	2,032,476.			
			(Part X, line 26)			53,349.	89,747.			
ء			fund balances. Subtract line 21 from	line 20		2,493,095.	1,942,729.			
نب	, 7.1	Signatur								
			I declare that I have examined this return,			•	knowledge and belief, it is			
<u>true,</u>	correct,	and complete	. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.				
			Men M. o							
Sign		-	e of officer			Date				
Here CHARLES M. SENNOTT, EXECUTIVE DIRECTOR										
	!	Type or p	print name and title							
	] [	Print/Type pre	parer's name	Preparer's signature	//	Date Check	PTIN			
Paid	[Մ	EFFREY	J. SIMMONS	Mother	<u> </u>	13/9/17   self employ				
Prep	arer [	Firm's name	▶ RAPHAEL AND RAPH	MEL LIM		Fırm's EIN ▶	04-2206126			
Use (	_	Firm's address								
	}		BOSTON, MA 02116	_		Pnone no. 61	7-210-1200			
May	May the IRS discuss this return with the preparer shown above? (see instructions)									

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)

Forn	n 990 (2016) THE GROUNDTRUTH PROJECT INC.	46-0908502	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE GROUNDTRUTH PROJECT IS A NONPROFIT MEDIA ORGANIZATION	N DEDICATED	TO
	SUPPORTING A NEW GENERATION OF JOURNALISTS AND TO ADDING		
	KNOWLEDGE AND UNDERSTANDING ON CRITICAL GLOBAL ISSUES THE		
	ENTERPRISE JOURNALISM.	<u></u>	
2			
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	A NO
_	If "Yes," describe these new services on Schedule O.		चित्र .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1,558,324. including grants of \$) (Revenue)		)
	ALL PROJECTS FOSTERED THE MISSION OF THE GROUNDTRUTH PROJ	JECT BY AIDI	NG
	A NEW GENERATION OF SOCIAL JUSTICE CORRESPONDENTS AND INI	FORMING THE	
	PUBLIC OF GLOBAL JUSTICE ISSUES.		
	DURING 2016, THE GROUNDTRUTH PROJECT CONTINUED WORK ON A	ND PIONEERED	)
	MANY SPECIAL REPORTING PROJECTS, INCLUDING FOREVERSTAN, (		
	LIVING PROOF, WOMEN IN TECH, AND BORDER OF DESPAIR. BY PA		
	MAJOR NEWS OUTLETS FOR DISTRIBUTION, THE GROUNDTRUTH PROJ		
	ESTIMATED AUDIENCE REACH INCREASED FROM APPROXIMATELY 4.		
	PEOPLE IN 2015 TO 10 MILLION IN 2016.		
4b	(Code) (Expenses \$		
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ie \$	
	<del></del>		
4c	(Code) (Expenses \$	ıe \$	)
	<del></del>		
		<del></del>	
	<del></del>		
4₫	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 1,558,324.		

orm <b>Pa</b> i	1 990 (2016) THE GROUNDTRUTH PROJECT INC. 46  Trt IV   Checklist of Required Schedules	-0908502	Р	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	1
	If "Yes," complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate	s for		
	public office? If "Yes, " complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election	ın effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment	s, or	, ,	l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule	D, Part I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comple	ete		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian	for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service	:s?		
	If "Yes," complete Schedule D, Part IV	9	<b>├</b>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, peri	manent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX	, or X	1	
	as applicable.		<b> </b>	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sched		١,,	
	Part VI	<u>11a</u>	X	-
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		Ì	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		├	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported			٠,
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del> </del>	<del>  ^</del>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
ı∠a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	—	
_	Schedule D, Parts XI and XII	12a	<u>x</u>	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b	├	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busing setting and program converges activities outside the Lighted States, or aggregate foreign investments valued at \$1000 from the convergence of th	1	}	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100 per more? If "Yes " approve School of	·	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del>  ^</del>	-
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "You " complete School to F. Rodo III and III.			x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<del>  ^</del>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Щ.	$\perp \Delta$

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G. Part III

Form **990** (2016)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
p	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701·3? If "Yes," complete Schedule R. Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filors are required to complete Schedule O	38	X	L
		Form	990	(2016)

