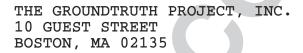
CLIFTONLARSONALLEN LLP 300 CROWN COLONY DRIVE, SUITE 310 QUINCY, MA 02169



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CLA (CliftonLarsonAllen LLP) 300 Crown Colony Drive, Suite 310 Quincy, MA 02169 617-984-8100 | fax 617-984-8150 CLAconnect.com

THE GROUNDTRUTH PROJECT, INC. 10 GUEST STREET BOSTON, MA 02135

THE GROUNDTRUTH PROJECT, INC.:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2020.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

CLIFTONLARSONALLEN LLP

50m 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending
or carorraa year me re, or necar year beginning	, == 10, and on any

, 2019, and ending

2019

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information

Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer identification r	number
THE GROUNDTRU	TH PROJECT, INC.	46-0908502	
Name and title of officer		•	
CHARLES M SEN	NOTT		
CEO, EDITOR &			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave line 1b, 2b, 3l	b, 4b, or 5b,
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 8,89	94,727.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check		3b	
4a Form 990-PF check he		4b	
5a Form 8868 check here		5b	
Part II Declarat	ion and Signature Authorization of Officer		
further declare that the amintermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial installation 1-888-353-4537 no later the processing of the electron payment. I have selected a	impanying schedules and statements and to the best of my knowledge and belief, they are account in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to our freceipt or reason for rejection of the transmission, (b) the reason for any delay in procest applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and it institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reelectronic funds withdrawal.	eturn. I consent to allow the IRS and to receive fressing the return or refundelectronic funds withdrawation's federal taxes own. Treasury Financial Ager institutions involved in the resolve issues related	my rom the IRS ad, and (c) awal (direct ed on this at at to the
I authorize		to enter my PIN	
	ERO firm name		re numbers, bu enter all zeros
is being filed wit	on the organization's tax year 2019 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2019 of this return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.	•	
Officer's signature	Date ▶		
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
•	your five-digit self-selected PIN. 04685512345 Do not enter all zeros		
Trainiber (Er IIV) followed by			
I certify that the above nur	meric entry is my PIN, which is my signature on the 2019 electronically filed return for the ng this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFess Returns.	e organization indicated	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

А	רטו נוו	le 20 19 calendar year, or tax year beginning a	na enaing		
В	Check if applicat	C Name of organization		D Employer identifi	cation number
	Addr	THE GROUNDTRUTH PROJECT, INC.			
	Name chan	Doing business as		46-09085	02
	Initia returi		Room/sui	E Telephone numbe	r
F	Final retur			617-412-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,894,727.
	Amer			H(a) Is this a group re	
F	Appli		TT	for subordinates	
	pend	SAME AS C ABOVE	_	H(b) Are all subordinates in	····· — —
$\overline{\mathbf{T}}$	Tay.ov	tempt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)	(1) or 52	_	list. (see instructions)
÷	Webs	ite: WWW.THEGROUNDTRUTHPROJECT.ORG	(1) 01 02	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	I_Ve		State of legal domicile: MA
	art I		_ 100	ar or formation: 2022 N	VI Otato or logal dorniolo, =====
	1	Briefly describe the organization's mission or most significant activities: TO	TRATN	AND MENTOR T	HE NEXT
Activities & Governance	'	GENERATION OF JOURNALISTS.		11110 1111111011 1	111111111111111111111111111111111111111
ŗ	2	Check this box if the organization discontinued its operations or dis	sposed of mo	ore than 25% of its net as	
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ري حد	4	Number of independent voting members of the governing body (Part VI, line 1			11
ş	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			27
Ϋ́	6	Total number of volunteers (estimate if necessary)			11
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		6,438,747.	8,864,214.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	9,930.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,583.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		6,438,747.	8,894,727.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,058,559.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		1,142,715.	2,098,426.
Expenses	16a			0.	0.
bei	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 509,	480.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,106,975.	1,178,856.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,249,690.	4,335,841.
	19	Revenue less expenses. Subtract line 18 from line 12		4,189,057.	4,558,886.
Or Pool	3	Trevenue loss expenses. Subtrast line 16 from line 12		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	<u> </u>	6,106,812.	11,170,353.
ASS	21	Total liabilities (Part X, line 26)		148,457.	653,112.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		5,958,355.	10,517,241.
P	art II			.,,	
$\overline{}$		alties of perjury, I declare that I have examined this return, including accompanying scheo	dules and state	ments, and to the best of m	v knowledge and belief, it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information o			, momentuge and somen, mo
	,,	(called all all street all all all all all all all all all al	· ·····o·· propa.	l l	
Sig	ın	Signature of officer		Date	
He		CHARLES M. SENNOTT, CEO, EDITOR & DI	RECTOR		
110	10	Type or print name and title		•	
_		Print/Type preparer's name Preparer's signature		Date Check	II PTIN
Pai	d	CLIFTONLARSONALLEN LLP CLIFTONLARSONA	TITEN T	Ollook L	
	parer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749
	Only	Firm's address 300 CROWN COLONY DRIVE, SUITE	310	I IIIII 2 LIIV	<u> </u>
030	Joiny	QUINCY, MA 02169	310	Phono no 16	17) 984-8100
N 4 -	v +h - 1			Fillulie IIu. (U	
ıvıa	y me l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments	v
	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, INC. (THE ORGANIZATION), A NOT-FOR-PROF	ידיי
	CORPORATION, WAS FOUNDED TO RESTORE JOURNALISM FROM THE GROUND U	
	SUPPORTING THE NEXT GENERATION OF JOURNALISTS THROUGH FIELD REPO	
	THAT SERVES UNDER-COVERED CORNERS OF THE UNITED STATES AND THE W	
2	Did the organization undertake any significant program services during the year which were not listed on the	OILED .
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	_ 100 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,286,801. including grants of \$ 1,058,559.) (Revenue \$)
	THE ORGANIZATION'S PROGRAMS BUILD AN ENGAGED COMMUNITY AROUND IM	IPACTFUL
	JOURNALISM AND POWERFUL STORYTELLING BY A NEW GENERATION, WHILE	
	SUPPORTING THEIR CAREERS AS FELLOWS, CORPS MEMBERS, AND ALUMNI.	
	INCORPORATION ON AUGUST 8, 2012, THE ORGANIZATION HAS SUPPORTED	
	THAN 300 EMERGING JOURNALISTS ACROSS MORE THAN 30 COUNTRIES. THE	
	ORANIZATION TRAINS AND PRODUCES CONTENT IN ITS FELLOWSHIPS AND C	ORPS
	MEMBERS THROUGH VARIOUS MEDIUMS INCLUDING ESSAYS, PHOTO ESSAYS, PODCASTS, AND FILMS AS WELL AS CORPS MEMBER SERVICE PROJECTS THE	OTTOTT
	ITS NATIONAL PROGRAM, REPORT FOR AMERICA.	.OUGH
	115 NATIONAL PROGRAM, REPORT FOR AMERICA.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
<u>4e</u>	Total program service expenses ▶ 3,286,801.	Form 990 (2019)
		-orm 330 (2019)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	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 in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	- 22
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4=	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		37	
	Schedule J	23	Х	
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
~	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		- v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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			
	(gambling) winnings to prize winners?	1c		<u> </u>

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		3,7
	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).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
•	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Гания	000	(0040

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHARLES M. SENNOTT - 617-412-6130			
	10 GUEST ST, BOSTON, MA 02135			

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLES M. SENNOTT CEO. EDITOR & DIRECTOR (EX OFFICIO)	60.00	X		X				218,707.	0.	4,970.
(2) DAVID H. FEINBERG	1.00			77				210,707.	0.	4,570.
CLERK	1.00	x		x				0.	0.	0.
(3) CHRIS BAKE	1.00			7						
CHAIRMAN		X		Х				0.	0.	0.
(4) ALAN KHAZEI	1.00									
DIRECTOR		Х						0.	0.	0.
(5) LINDA MASON	1.00									
DIRECTOR		X						0.	0.	0.
(6) CALVIN SIMS	1.00								_	_
DIRECTOR		X						0.	0.	0.
(7) JIM BILDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) STEVE WALDMAN	60.00							405 505		6 0 0 0
PRESIDENT OF RFA (EX OFFICIO)	1 00	Х		Х				185,597.	0.	6,070.
(9) ROBIN D'ALESSANDRO	1.00									•
DIRECTOR	1 00	Х	_			_		0.	0.	0.
(10) VIVIAN SCHILLER	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) ANNA DAVIS VAUGHAN	1.00	X						0.	0.	0
DIRECTOR	1.00	Α				_		0.	0.	0.
(12) JOANNE HEYMAN DIRECTOR	1.00	Х						0.	0.	0.
(13) SUSIE TREES	1.00	Δ	_	\vdash		\vdash		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) ANNA LIN MITCHELL	40.00							0.	0.	
TREASURER SECRETARY & FIN DIRECTOR	40.00	1		х				98,958.	0.	0.
(15) ROB ZESKE	40.00	\vdash				\vdash	\vdash	30,7300		
CHIEF OPERATING OFFICER		1		х				58,933.	0.	0.
(16) KEVIN GRANT	40.00					\vdash		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CO-FOUNDER & EXECUTIVE EDITOR		1				Х		119,792.	0.	0.
										_

Form **990** (2019)

	† VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				age C
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	۱		nount	
		week (list any	_				17 11 11 11	1	from the	from related organizations			other pensa	
		hours for	director				p		organization	(W-2/1099-MIS			om th	
		related	tee or	ustee			ensate		(W-2/1099-MISC)			org	anizat	ion
		organizations below	al trus	onal tr		loyee	comp						d relat	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			드	드	9	જ	王岩	윤			\dashv			
			1											
			-											
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			1											
							7							
											\dashv			
	Cultitatal								681,987.		0.	1	1,0	40
	Subtotal Total from continuation sheets to Part V	II Section A							0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								681,987.		0.	1	1,0	
2	Total number of individuals (including but i		_							,000 of reportable				
	compensation from the organization				47									3
													Yes	No
3	Did the organization list any former officer			7										
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s		·	-						_		4	Х	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for sorvices	····	4	- 21	
3	rendered to the organization? If "Yes," con					-			-		ı	5		х
Sec	tion B. Independent Contractors	,,			,									
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	rithir	n the organization's tax	year.				
	(A) Name and business		37/	~***	_				(B)		0	((_
	Name and business	address	NC	ONI	5				Description of s	ervices		ompe	nsatio	n
								\dashv						
								П						
								_						
	Takal musahan af inglass sudant a sutur	Small ratio - 1 1	-4.1"	:+:	- الم	- عالم	"		d ala av a) vola - v b v - l	a wa Ala a w				
2	Total number of independent contractors (\$100,000 of compensation from the organ	-	III TOI	ппе	u to		se II:)	stec	a above) who received in	iore trian				

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lir		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512 - 514
nts nts			Federated campaigns 1a					
Gra			Membership dues 1b					
ts, An			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio er \$		f	All other contributions, gifts, grants, and	064 014				
ğ				864,214.				
non		_	Noncash contributions included in lines 1a-1f		0 064 214			
<u>a</u>		h	Total. Add lines 1a-1f		8,864,214.			
	_		1	Business Code				
Program Service Revenue	2							
Servine		b						
m S		C						
gra Re		d						
Pro		e	All address are associated services.					
			All other program service revenue					
	3	9	Investment income (including dividends, intere					
			other similar amounts)		9,930.			9,930.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
4		b	Less: cost or other basis					
nue			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
er R			Net gain or (loss)					
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			N. 1.					
			Gross income from gaming activities. See					
		_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Al 12 (1) 6 (1) 12 (12) 12 (12) 13					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
2				Business Code				
eon	11		OTHER INCOME	519100	10,583.			10,583.
Miscellaneous Revenue		b	EDITING PROJECT	519100	10,000.			10,000.
Rev		С						
Σ			All other revenue		20 502			
		е	Total. Add lines 11a-11d		20,583.	0	0	20 E12
	12		Total revenue. See instructions	<u></u>	8,894,727.	0.	0.	30,513.