Form 990 (2016) THE GROUNDTRUTH PROJECT INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Criscolar Scriedale Contains a response of note to any line in this Part V			
	. '		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 32			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٥-	(gambling) winnings to prize winners?	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 11			
L			x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	-	
<b>→</b> a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	70		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7е</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		اـــــا
9	Sponsoring organizations maintaining donor advised funds.	٦		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	<b> </b>		لـــــا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1		
_	Enter the amount of reserves on hand	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
	II. THE MENTION OF CONTROL OF CON		990	(2016)

THE GROUNDTRUTH PROJECT INC. 46~0908502 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records: 

\_

MA

statements available to the public during the tax year

10 GUEST STREET, BRIGHTON,

CHARLES M. SENNOTT - (617) 412-6130

_			
Form	990	<i>(</i> 201 <i>)</i>	31

#### THE GROUNDTRUTH PROJECT INC.

46-0908502

Page 7

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

Check if Schedule O	contains a res	shonse or note	to any line in	this Part VII
CHECK II OCHEGGIE O	Juntains a res	2001126 01 11016	to ally lille ii	i u iis Fast vii

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) compensation (form and the compensation)					Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	officer Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) CHARLES M. SENNOTT PRESIDENT, TREASURER, EXEC	60.00	X		x				241,888.	0.	17,376	
(2) DAVID H. FEINBERG	0.00									_	
CLERK		х		X				0.	0.	0.	
(3) GARY KNIGHT	0.00										
DIRECTOR		X						0.	0.	0	
(4) CHRIS BAKE	0.00							_	_	_	
DIRECTOR	<del> </del> _	X	_		<u> </u>	<u> </u>		0.	0.	0	
(5) ALAN KHAZEI	0.00										
DIRECTOR	0.00	X			<u> </u>	<u> </u>		0.	0.	0	
(6) LINDA MASON DIRECTOR	0.00	x						0.	0.	_	
(7) CALVIN SIMS	0.00	₽	_	_	⊢	├—	_		<u></u>	0.	
DIRECTOR	0.00	x	\				ŀ	0.	0.	0.	
(8) JIM BILDNER	0.00	-	-	_		╁─		<u> </u>			
DIRECTOR		$\mathbf{x}$						0.	0.	0.	
						t					
		_	-		$\vdash$	╁╌					
		╁╴		_		╁─					
		$\vdash$	$\vdash$	_		┼	$\vdash$				
		1_									
	-	$\left\{ \right.$									
		1		<del>                                     </del>							
<del></del>	<del></del>	╁	$\vdash$	$\vdash$	╂	+-	+	<del> </del>	<del></del>		

Part VII Section A. Officers, Directors, 1		oloye	ees,			ghes	t C						
(A)	(B)		(c)					(D)	(E)			(F)	
Name and title	Average	(do		Pos heck i		ነ than d	one	Reportable	Reportable			mated	-
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	1		ount o	f
	week				T COLO	T	-	from	from related			ther	
	(list any hours for	recto						the	organization			ensat	
	related	9 6	tee	1		sated	1	organization (W-2/1099-MISC)	(W-2/1099-MIS	) 		m the nızatıc	
	organizations	ruste	l trus		99	l ge		(***271033***********************************			-	relate	
	below	l ad l	rtiona	١.	盲	st cor						nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	JE JE				J		
		-		-		-							
						_			· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		$\vdash$						_			
<del></del>		<u> </u>	L	_	_	┞-	-						
		<u>L</u>											_
		一	_		┢	$\vdash$						-	
		<del> </del>		ļ_	L	<u> </u>							_
		1											
1b Sub-total		<u> </u>		L	<u>!</u>	<u> </u>	▶	241,888.		0.	17	7,37	76.
c Total from continuation sheets to Pa	rt VII, Section A						<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)		_					<b></b>	241,888.		0.	17	7,37	76.
2 Total number of individuals (including b	out not limited to th	iose	liste	ed at	oove	e) wh	o re	eceived more than \$100.	,000 of reportable	ə			
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former off	ficer, director, or tr	uster	e, ke	ey er	nplo	ovee.	or	highest compensated ei	mployee on	ı		res	NO
line 1a? If "Yes," complete Schedule J			•		•	•			. ,		3		X
4 For any individual listed on line 1a, is th			mpe	ensa	ation	anc	oth	ner compensation from t	he organization			T	
and related organizations greater than									<b>.</b>		4	X	
5 Did any person listed on line 1a receive									dual for services				
rendered to the organization? If "Yes."	•				-						5		X
Section B. Independent Contractors													
Complete this table for your five highes     the experience Report compensation.										pensa	tion fro	m	
the organization Report compensation (A)		ear e	:riail	ig w	/ITN	or w	<u>cr</u> 11r	the organization's tax y	real		(C		
Name and busin		N(	<u>ис</u>	<u>E</u>				Description of s	services	C	compen		ι
		_					_						
									<del></del>				
		_	_										
							_						
2 Total number of independent contractor	are (including but a		mita	d +-	th-	ec le	-+	( above) who received =	ore than				
2 Total number of independent contractor \$100,000 of compensation from the or		ot III	ше	u (0		se 115 0		above, who received m	ore triati				
											Form (	200 "	1016