Part IX | Statement of Functional Expenses

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

Do :	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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	967,107.	967,107.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	91,452.	91,452.		
4	Benefits paid to or for members	-	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	573,235.	289,317.	144,258.	139,660
6	Compensation not included above to disqualified	-			-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,226,658.	865,484.	191,702.	169,472
8	Pension plan accruals and contributions (include	-		-	<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	136,429.	88,443.	24,277.	23,709
10	Payroll taxes	162,104.	104,081.	30,158.	27,865
1	Fees for services (nonemployees):	, ,		,	,
	Management				
	Legal	5,231.		5,231.	
	Accounting	23,987.		23,987.	
		2373074		2373071	
	LobbyingProfessional fundraising services. See Part IV, line 17				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	574,131.	498,746.	7,559.	67,826
40	· · · · · · · · · · · · · · · · · · ·	55,552.	21,830.	33,722.	07,020
12	Advertising and promotion	33,852.	13,667.	12,013.	8,172
13	Office expenses	91,263.	54,489.	20,831.	15,943
14	Information technology	51,205.	34,400.	20,031.	10,743
15	Royalties	112,442.	68,031.	26,008.	18,403
16	Occupancy	237,537.	197,012.	9,437.	31,088
17	Travel	231,331.	191,012•	3,43/•	31,000
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	25 020	15 600	E 000	1 211
22	Depreciation, depletion, and amortization	25,930.	15,688.	5,998. 4,379.	4,244 3,098
23	Insurance	18,931.	11,454.	4,5/9.	3,098
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	, , , , , , , , , , , , , , , , , , ,				
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,335,841.	3,286,801.	539,560.	509,480
26	Joint costs. Complete this line only if the organization			-	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,752,240.	1	4,427,165		
	2	Savings and temporary cash investments		2	816		
	3	Pledges and grants receivable, net	2,258,689.	3	6,466,129		
	4	Accounts receivable, net			2,891.	4	684
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			41,414.	9	20,494
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	177,494.			
	b			123,540.	51,578.	10c	53,954
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	201,111		
	16	Total assets. Add lines 1 through 15 (must ed	qual line :	33)	6,106,812.	16	11,170,353
	17	Accounts payable and accrued expenses	148,457.	17	343,507		
	18	Grants payable				18	
	19	Deferred revenue				19	2,240
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
₽		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	0		207 265
		of Schedule D			0.		307,365
	26	Total liabilities. Add lines 17 through 25			148,457.	26	653,112
Ş		Organizations that follow FASB ASC 958, c	heck he	re 🕨 👗			
nce n		and complete lines 27, 28, 32, and 33.			260 160		224 506
ala	27				360,160.	27	234,596
о В	28	Net assets with donor restrictions			5,598,195.	28	10,282,645
<u>_</u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
P.		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
\SS(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	E 0E0 3EE	31	10 517 041
ž	32	Total net assets or fund balances			5,958,355.	32	10,517,241
	33	Total liabilities and net assets/fund balances			6,106,812.	33	11,170,353

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		8,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	.,33	5,8	41.
3	Revenue less expenses. Subtract line 2 from line 1	3		.,55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,95	8,3	55.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,51	7,2	41.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	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 audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE GROUNDTRUTH PROJECT. INC. 46-0908502 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization organization or the supervised organization organ 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,861,000.	1,297,930.	1,709,977.	6,418,747.	8,864,214.	21,151,868.			
2	Tax revenues levied for the organ-									
	ization'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				A					
4	Total. Add lines 1 through 3	2,861,000.	1,297,930.	1,709,977.	6,418,747.	8,864,214.	21,151,868.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						12,186,398.			
	Public support. Subtract line 5 from line 4.						8,965,470.			
	ction B. Total Support	() 004-	#10040	110015	(D 00 (0	() 00/0	(0 T l			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	2,861,000.	1,297,930.	1,709,977.	6,418,747.	8,864,214.	21,151,868.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,					9,930.	9,930.			
•	and income from similar sources					9,930.	9,950.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital									
	•					20,583.	20,583.			
11	assets (Explain in Part VI.)					20/3031	21,182,381.			
12	Gross receipts from related activities,	etc (see instructi	one)			12	20,583.			
13	First five years. If the Form 990 is for			I fourth or fifth ta	x vear as a sectio					
	organization, check this box and stor		o mot, occorra, trine	i, ioditii, or iiiti ta	x your do a ocono	11001(0)(0)				
Sec	ction C. Computation of Publ		rcentage							
	Public support percentage for 2019 (_	olumn (f))		14	42.33 %			
15	Public support percentage from 2018					15	49.22 %			
16a	33 1/3% support test - 2019. If the o					nore, check this bo	x and			
	stop here. The organization qualifies as a publicly supported organization ▶ X									
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h e	ere. Explain in Par	t VI how the organ	ization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization					
b	10% -facts-and-circumstances tes									
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization				
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>	,				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			4			
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge						
6 Total. Add lines 1 through 5		İ				
7a Amounts included on lines 1, 2, and						
3 received from disqualified person						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕽	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.						
14 First five years. If the Form 990 is		s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Pul	blic Support Pe	rcentage				
15 Public support percentage for 2019	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv						
17 Investment income percentage for					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the	ne organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2018. If the	ne organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	heck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation If the organization	tion did not check a	hay on line 1/1 10	a or 10h chack th	hie hav and eag in	etructione	

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10b		

Pai	t IV Su	pporting Organizations _(continued)			
				Yes	No
11	Has the or	ganization accepted a gift or contribution from any of the following persons?			
а	A person w	ho 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	A family me	ember of a person described in (a) above?	11b		
		strolled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Ty	/pe I Supporting Organizations			
				Yes	No
1	Did the dire	ectors, trustees, or membership of one or more supported organizations have the power to			
		opoint or elect at least a majority of the organization's directors or trustees at all times during the			
	,	f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		the organization's activities. If the organization had more than one supported organization,			
		ow the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ns and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	anization operate for the benefit of any supported organization other than the supported			
	-	n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		w providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
800	•	, or controlled the supporting organization.	2		<u> </u>
Sec	uon C. 1	ype II Supporting Organizations		Vaa	Na
4	Mara a ma	icrity of the expenientian's divertors by twisters during the tay year along majority of the divertors		Yes	No
1		jority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		
Sec		Il Type III Supporting Organizations	•		
		Type in cupperaing organizations		Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the			
		n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organizatio	n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any o	of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organizatio	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiz	ation 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			
		assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
Sec		pe III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		organization satisfied the Activities Test. Complete line 2 below.			
b		organization is the parent of each of its supported organizations. Complete line 3 below.		. 1	
C		organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI.
2		est. Answer (a) and (b) below.		Yes	No
а		ntially all of the organization's activities during the tax year directly further the exempt purposes of ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		ivities described in (a) constitute activities that, but for the organization's involvement, one or more			
~		nization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		the organization's position that its supported organization(s) would have engaged in these			
		ut for the organization's involvement.	2b		
3		Supported Organizations. Answer (a) and (b) below.			
		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	-	each of the supported organizations? Provide details in Part VI.	3a		
b		anization exercise a substantial degree of direction over the policies, programs, and activities of each			
	-	orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supp	oorting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a q	ualifying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
other Type III non-functionally integrated supporting organizations n	nust complete Se	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 amo	ount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fun	ctionally integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
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	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_		
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BAKE FAMILY TRUST	3,007,928.	2,584,280.
FORD FOUNDATION	1,050,000.	626,352.
JMB CHARITABLE FUND (VANGUARD)	1,000,000.	576,352.
MACARTHUR FOUNDATION	1,050,000.	626,352.
DAVID AND LUCILE PACKARD FOUNDATION	900,000.	476,352.
KNIGHT FOUNDATION	5,350,000.	4,926,352.
FACEBOOK, INC.	2,000,000.	1,576,352.
NATASHA & DIRK ZIFF GIFT FUND	700,000.	276,352.
JOYCE FOUNDATION	614,950.	191,302.
ROBERT WOOD JOHNSON	750,000.	326,352.
Total Excess Contributions to Schedule A, Part II, Line 5		12,186,398.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE GROUNDTRUTH PROJECT, INC.