THE GROUNDTRUTH PROJECT INC. 46-0908502 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events <u>1c</u> d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,297,930. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ ▶ 1,297,930. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** d All other revenue

297,930.

0.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), X Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) (B) Do not include amounts reported on lines 6b. Management and general expenses Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 241,888. 241,888. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 460,461. 460,461. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 62,135. 62,135. Other employee benefits 48,363. 48,363. 10 Payroll taxes 11 Fees for services (non-employees). a Management **b** Legal 71,283. 71,283. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 603,159. 528,353. 74,806. column (A) amount, list line 11g expenses on Sch O.) 22,710. 22,710. 12 Advertising and promotion 34,911. 5,825. 29,086. 13 Office expenses 26,417. 26,417. Information technology 14 Royalties 15 1,200. 1,200. Occupancy 16 213,524. 4,845. 208,679. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,365. 21,365. 19 Conferences, conventions, and meetings 311.  $\overline{311}$ . 20 Payments to affiliates 21 19,018. 19,018. 22 Depreciation, depletion, and amortization 11,954. 11,954. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,977. 6,194. 783. a MISCELLANEOUS EXPENSES 2,620. 2,620. b OTHER PROGRAM COSTS C d e All other expenses 1,848,296. 1,558,324. 289,189. 783. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ıf following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		638,946.	1	581,850.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,883,000.	3	1,331,324.
	4	Accounts receivable, net			4	1,477.
	5	Loans and other receivables from current and for	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,498.	9	24,614.
	10a	Land, buildings, and equipment cost or other				
	Ì	basis. Complete Part VI of Schedule D	10a 112,169. 10b 18,958.	16 000		
	b	Less accumulated depreciation	16,000.	10c	93,211.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1	11		13	
	14	Intangible assets			14	<del></del>
	15	Other assets See Part IV, line 11		2,546,444.	15	2 022 476
	16	Total assets. Add lines 1 through 15 (must equa	53,349.	16	2,032,476. 89,747.	
	17 18	Accounts payable and accrued expenses Grants payable	33,343.	17 18	03,747.	
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee				
ili i		Complete Part II of Schedule L	o, and allequalities personie.		22	I
Lis	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	· ·		24	-
	25	Other liabilities (including federal income tax, pay	-			
		parties, and other liabilities not included on lines				1
	l	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		53,349.	26	89,747.
		Organizations that follow SFAS 117 (ASC 958)	), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and	d 34.			
Š	27	Unrestricted net assets		68,848.	27	40,482.
3ala	28	Temporarily restricted net assets		2,424,247.	28	1,902,247.
ğ	29	Permanently restricted net assets			29	
F		Organizations that do not follow SFAS 117 (As	SC 958), check here 🕨 🔛			
ŏ		and complete lines 30 through 34.	1		ļ	<u> </u>
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	· •	<del></del>	31	
Ę	32	Retained earnings, endowment, accumulated inc	come, or other funds	2 402 005	32	1 9/2 720
-	33	Total hebities and not specified belonged		2,493,095.	33	1,942,729. 2,032,476.
	34_	Total liabilities and net assets/fund balances		2,546,444.	34	4,034,4/0.

	1990 (2016) THE GROUNDTRUTH PROJECT INC.	_46-	<u>0908502</u>	Pa	ige 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29 1,84	7,9	30.		
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses Subtract line 2 from line 1	3	<550				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49	3,0	95.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses .	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ll					
	column (B))	10	1,94	2,7	<u> 29.</u>		
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<del></del> _		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	1			
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis				. !		
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	]				
	consolidated basis, or both		ĺ	ļ			
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			لــــا		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	ıt	.			
	Act and OMB Circular A-133?		_3a	<u> </u>	X		
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audı	t				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		┸—		
			Forn	ո 990	(2016)		

#### **SCHEDULE A**

Department of the Treasury

(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.

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

OMB No 1545-0047

**Employer identification number** 

2016

Open to Public Inspection

Name of the organization

THE GROUNDTRUTH PROJECT INC. 46-0908502 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12q. 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(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 )

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		1,000.	1728393.	2863450.	1297930.	5890773.
2	Tax revenues levied for the organ-						
	zation'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		1,000.	1728393.	2863450.	1297930.	5890773.
5	The portion of total contributions						
	by each person (other than a					ļ	
	governmental unit or publicly						
,	supported organization) included						!
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					į	
	column (f)					ı	3920237.
6	Public support. Subtract line 5 from line 4						1970536.
Se	ction B. Total Support	<u> </u>	·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1	1,000.	1728393.	2863450.	1297930.	5890773.
8	Gross income from interest,						
	dividends, payments received on						1
	securities loans, rents, royalties						
	and income from similar sources			)			
9	Net income from unrelated business			<del></del>			
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )					1	
11	Total support. Add lines 7 through 10						5890773.
	Gross receipts from related activities,	etc (see instruction	ns)		<u> </u>	12	<u> </u>
	First five years. If the Form 990 is for			d fourth or fifth ta	ıx vear as a sectior		
	organization, check this box and stor	•	5 mot, 5000ma, am	a, 10aran, 0, mar to	in your do a coomo.		►X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2016 (I					14	%
	Public support percentage from 2015	,	•	· (//		15	%
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	-					▶□
b	33 1/3% support test - 2015. If the o		-		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"					J	▶□
b	10% -facts-and-circumstances test	•			-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		▶□
<u>1</u> 8	Private foundation. If the organization		•	•			s

# Schedule A (Form 990 or 990-EZ) 2016 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 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, blease complete Part II )

Section A. Public Support	now, please com	piete i ait ii.)		<del></del>	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		1				
include any "unusual grants ")						
2 Gross receipts from admissions,				†	1	
merchandise sold or services per-						
formed, or facilities furnished in		1		1		ļ
any activity that is related to the organization's tax-exempt purpose				İ		
· · · · •		<del> </del>		<del>                                       </del>	<del> </del>	<del> </del>
3 Gross receipts from activities that		1		}		
are not an unrelated trade or bus-						
iness under section 513		<del> </del>		<del> </del>	<del></del>	<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		ļ			ļ	<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						į.
the organization without charge		<u> </u>		<u> </u>		
6 Total. Add lines 1 through 5						<u></u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received		Ţ			_	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)		<del>                                     </del>			<u> </u>	
Section B. Total Support			<u> </u>		<del></del>	·
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(u) <u>LU   L</u>	(5)2515	(6) 2014	(4) 2010	(0/2010	17.10.0.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties		1	į.	1		
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						1
acquired after June 30, 1975				<del></del>		
c Add lines 10a and 10b	<del></del>	ļ		<del></del>	<del></del>	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income Do not include gain		İ				
or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiza	ation,
check this box and stop here	J		,	•	· // · ·	▶□
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2016 (In	ne 8, column (f) c	divided by line 13, o	olumn (f))		15	%
16 Public support percentage from 2015	Schedule A, Par	t III, line 15	.,,		16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20			ne 13. column (fl)		17	%
18 Investment income percentage from 2	•	•	,		18	%
19a 33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than		
· ·	•					, 13 Hot
more than 33 1/3%, check this box an						and .
b 33 1/3% support tests - 2015. If the	•					. —
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	n ala not check a	<u>a box on line 14, 19</u>	a, or 19b, check t	nis b <u>ox and see in</u>	structions	

### 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)

### Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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
- 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.
- **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.
- **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.
- 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
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 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)
- 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).
- **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
- **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
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1		
2		
]	ļ	
3a	<b>_</b>	
3b		——
<u> </u>	<u> </u>	
3c		
4a		
70		
4b	1	
4c		
}		
5a		
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5b 5c		
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9a		
34	<del>                                     </del>	
9b		
	<del>                                     </del>	
9c		
ļ	<u> </u>	
10a		<u></u>
		]
10b	<u> </u>	<u> </u>