Employer identification number 46-0908502

Schedule D (Form 990) 2019

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements is		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	· · · · · · · · · · · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracquires or Of	ther Cimilar Accets
Pa	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	ther Similar Assets.
	· · · · · · · · · · · · · · · · · · ·		and become a class of control of
та	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under FASB A		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$
n	Assers included in Form 990. Part X		— 35

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	()	lections of A				ures or Oth	er S	imila	r Asse	ts/conti		aye Z
	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
3	collection items (check all that apply):	n, and other record	is, criecr	Carry Or tirle	TOILO	wing that make	Sigrili	icarii i	use or its			
2	a Public exhibition d Loan or exchange program											
b												
C	Scholarly research Preservation for future generations	6		Oti 161								
4	· ·	laations and avaloi	a have th	ov further t	ho or	aanization'a ay	omnt	nurno	oo in Dor	· VIII		
5	Provide a description of the organization's col During the year, did the organization solicit or								se III Faii	ı AIII.		
5	to be sold to raise funds rather than to be mai									Yes] Na
Pai	t IV Escrow and Custodial Arrang										<u> </u>	No
ı a	reported an amount on Form 990, Part	•	ete ii tile	organizatio	ni ans	swered res o	II FOII	11 990	, rantiv,	ili le 9, 0i		
12	Is the organization an agent, trustee, custodia		lian, for	contribution	oc or a	other assets no	t incl	ıdod				
Ia			-							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	nd complete the fe	 Ilovvina t	oblo:						_ 1es		_ NO
b	ii res, explain the arrangement in Fart Alli a	na complete trie io	llowing t	able.		A	Г	$\overline{}$		Amoun	+	
_	Paginning balance						H	10		Amoun	L	
	Beginning balance							1c 1d				
	Additions during the year							1e				
	Distributions during the year							1f				
f 20	Ending balance Did the organization include an amount on For							"		Yes		No
	If "Yes," explain the arrangement in Part XIII. (-					
	t V Endowment Funds. Complete if											
	·	(a) Current year		rior year		Two years back		hree ve	are hack	(a) Four	. Veare	hack
10	Paginning of year balance	` ,	(D) F	nor year	(0)	TWO years back	(u) 1	ппес ус	ars back	(e) i oui	years	Dack
D	Contributions											
C	Net investment earnings, gains, and losses											
d	· ······				\vdash							
е	Other expenditures for facilities											
	and programs				\vdash							
f	Administrative expenses				+							
g	End of year balance		- (15 4	l /	-\\ I	lal a a .						
2	Provide the estimated percentage of the curre	ent year end balanc		g, column (a	a)) ne	id as:						
a	Board designated or quasi-endowment	0/	_%									
b	Permanent endowment	%										
С	Term endowment											
_	The percentages on lines 2a, 2b, and 2c shou											
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and ac	dministered for	the o	rganız	ation			
	by:									- m	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization									3b		
4	Describe in Part XIII the intended uses of the		wment 1	funds.								
Pal	t VI Land, Buildings, and Equipme		. D "	/ 15	-	000 5 ::	, I:	10				
	Complete if the organization answered	1				1			.			
	Description of property	(a) Cost or o		(b) Cost				nulate	a	(d) Boo	k valu	е
		basis (investn	nent)	basis	othe	r) de	epreci	ation				
	Land											
	Buildings								$-\!\!\!+\!\!\!\!-$			
	Leasehold improvements				2 (205	0.1	1 /		- 1	2 1	4.0
	Equipment					295.		,14			$\frac{2}{1}, \frac{1}{2}$	
	Other		,, .		<u> </u>	199.	⊥ U ∠	2,39	74.		1,8 39	
1040	u waa liboo la through la (('alumn (d) must oa	UNI FORM UUN Dart	v colun	an (U) lina 1	11101					7	1 4	14 -

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE GROUNDTR	RUTH PROJECT,	INC.	46-0908502 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	- F 000 D-+ IV II	44 - O F 000 P - + V	Characto
Complete if the organization answered "Yes" o	(b) Book value		n: Cost or end-of-year market value
. , , ,	(b) Book value	(c) Welliod of Valuation	on. Gost of the of year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X	(, line 15.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<i>y</i>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		>
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) HOST NEWS ROOM OBLIGATIONS			128,628
(3) FUNDS DESIGNATED FOR SPECI	FIC USE		178,737
(4)			
(5)			
(6)			
(7)			i i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

307,365.

(8)

Sche	edule D (Form 990) 2019 THE GROUNDTRUTH PROJECT, INC.	46-0	0908502 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	9,034,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	140 044		
С			
d			
е	Add lines 2a through 2d	2e	140,044
3	Subtract line 2e from line 1	3	8,894,727
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
С	Add lines 4a and 4b	4c	0 .
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	8,894,727
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,475,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·	, -,
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
b		1	
C		-	
d		-	
	Add lines 2a through 2d	2e	140,044
3	Subtract line 2e from line 1	3	4,335,841
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,333,011
		-	
		4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,335,841
	rt XIII Supplemental Information.] 3]	1,555,011
	11 7 m Cappionicital information		
Drovi	ide the descriptions required for Port II, lines 2, 5, and 0; Port III, lines 1, and 4; Port IV, lines 1, and 2h; Port V, lines	1. Dort	V line 2: Bort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,
		4; Part	X, line 2; Part XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE GROUNDTRUTH PROJECT, INC. 46-0908502 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

3 Activities per Region. (T	he following Part	t I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARA AFRICA			PROGRAM SERVICES	REPORTING	31,243
EAST ASIA			PROGRAM SERVICES	REPORTING	6,918
EUROPE			PROGRAM SERVICES	REPORTING	41,000
SOUTH AMERICA			PROGRAM SERVICES	REPORTING	10,000
CANADA			PROGRAM SERVICES	REPORTING	2,291
3 a Subtotal	0	0			91,452
b Total from continuation sheets to Part I	0				0
c Totals (add lines 3a and 3b)	0	0			91,452