	dule A (Form 990 or 990-EZ) 2016 THE GROUNDTRUTH PROJECT INC. 4	6-090850	2 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l .		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<b> </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	لـــــا	Ц
Sec	tion B. Type I Supporting Organizations		<del></del> -	
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	J		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	\ <u>-</u>		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
<u> </u>	tion of Type it oupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	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 the supported organization(s).			l
Sec	tion 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	[		1,12
	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 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_		
Sec	tion 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 instru	ctions)		
а	The organization satisfied the Activities Test Complete line 2 below			
þ	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 instructions).		
2	Activities Test Answer (a) and (b) below		Yes	<u>No</u>
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,		<b> </b>	
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a	<b></b>	
b	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	1	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u> -	ļ	
_	activities but for the organization's involvement.	2b_	<u> </u>	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below	l	[	ļ
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? Provide details in Part VI.	3a_		<del> </del>
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	L	Ь

	dule A (Form 990 or 990 EZ) 2016 THE GROUNDTRUTH PROJECT			46-0908502 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	<del></del>
Sect	ion 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		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			1
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1 <u>a</u>		
<u>b</u>	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	1 1		1
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		_ <b>_</b>
_8_	Minimum Asset Amount (add line 7 to line 6)	8		_ <del> </del>
Sect	ion 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	lly integrat	ed Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Par	t V Type III Non-Functionally Integrated 509(			6-0908502 Page 7
	on D - Distributions	aj(o) oupporting organ	nizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		- Ourrent real
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt use assets	so or supported organizations	<u> </u>	
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			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
•	(provide details in Part VI) See instructions	io organization io rooponomo		
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
	Line 8 amount divided by Line 9 amount			
-	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
<u>1</u> 2	Underdistributions, if any, for years prior to 2016 (reason-			
2	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016:			
_	LACESS distributions carryover, if arry, to 2016.		· · · · · · · · · · · · · · · · · · ·	<del></del>
<u>a</u> b			· · · · · · · · · · · · · · · · · · ·	
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		<u> </u>	
<del>"</del>	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			
	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 3			
•	and 4c			
8	Breakdown of line 7			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990	)-EZ) 2016	THE	GROUNDTRUTE	H PROJECT	INC.	46-0908502 Page 8
Part VI	Supplement Part IV, Section line 1; Part IV, S	A, lines 1, ection D, li 5, 6, and 8	<b>nation.</b> 2, 3b, 3d ines 2 an	Provide the explana c, 4b, 4c, 5a, 6, 9a, 9b d 3; Part IV, Section I	itions required by 5, 9c, 11a, 11b, ar E, lines 1c, 2a, 2b	Part II, line 10; Part II, line nd 11c; Part IV, Section B,	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	<del></del>						
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					<del></del>		
				<del>-</del>			

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE GROUNDTRUTH PROJECT INC.

**Employer identification number** 46-0908502

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	<u>-</u>	2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
- <del>-</del> -	conservation easements	· · · · · · · · · · · · · · · · · · ·	0: 1: A II-
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
p	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		UNDTRUTH P						46-09	<u>08502</u>	Pa	ge <b>2</b>
Pa	rt III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the f	ollowing that	are a sigi	nificant u	ise of its c	ollection i	tems	
	(check all that apply):	1									
а	Public exhibition	C	<b>յ</b> 🗀 և	oan or excl	hange progra	ıms					
b	Scholarly research	•	• 🔲 🤇	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	y further th	e organizatio	n's exem	pt purpo	se in Part i	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hist	torical treas	ures, or othe	r sımılar a	issets		_		
<del></del>	to be sold to raise funds rather than to be ma								Yes		No
Pai	reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on F	Form 990	), Part IV, !	ine 9, or		
12	Is the organization an agent, trustee, custodi		tians for o	ontributions	or other ass	ote not in	cluded				
ıa	on Form 990, Part X?	an or other intermet	liary lor Co	Untilbutions	or other ass	ets Hot III	ciudeu		Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna ta	blo					] 162		140
	in res, explain the alrangement in Fart Allia	and complete the lo	mowing ta	Die					Amount		
c	Beginning balance						1c		Amount		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990 Part X line	21 for e	scrow or cu	istodial accoi	unt liabilit			Yes		No
	If "Yes," explain the arrangement in Part XIII.						, .		00	F	
	t V Endowment Funds. Complete						 ).				
		(a) Current year	T —	or year	(c) Two year			years back	(e) Four	vears t	ack
1a	Beginning of year balance				1						
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs				l						
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	, column (a)	) held as:					·	
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_ <del>_</del>								
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	nd administer	ed for the	organiz	ation	_		
	by.								`	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sc	hedule R?					_3b		
4	Describe in Part XIII the intended uses of the		owment fu	ınds							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	ee Form 990	, Part X, I	ine 10				
	Description of property	(a) Cost or	i i		or other	. ,	cumulat		(d) Book	value	;
	<del></del>	basis (invest	ment)	basis	(other)		reciation				
1a	Land					i in a	the William	315 X			
b	Buildings										
C	Leasehold improvements										
d	Equipment				3,670.		2,6			. 03	
				9	8,499.		<u>16,3</u>	18.		,18	
Total	Add lines 1a through 1e (Calumn (d) must a	000 D	V1	(0)	O 1			<b>—</b> I	प्र	. 21	