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 THE GROUNDTRUTH PROJECT, INC. 46-0908502

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)						2100 (000 cm. T) T -1-1-0
(h) Description of noncash assistance						
(g) Amount of noncash assistance					xempt	
(f) Manner of cash disbursement	O				recognized as tax-e	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					ns listed above that are r	r entities
(b) IRS code section and EIN (if applicable)					recipient organizatior that the grantee or cour	other organizations o
1 (a) Name of organization						3 Enter total number of other organizations or entities

Page 3

THE GROUNDIRUTH PROJECT, INC. Schedule F (Form 990) 2019

Part III 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) 2019
(g) Description of noncash assistance					Schedule F
(f) Amount of noncash assistance	7				
(e) Manner of cash disbursement		5			
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

46-0908502 THE GROUNDTRUTH PROJECT, INC. Page 5 Schedule F (Form 990) 2019 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: GRANTS MADE TO FELLOWS AND CORPS MEMBERS AFTER A RIGOROUS APPLICATION PROCESS BASED ON A MULTITUDE OF EXPERIENCE METRICS. THE GRANTS ARE MONITORED THROUGH PERIODIC EVALUATION PROCESSES WITH THE FELLOW / CORPS MEMBER, THE HOST NEWSROOMS AND A REVIEW OF PERFORMANCE AND DELIVERABLES PRIOR TO COMPLETION.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2019 Open to Public

OMB No. 1545-0047

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

				2.804.1					
Name of	Name of the organization THE GROUNDTRUTH PROJECT.	IDTRUTH PR	SOTECT, INC.					Employer identification number $46-0908502$	mber 0.2
Part I	General Information on Grants and Assistance	and Assistance	ı						
1 Do	Does the organization maintain records to substantiate the amount	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
cri	criteria used to award the grants or assistance?	istance?						∑ Yes	ջ □
2 De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	itoring the use of grant	funds in the Unite	d States.				
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domestic	c Governments. C	Complete if the orga	anization answered "Y	res" on Form 990, Part	: IV, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.				
1 (a	1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 En	Enter total number of section 501(c)(3) and government organizatior	and government or	rganizations listed in th	is listed in the line 1 table				•	
3 En	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					•	
LHA F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)	(2019

35

46-0908502

Schedule I (Form 990) (2019) THE GROUNDTRUTH PROJECT, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PAYMENTS TO CORPS MEMBERS AT HOST NEWS ROOMS	r. C	967 107	0	4	
				7	
		J)			
Part IV Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	Iditional information.	
PART I, LINE 2:					
GRANTS MADE TO FELLOWS AND CORPS M	MEMBERS A	AFTER A RIG	RIGOROUS APPL	APPLICATION	
PROCESS BASED ON A MULTITUDE OF EXI	EXPERIENCE	METRICS.	THE GRANTS	S ARE	
MONITORED THROUGH PERIODIC EVALUATION	- 1	PROCESSES WITH	THE FELLOW	M / CORPS	
MEMBER, THE HOST NEWSROOMS AND A RI	REVIEW OF	PERFORMANCE	AND	DELIVERABLES	
PRIOR TO COMPLETION.					

Schedule I (Form 990) (2019)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE GROUNDTRUTH PROJECT, INC. **Employer identification number** 46-0908502

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

46-0908502

Page 2

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	eldi	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sellents	(a)-(i)(a)	reported as deferred on prior Form 990
	Ξ	218,70	0	0	0	4,970.	223,67	• 0
!	Œ)		0 •	0.	0.	I		0
(2) STEVE WALDMAN	(i)	185,597.	0.	0.	0	6,070.	191,667.	0
PRESIDENT OF RFA (EX OFFICIO)	€	0	0	0	0	0	0	0
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE GROUNDTRUTH PROJECT, INC. **Employer identification number** 46-0908502

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION SEEKS TO REPAIR A BROKEN PIPELINE WITH AN INFUSION OF TALENT FROM EMERGING JOURNALISTS, RESTORE FAITH IN THE MEDIA INDUSTRY, AND BY SUPPORTING IN-DEPTH PUBLIC SERVICE REPORTING. THE ORGANIZATION FOCUSES ON TRAINING AND EDUCATING THE CRAFT OF JOURNALISM AND THE POWER OF ACCOUNTABLE REPORTING. WHILE MEETING THE CHALLENGES OF COMMUNICATING ACCURATE NEWS IN THE CURRENT DIGITAL AGE, THE ORGANIZATION DELIVERS ON THAT CHALLENGE WITH A SPIRIT OF PUBLIC SERVICE.

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

DRAFT COPIES OF THE 990 ARE SENT VIA PDF TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED. UPON THEIR APPROVAL OF THE FORMS, THE APPROPRIATE FORMS AUTHORIZING FILINGS ARE SIGNED BY THE EXECUTIVE DIRECTOR ARE PROVIDED TO THE TAX PREPARER FOR FINAL SUMISSION.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY INDEPENDENT PERSONS/THE BOARD OF DIRECTORS. COMPARABILITY DATA (SALARIES OF SIMILAR ORGANIZATIONS EXECUTIVE DIRECTOR PER 990S) IS GIVEN TO THE BOARD WHEN MAKING THIS DECISION. A MAJORITY VOTE MUST TAKE PLACE IN ORDER TO APPROVE SALARY CHANGES. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO RECEIVE COMPENSATION.

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

GOVERNING DOCUMENTS (BY-LAWS, ARTICLES OF INCORPORATION, ETC.) AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE PUBLIC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization THE GROUNDTRUTH PROJECT, INC.	Employer identification number 46-0908502
CHARITIES ANNUAL FILINGS WEBSITE AS WELL AS THE ORGANIZAT	TION'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONTRACTOR :	
PROGRAM SERVICE EXPENSES	316,157
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 -
TOTAL EXPENSES	316,157.
OTHER PROFESSIONAL FEES (INCLUDING HR):	
PROGRAM SERVICE EXPENSES	182,589
MANAGEMENT AND GENERAL EXPENSES	7,559
FUNDRAISING EXPENSES	67,826
TOTAL EXPENSES	257,974
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	574,131



CLA (CliftonLarsonAllen LLP) 300 Crown Colony Drive, Suite 310 Quincy, MA 02169 617-984-8100 | fax 617-984-8150 CLAconnect.com

THE GROUNDTRUTH PROJECT, INC. 10 GUEST STREET BOSTON, MA 02135

THE GROUNDTRUTH PROJECT, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2019 MASSACHUSETTS FORM PC, ANNUAL FINANCIAL REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

MASSACHUSETTS FORM PC:

THE MASSACHUSETTS FORM PC SHOULD BE MAILED ON OR BEFORE MAY 15, 2020 TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108

YOU HAVE A BALANCE DUE OF \$500.00.

PAYMENT MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

WWW.PAYBILL.COM/MAAGOCHARITIES

THE REPORT MUST BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

CLIFTONLARSONALLEN LLP



Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: $01/01/19$ to $12/31$	/19			Check all items atta	
Attorney General's Account #: 056055				Filing Fee or P X Electronic Pay Confirmation	
Federal ID #: 46-0908502			<u> </u>	X Copy of IRS R	eturn
Electronic Payment Confirmation #:				X Audited Finand Statements/Re Amended Artic	eview
When did the organization first engage in charitable work in Massachusetts?		08/08/2	2012	By-Laws X Schedule A-1 X Schedule A-2	5165/
Has the organization applied for or been granted IRS tax exempt status?		X Yes	No	Schedule RO Schedule VCC Probate Accou	
If yes, date of application OR date of determination letter:		08/01/2	2014		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	on	X Yes	□ No		
Organization Data					
Name: THE GROUNDTRUTH PROJECT, INC					
Mailing Address: 10 GUEST STREET					
City: BOSTON	s	tate: MA	ZIP	02135	
Phone Number: 617-412-6130 Fax Number:					
Email: INFO@THEGROUNDTRUTHPROJECT.O	RG	Website: WWW.7	THEGROUNDTR	UTHPROJECT.O	RG
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu	=	ling tables found in t	he instructions.		
Category	Code		Category		Code
County (Table 1)	13	Organization Purpo	se Code 1		8
Type of Organization (Table 2)	18	Organization Purpo	se Code 2		59
Please check box if final return prior to dissolution:					
Form PC Rev. 11/2016 978001 04-01-19	Page	1 of 15	Office Use Only: P	ayment Received	

2

THE GROUNDTRUTH PROJECT, INC.

46-0908502

X No

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created?	08/08/2012
---	------------

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation	X Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	
Other (please describe):		

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please

5. Enter your summary of financial data:

complete the Schedule RO on pages 13 and 14.

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	8,864,214.
В.	Gross support and revenue	8,894,727.
C.	Program services and similar amounts paid out	3,286,801.
D.	Fundraising expenses	509,480.
E.	Management and general expenses	539,560.
F.	Payments to affiliates	0.
G.	Total expenses	4,335,841.
Н.	Net assets or fund balances at the end of the year	10,517,241.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	KEVIN GRANT				
1.	CO-FOUNDER AND EXECUTIVE EDITOR	40.00	119,792.	0.	0.
	LAUREN MCKOWN				
2.	DIRECTOR OF DEVELOPMENT	40.00	80,645.	0.	4,999.
	ANNA LIN MITCHELL				
3.	DIRECTOR OF FINANCE	40.00	98,958.	0.	0.
	CHARLES SENNOTT				
4.	CEO, EDITOR & DIRECTOR	60.00	218,707.	0.	4,970.
	STEVEN WALDMAN				
5.	DIRECTOR, PRESIDENT OF RFA	60.00	185,597.	0.	6,070.

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your resp			
	provide explanation (attach separate sheet).	Yes	XN	0

Form PC 978002 04-01-19 Page 2 of 15 Rev. 11/2016

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
			PRINTING AND
1.	INKHOUSE, LLC	52,000.	DIGITAL EDITING
2.	MITCHELL HANLEY	49,710.	PODCAST PRODUCER
3.	WE WORK	38,657.	COWORKING SPACES
			INFORMATION
4.	DATA RABBIT SOLUTIONS	36,600.	TECHNOLOGY
			NATIONAL DIRECTOR
5.	MARGARET MESSITT	28,015.	OF RFA

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BANK OF AMERICA	PO BOX 25118, TAMPLA, FL 33622	855-729-1764
What is the organization's accounting method?	Cash X Accrual	
	Other (specify):	
11. If organization's mailing address is a P.O. Box, lis	t the organization's full street address:	
Address:		
City:	State:	ZIP Code:
12. Contact Person Name: CHARLES M. S	ENNOTT	
Street Address: 10 GUEST STREET		
City: BOSTON	State: MA	ZIP Code: 02135
Phone Number: 617-412-6130		

X Yes No

	THE GROUNDTRUTH PROJECT, INC. 46-0908502	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	☐ No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.	□ No
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.	
	a religious organization	
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. STATEMENT 1	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives	
	of organization. STATEMENT 2	
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s)	
	responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. STATEMENT 3	
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any	

STATEMENT 4

other state?

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

Form PC

Page 4 of 15 Rev. 11/2016

THE GROUNDTRUT	H PROJECT	I, INC.			46-09085	502
FORM PC	NAME,	ADDRESS, P	HONE OF OT	HER OFFICES	STATEMENT	1
NAME AND ADDRESS				PHONE NUMBER		
BOSTON 10 GUES ST BOSTON, MA 02135						
WOODS HOLE 565 WOODS HOLE R WOODS HOLE, MA 0						
WASHINGTON, DC 1440 G ST NW WASHINGTON, DC 2	0005					
NEW YORK 404 5TH AVE NEW YORK, NY 100	18					
FORM PC	OFFICERS,	DIRECTORS	, TRUSTEES	AND EXECUTIVES	STATEMENT	2
NAME AND ADDRESS				TITLE		
CHARLES M. SENNO 10 GUEST STREET	ТТ			CEO, EDITOR &	DIRECTOR (EX ()

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND EXECUTIVES	STATEMENT 2
NAME AND ADDRESS	S			TITLE	
CHARLES M. SENNO 10 GUEST STREET BOSTON, MA 021		4		CEO, EDITOR &	DIRECTOR (EX O
STEVE WALDMAN 10 GUEST STREET BOSTON, MA 021				PRESIDENT OF	RFA (EX OFFICIO
ANNA LIN MITCHEI 10 GUEST STREET BOSTON, MA 021				TREASURER, SE	CRETARY & FIN D
ROB ZESKE 10 GUEST STREET BOSTON, MA 021				CHIEF OPERATI	NG OFFICER
DAVID H. FEINBER 10 GUEST STREET BOSTON, MA 021				CLERK	
CHRIS BAKE 10 GUEST STREET BOSTON, MA 0213				CHAIRMAN	