Part VII Investments - Other Securities.			, os os os rage e
Complete if the organization answered "Yes" o			al af
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	id-of-year market value
(1) Financial derivatives		<del></del>	
(2) Closely-held equity interests		<del>                                       </del>	
(3) Other		<del> </del>	
(A)		<del> </del>	
(B)			
(C)		<del> </del>	<del></del>
(D)			
<u>(E)</u>		<del></del>	
<u>(F)</u>	<del></del> ·	<del> </del>	
(G)		<del> </del>	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	_	<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
		<u> </u>	
(2)		<u> </u>	
(3)		<del></del>	
(4)			
(5)			
(6)			
(8)			
(9)	<del></del>		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d See Form 990, Part X, line 15	(1) (2) (1) (1) (1)
	Description		(b) Book value
(1)			<del></del>
(2)			
(3)			
(4)			<del> </del>
(5)	<del> </del>		
(6)			<del>_</del>
(8)	<del></del> -		
(9)			<del> </del> -
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	<u>15.) _                                   </u>	<b>_&gt;</b>	<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f See Form 990, Part X, line 2	5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2016 THE GROUNDTRUTH PROJECT INC				0908502	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,328	,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a		1		
b	Donated services and use of facilities	2b	31,020.	]		
С	Recoveries of prior year grants	2c		.		
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e	31	,020.
3	Subtract line 2e from line 1			3	1,297	<u>,930.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIII.)	4b				^
C	Add lines 4a and 4b			4c	1,297	0.
F B 31	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Stateme	note \A/ii	h Evponess per E	5		,930.
Га		SUIC AAII	in Expenses per r	returi	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1,879	316
1	Total expenses and losses per audited financial statements			1-1	1,0/3	, 310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	امدا	31,020.			
a	Donated services and use of facilities  Prior year adjustments	2a	31,020.	1 1		
	Other losses	2b 2c		1		
d	Other (Describe in Part XIII )	2d	<del></del>	1		
	Add lines 2a through 2d	<u> </u>		2e	31	.020.
3	Subtract line 2e from line 1			3	31 1,848	296.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b		1 1		
	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,848	
_	t XIII Supplemental Information.					<del>'</del>
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1	b and 2b; Part V, line 4	l, Part )	K, line 2; Part X	 (I,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,	,	•
	, , , , , , , , , , , , , , , , , , , ,					
PAF	T X, LINE 2:					
				_		
<u>NO</u>	PROVISION IS MADE FOR INCOME TAXES AS THE	ORGAI	NIZATION IS	EXE	MPT FROM	<u> </u>
	TENAL AND GENER THROUGH ENGINEER THROUGH				017	
F.E.L	ERAL AND STATE INCOME TAXES UNDER INTERNAL	, REVI	ENUE CODE SE	CTT	JN	
501	(C)(3). THE ORGANIZATION'S FORMS 990 GENER	Y.I.TAS	REMAIN SUBJ	ЕСТ	то	
	10/(0/0 1112 0110111111111111111111111111111					
EXA	MINATION FOR THREE YEARS AFTER FILING.				_	
				-		
	<del></del>				<u> </u>	

Schedule D (Form 990) 2016

632054 08-29-16

# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.irs gov/form990 Open to Public Inspection