ALAN KHAZEI DIRECTOR

10 GUEST STREET BOSTON, MA 02135

LINDA MASON DIRECTOR

10 GUEST STREET BOSTON, MA 02135

CALVIN SIMS DIRECTOR

10 GUEST STREET BOSTON, MA 02135

JIM BILDNER DIRECTOR

10 GUEST STREET BOSTON, MA 02135

ROBIN D'ALESSANDRO DIRECTOR

10 GUEST STREET BOSTON, MA 02135

VIVIAN SCHILLER DIRECTOR

10 GUEST STREET BOSTON, MA 02135

ANNA DAVIS VAUGHAN DIRECTOR

10 GUEST STREET BOSTON, MA 02135

JOANNE HEYMAN DIRECTOR

10 GUEST STREET BOSTON, MA 02135

SUSIE TREES DIRECTOR

10 GUEST STREET BOSTON, MA 02135 BOSTON, MA 02135

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135	RESPONSIBLE FOR CUSTODY OF FUNDS
CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135	RESPONSIBLE FOR FUNDRAISING
CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135	CUSTODY OF FINANCIAL RECORDS
CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135	AUTHORIZED TO SIGN CHECKS
ANNA MITCHELL 10 GUEST ST	AUTHORIZED TO SIGN CHECKS

FORM PC		PAGE	4,	LIN	E 19		STATEMENT	4
STATE					REG	AGENCY		
ALABAMA	_					BAMA ATTORNE	EY GENERAL	
DATE OF REG	REG NUMBER	OTHER	NAM	IES I	USED			
03/25/20	AL20-1796							
SOLICIT DATE	TYPE OF SOLI	CITATION						
03/25/20	OTHER		•					
STATE					REG	AGENCY		
ARKANSAS	_				ARK	ANSAS SECRET	TARY OF STATE	
DATE OF REG	REG NUMBER	OTHER	NAM	IES I	USED			
03/26/20	N/A							
SOLICIT DATE	TYPE OF SOLI	CITATION						
03/26/20	OTHER							
STATE					REG	AGENCY		
CALIFORNIA	_				CA	SECRETARY OF	F STATE	
DATE OF REG	REG NUMBER	OTHER	NAM	IES I	USED			
03/13/20	CT0268456							
SOLICIT DATE	TYPE OF SOLI	CITATION	•					
03/13/20	OTHER	<u> </u>	•					
STATE					REG	AGENCY		
COLORADO	_				BUS	INESS & LICE	ENSING DIVISION	
DATE OF REG	REG NUMBER	OTHER	NAM	IES I	USED			
03/24/20	2020300814							
SOLICIT DATE	TYPE OF SOLI	CITATION						
03/24/20	OTHER		-					

CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

DATE OF REG REG NUMBER OTHER NAMES USED

03/26/20 CHR.006370

SOLICIT DATE TYPE OF SOLICITATION

03/26/20 OTHER

STATE REG AGENCÝ

GEORGIA SECURITES & CHARITIES DIVISION

DATE OF REG REG NUMBER OTHER NAMES USED

02/12/20 CH014764

SOLICIT DATE TYPE OF SOLICITATION

02/12/20 OTHER

STATE REG AGENCY

HAWAII TAX & CHARITIES DIVISION

DATE OF REG REG NUMBER OTHER NAMES USED

04/01/20 N/A

SOLICIT DATE TYPE OF SOLICITATION

04/01/20 OTHER

STATE REG AGENCY

KANSAS SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

03/20/20 535-213-3

SOLICIT DATE TYPE OF SOLICITATION

03/20/20 OTHER

MAINE DEPARMENT OF PROFESSIONAL AND FINA

DATE OF REG REG NUMBER OTHER NAMES USED

12/10/19 CO13682

SOLICIT DATE TYPE OF SOLICITATION

12/10/19 OTHER

STATE REG AGENCY

MARYLAND SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

02/05/20 45140

SOLICIT DATE TYPE OF SOLICITATION

02/05/20 OTHER

STATE REG AGENCY

MISSOURI ATTORNEY GENERAL

DATE OF REG REG NUMBER OTHER NAMES USED

01/02/20 CC-017-20

SOLICIT DATE TYPE OF SOLICITATION

01/02/20 OTHER

STATE REG AGENCY

MISSISSIPPI SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

03/13/20 100032543

SOLICIT DATE TYPE OF SOLICITATION

03/13/20 OTHER

NORTH CAROLINA CHARITABLE SOLICITATION LICENSING

DATE OF REG REG NUMBER OTHER NAMES USED

02/07/20 SL013029

SOLICIT DATE TYPE OF SOLICITATION

02/07/20 OTHER

STATE REG AGENCY

NORTH DAKOTA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

03/17/20 3080598

SOLICIT DATE TYPE OF SOLICITATION

03/17/20 OTHER

STATE REG AGENCY

NEW HAMPSHIRE DEPARMENT OF JUSTICE

DATE OF REG REG NUMBER OTHER NAMES USED

02/03/20 32392

SOLICIT DATE TYPE OF SOLICITATION

02/03/20 OTHER

STATE REG AGENCY

NEW MEXICO ATTORNEY GENERAL

DATE OF REG REG NUMBER OTHER NAMES USED

03/12/20 2018342200

SOLICIT DATE TYPE OF SOLICITATION

03/12/20 OTHER

NEVADA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/30/20 2020045045

SOLICIT DATE TYPE OF SOLICITATION

01/30/20 OTHER

STATE REG AGENCY

NEW YORK CHARITIES BUREAU

DATE OF REG REG NUMBER OTHER NAMES USED

04/01/20 47-65-03

SOLICIT DATE TYPE OF SOLICITATION

04/01/20 OTHER

STATE REG AGENCY

UTAH DIVISION OF CONSUMER PROTECTION

DATE OF REG REG NUMBER OTHER NAMES USED

03/17/20 11705112-C

SOLICIT DATE TYPE OF SOLICITATION

03/17/20 OTHER

STATE REG AGENCY

WASHINGTON CORPORATIONS AND CHARITIES DIVISIO

DATE OF REG REG NUMBER OTHER NAMES USED

03/17/20 2003545

SOLICIT DATE TYPE OF SOLICITATION

03/17/20 OTHER

WEST VIRGINIA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/17/20 N/A

SOLICIT DATE TYPE OF SOLICITATION

01/17/20 OTHER

20. Has this organization or any of its officers, directors, or employees:

	If ye	s, please attach an explanation.			
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No	
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No	
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No	
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No	
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation. STATEMENT 5	X Yes	☐ No	
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No	
23.	3. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Re Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in exces of four months salary or \$100,000, whichever dollar amount is less.				
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No	

If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing

Form PC 978005 04-01-19 such an agreement?

Page 5 of 15 Rev. 11/2016

Yes X No

FORM PC EXPLANATION FOR PAGE 5, LINE 21

STATEMENT

\$4,000,273 OF FUNDS WERE RELEASED FROM RESTRICTIONS DURING THE YEAR ENDED 12/31/19.



THE GROUNDTRUTH PROJECT, INC.

46-0908502

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		
	related party?	Yes	X No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
_		<u></u>	.
C.	Has your organization been indebted to a related party?	Yes Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation	77	
	or other value in return?	X Yes	└── No
١		X Yes	□ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	ZX Yes	I NO
l.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
-:	The year organization transferred moonle of accepts to a for accept a formation party.	1	110
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		
	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		
	more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's		77
	officers, directors or trustees has a relationship?	Yes Yes	X No

STATEMENT 6

FORM PC PAGE 6, LINE 24 STATEMENT 6

NAME AND ADDRESS

CHARLES M. SENNOTT 10 GUEST ST BOSTON, MA 02135

NATURE OF TRANSACTION

AMOUNT INVOLVED

SALARY AND BENEFITS AS COMPENSATION FOR HIS ROLE AS CEO, EDITOR & DIRECTOR

218,707.

PROCEDURE FOLLOWED

COMPENSATION IS REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.

NAME AND ADDRESS

RICHARD SENNOTT 10 GUEST ST BOSTON, MA 02135

NATURE OF TRANSACTION

AMOUNT INVOLVED

PHOTOGRAPHY

8,423.

PROCEDURE FOLLOWED

GENERAL VENDOR PROCESSES

NAME AND ADDRESS

PRINCIPLE PICTURES 10 GUEST ST BOSTON, MA 02135

NATURE OF TRANSACTION

AMOUNT INVOLVED

COMPANY OWNED BY AN EMPLOYEE FOR USE OF FILM STUDIO AND TALENT

20,802.

PROCEDURE FOLLOWED

GENERAL VENDOR PROCEDURES

NAME AND ADDRESS

STEVEN WALDMAN 10 GUEST ST BOSTON, MA 02135

NATURE OF TRANSACTION

AMOUNT INVOLVED

SALARY AND BENEFITS AS COMPENSATION FOR HIS ROLE AS PRESIDENT OF RFA

PROCEDURE FOLLOWED

Signature Required							
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.							
Signature: Date:							
Printed Name: CHARLES M. SENNOTT							
Title: CEO, EDITOR & DIRECTOR							
Name of Preparer: CLIFTONLARSONALLEN LLP							
Address 300 CROWN COLONY DRIVE, SUITE 310							
City QUINCY State MA ZIP Code 02169							
Phone Number (617) 984-8100							

Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):		
Mana Mailing	Via the a lintains at		X
Mass Mailing	Via the Internet	or gaming avent	<u> </u>
Door-to-door	Raffle, beano, bingo		
Entertainment event	Sale of goods other	rian by telephone	
Telemarketing without sale of goods or ads	Individual Mailings Corporate solicitatio		X
Telemarketing with sale of goods		15	X
Telemarketing with sale of ads Other (specify):	Grant Proposals		_ <u> </u>
Identify the method or methods you expect to use for the fund Professional solicitor*	Own employees		X
Professional fundraising counsel*	Volunteers		
Commercial co-venturer*			
* Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	State	7IP Code	

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

CHARLES M. SENNOTT

Name and Title: CEO, EDITOR & DIRECTOR Address 10 GUEST ST City BOSTON State MA ZIP Code 02135 Name and Title: ZIP Code City _____ State City _____ State ZIP Code _____ Identify the individuals who will have final responsibility for the charity's distribution of contributions: CHARLES M. SENNOTT Name and Title: CEO, EDITOR & DIRECTOR Address 10 GUEST ST City BOSTON State MA _____ ZIP Code 02135 Name and Title: Address ___ State _____ ZIP Code ____ Name and Title: City _____ State ____ ZIP Code ____

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THE GROUNDTRUTH PROJECT, INC.

46-0908502

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in conn page 1.	ection with the solicitation of funds, other than the c	official name which appears on
Types of solicitation activities in which you expect to engage (check all that apply):	
Mass Mailing	Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming e	event
Entertainment event	Sale of goods other than by tele	phone
Telemarketing without sale of goods or ads	Individual Mailings	
Telemarketing with sale of goods	Corporate solicitations	X
Telemarketing with sale of ads	Grant Proposals	X
Other (specify):		
Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	
Commercial co-venturer*		
* Provide applicable names and addresses:		
Professional Solicitor Name:		
Address		
City	State	ZIP Code
Professional Fundraising Counsel Name:		
Address		
City	State	ZIP Code
Commercial Co-Venturer Name:		

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City _____ State ____ ZIP Code ____

Address ___

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions: CHARLES M. SENNOTT

Name and Title: CEO, EDITOR & DIRECTOR Address 10 GUEST ST _____ State MA ____ ZIP Code 02135 City BOSTON Name and Title: ZIP Code ____ City _____ State City _____ State ZIP Code _____ Identify the individuals who will have final responsibility for the charity's distribution of contributions: CHARLES M. SENNOTT Name and Title: CEO, EDITOR & DIRECTOR Address 10 GUEST ST City BOSTON State MA ZIP Code 02135 Name and Title: Address ____ ZIP Code ____ State ____ Name and Title: City _____ State ____ ZIP Code ____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:		Date:
Printed Name: CHARLES M. SENNOT	Т	
Title: CEO, EDITOR & DIRECTOR		
Signature:		 Date:
Printed Name: ANNA MITCHELL		
THIS TREASURER		

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Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:				
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)		
Name:		Primary purpose or activity:				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)		
Name:		Primary purpose or activity:				
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)		
Name:		Primary purpose or activity:				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)		
Name:		Primary purpose or activity:				
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)		

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name:		Title:		
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:	
Name:		Title:		
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:	
meeme cource.	Calary and Other moonie.	Belletits Flair.	Other Compensation.	
Name:		Title:		
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:	
meeme cource.	Calary and Other moonie.	Bellettes Flair.	Other Compensation.	
		1		
Name:		Title:		
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:	
income Source.	Salary and Other income.	Deficition lan.	Other Compensation.	
		1		
		1		
Name:		Title:		
Income Source:	Coloni and Other Income	Benefits Plan:	Other Companyation:	
income Source.	Salary and Other Income:	Denenis Plan.	Other Compensation:	
O la secat and/ou seu	dan infamantian famulain and!ti		lated to	
	ion information for religious organizations	and/or certain non-charitable entities rel		
foundations excluded purs	uant to instructions?		Yes X No	

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foundations excluded pursuant to instructions?