Name of the organization

**Employer identification number** 

Schedule F (Form 990) 2016

THE GROUNDTRUTH	PROJECT	INC.		46-090850	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV	/, line 14b				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the
United States					
3 Activities per Region (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
CENTRAL AMERICA AND	_	_			
THE CARIBBEAN		0	PROGRAM SERVICES	REPORTING	164.
	ĺ			Į.	
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	REPORTING	16,364.
EUROPE (INCLUDING			PROGRAM SERVICES	REPORTING	10,304.
ICELAND & GREENLAND)				ĺ	}
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	۰ ا	0	PROGRAM SERVICES	REPORTING	50,363.
MIDDLE EAST AND		<u> </u>	I ROGRAM BERVICES	KEI OKIING	30,303.
NORTH AFRICA -					
ALGERIA, BAHRAIN,		1			
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	REPORTING	36,138.
			2200222		1
NORTH AMERICA	0	0	PROGRAM SERVICES	REPORTING	11,385.
	ì			Ï	ľ
SOUTH_AMERICA	_ 0	0_	PROGRAM SERVICES	REPORTING	8,765.
SOUTH ASIA -					Ţ
AFGHANISTAN,	}	}		1	}
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	00	PROGRAM SERVICES	REPORTING	11,247.
	ţ			l <sub>e</sub>	
SUB-SAHARAN AFRICA	0	0_	PROGRAM SERVICES	REPORTING	9,300.
3 a Sub-total	0	0			143,726.
<b>b</b> Total from continuation		ĺ		1	
sheets to Part I	0	0			0.
c Totals (add lines 3a	1	<b>`</b>			
and 3b)	! 0	. 0	<u> </u>	i	143,726.

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

46-0908502

THE GROUNDIRUTH PROJECT INC.

Schedule F (Form 990) 2016

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name o organization

Schedule F (Form 990) 2016

Enter total number of other organizations or entities

က

Page 3

46-0908502

THE GROUNDTRUTH PROJECT INC.

Schedule F (Form 990) 2016 THE GROUNDTRUTH PROJECT INC. 46-0908502
Pare in Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2016

Yes X No

Schedule F	(Form 990) 2016 THE GROUNDTRUTH PROJECT INC.  Supplemental Information	46-0908502	Page 5
Part V	Supplemental Information	<del>_</del>	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	g method; amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method)		
<del></del>	(estimated number of recipients), as applicable Also complete this part to provide any additional information	tion See instructions.	
		<del></del>	
	<del></del>		
	<del></del>		
	<del></del>		
	<del></del>	<del></del>	

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GROUNDTRUTH PROJECT INC.

Employer identification number 46-0908502

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			'	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			<u> </u>
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			l
	X Compensation committee		1	
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			ŀ
				1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>	<b>├</b> ─	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ĺ		l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of			X
	The organization?	5a	<del> </del>	X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III	_5b	<del>                                     </del>	┝╧
_				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
_	•	6a	l	X
	The organization?  Any related organization?		<del>                                     </del>	X
D	Any related organization?	6b	<del>                                     </del>	├┷
7	If "Yes" on line 6a or 6b, describe in Part III.			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
8	not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b> </b>	<del>                                     </del>	<del>  ^</del>
O	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	۴	<del>                                     </del>	<del>                                     </del>
3	Begulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

THE GROUNDTRUTH PROJECT INC.

Partills Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (I<sup>-</sup>orm 990) 2016

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

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

	(B) Brea	kdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	ase	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
S M. SENNOTT	(1) 224	224,560.	17,328.	0	0	17,376.	259,264.	0
PRESIDENT, TREASURER, EXEC	(ii)	0	0	0	•0	• 0	0	0
	Œ							
	(ii)							
	(E)							
	(E)							
	(0)							
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	()							
				1				
	(E)							
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<u>                                     </u>	(ii)							
	(1)							
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	()							
	(ii)							
					,			
	(ii)							
	(E)							
	(1)							
	<u>(S)</u>							
	(ii)							
							Schedu	Schedule J (Form 990) 2016

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

THE GROUNDTRUTH PROJECT INC.

**Employer identification number** 46-0908502

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GENERATION OF JOURNALISTS AND TO ADDING INCREASED KNOWLEDGE AND
UNDERSTANDING ON CRITICAL GLOBAL ISSUES THROUGH OUR ENTERPRISE
JOURNALISM.
AT THE CORE OF WHAT WE DO IS THE IDEA OF "GROUND TRUTH," WHICH, PUT
SIMPLY, MEANS BEING ON THE GROUND TO TELL THE STORY. THE ORIGIN OF THE
WORD ACTUALLY COMES FROM NASA, AND REFERS TO PART OF THE CALIBRATION
PROCESS USED IN SATELLITE IMAGERY. WHEN NASA MEASURES SOMETHING WITH A
SATELLITE, AN EMPLOYEE ON THE GROUND TAKES THE SAME MEASUREMENT. THAT
HUMAN MEASUREMENT IS KNOWN AS "GROUND TRUTH."
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEADED BY CHARLES M. SENNOTT, GROUNDTRUTH IS COMMITTED TO NARRATIVE
STORYTELLING THAT ENLIGHTENS AND INFORMS ACROSS MEDIA PLATFORMS,
INCLUDING DIGITAL, RADIO/PODCAST, TELEVISION AND DOCUMENTARY FILM. OUR
REPORTING CENTERS ON ISSUES OF SOCIAL JUSTICE THAT MATTER FOR AN
INCREASINGLY INTERCONNECTED WORLD, INCLUDING HUMAN RIGHTS, FREEDOM OF
EXPRESSION, EMERGING DEMOCRACIES, THE ENVIRONMENT, RELIGIOUS AFFAIRS
AND GLOBAL HEALTH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOREVERSTAN IS A SPECIAL PROJECT REPORTING ON AMERICA'S SEEMINGLY
ENDLESS WAR IN AFGHANISTAN. THE PROJECT INCLUDES SEVERAL DIGITAL

Name of the organization THE GROUNDTRUTH PROJECT INC.	Employer identification number 46-0908502
COMPONENTS INCLUDING THE WEBSITE FOREVERSTAN.COM, THE GROU	NDTRUTH
PROJECT PODCAST, FILM, PHOTOGRAPHY, AND NEWS UPDATES.	
GENERATION TBD IS A SPECIAL REPORT COVERING THE STORIES OF	MILLENNIALS
AROUND THE WORLD AS THEY GRAPPLE WITH ECONOMIC FORCES THAT	MANY SAY
HAVE LEFT THEM FEELING "LOST," "BURNED" AND "LEFT BEHIND,"	AND HOW THEY
ARE INNOVATING, COLLABORATING AND HUSTLING TO CREATE NEW J	OBS AND
BETTER LIVES.	
LIVING PROOF DISCUSSES THE HUMAN TOLL OF CLIMATE CHANGE, I	NCLUING
CONFLICT, SEX TRAFFICKING, SUICIDE, INFECTIOUS DISEASE, AN	D ECONOMIC
INEQUALITY. THIS PROJECTED IS SUPPORTED BY MANY WELL-KNOWN	EDITORIAL
PARTNERS SUCH AS PRI'S THE WORLD, FRONTLINE, WGBH NEWS, FE	, AND
ALJAZEERA.	
THE WOMEN IN TECH FELLOWSHIP WAS DONE IN PARTNERSHIP WITH	SILICONANGLE
MEDIA'S THECUBE, WHEREIN SPONSORED FELLOWS WERE GIVEN THE	OPPORTUNITY
TO COVER TOPICS RELATED TO GENDER AND TECHNOLOGY AND HOW T	ECHNOLOGY
INTERSECTS WITH ISSUES OF SOCIAL JUSTICE.	
THE BORDER OF DESPAIR PROJECT, SUPPORTED BY WORLD VISION,	WORKED TO
ASSESS THE HUMANITARIAN EFFORTS SEEKING TO HELP SYRIAN REP	UGEES - THEIR
EFFECTIVENESS, THE TENSIONS THEY MAY CREATE IN THE HOST CO	MMUNITIES WHO
RECEIVE THEM, AND WHAT CAN BE DONE BY HUMANITARIAN ORGANIZ	ATIONS AND
THE PUBLIC AT LARGE TO BETTER HELP THEM.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT. 632212 08-25-16 Sche	dule O (Form 990 or 990-EZ) (2016)

CONSULTING:

55,571. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 55,571.

JOURNALISTS AND PHOTOGRAPHY:

PROGRAM SERVICE EXPENSES

28,522. PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) (2016)

0.

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization	Page 2  Employer identification number
THE GROUNDTRUTH PROJECT INC.	46-0908502
TOTAL EXPENSES	28,522.
CONTRACTORS:	
PROGRAM SERVICE EXPENSES	499,831.
MANAGEMENT AND GENERAL EXPENSES	18,416.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	518,247.
RECRUITING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	819.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	819.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	603,159.
<del></del>	
<del></del>	<del></del>
<del></del>	
<del></del>	