Form <b>990-T</b>	E	Exempt Organization Bus			'ax Return	ı L	OMB No. 1545-0687
		(and proxy tax und	ler se	ction 6033(e))			
	For ca	lendar year 2016 or other tax year beginning JUL 1, 20	016	, and ending JUN	30, 2017		2016
Department of the Treasury		▶ Information about Form 990-T and its instru	ctions is	available at www.irs.g	gov/form990t.	L	
Internal Revenue Service		Do not enter SSN numbers on this form as it may			ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	changed	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)
B Exempt under section	Print	TRUTH INITIATIVE FOUNDATION				ļ	91-1956621
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			ated business activity codes nstructions.)
408(e)220(e)	Туре	900 G STREET, NW, 4TH FLOOR				ļ	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of washington, DC 20001	or foreig	n postal code		9000	00 812930
C Book value of all assets at end of year	F Grou	up exemption number (See instructions.)					
1,019,042,166.		ck organization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust
H Describe the organization	n's prim	ary unrelated business activity. > INVESTMENT	IN P	ARTNERSHIPS			
- · · · · ·		oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	<b>&gt;</b> [	Ye	es X No
If "Yes," enter the name a	nd iden	tifying number of the parent corporation.					
		NTHONY T. O'TOOLE, CFIO			one number 🕨 (		
Part   Unrelate	d Trac	de or Business Income	т	(A) Income	(B) Expense:	\$ '~	(C) Net
1 a Gross receipts or sale	es						
b Less returns and allow		c Balance	1c		2012		
		A, line 7)	2				
		om line 1c	3		252.55	100	
		h Schedule D)	4a	977,769.			977,769.
		art II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ips and S corporations (attach statement)	<u>5</u>	-962,702.	STMT 1	900 644	-962,702.
		ne (Schedule E)	7				<u></u>
		and rents from controlled organizations (Sch. F)	8		·		
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9_	No. 4			
		me (Schedule I)	10				
		J)	11		Control of the Control	ess by the River	
12 Other income (See in:	struction	s; attach schedule)	12		5, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	953.4%	
13 Total. Combine lines			13	15,067.	<u> </u>		15,067.
		t Taken Elsewhere (See instructions for transfer transfer to the directly connected to the transfer transfer to the transfer transfer to the transfer transfer to the transfer					
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages					***************************************	15	
16 Repairs and mainten	ance .	PUBLIC INS	·····			16	
17 Bad debts		PUBLIC INS	SPE	CTION	•••••	17	
18 Interest (attach sche	dule) .	COI				18	
19 Taxes and licenses		CO	2 <b>Y</b>			19	33,814.
20 Charitable contributi	ons (See	instructions for limitation rules)				20	
21 Depreciation (attach	Form 45	562)	•••••	21		Take:	
22 Less depreciation cla	aimed or	Schedule A and elsewhere on return		22a		22b	
						23	
		mpensation plans				24	
						25	
		hedule I)				26	
27 Excess readership of	osts (Scl	nedule J)				27	
		edule)				28	326,220.
		14 through 28				29	360,034.
		ncome before net operating loss deduction. Subtrac				30	-344,967.
		(limited to the amount on line 30)				31	244 065
		acome before specific deduction. Subtract line 31 fr				32	-344,967.
		\$1,000, but see line 33 instructions for exceptions				33	1,000.
34 Unrelated business line 32	ıaxadie	income. Subtract line 33 from line 32. If line 33 is	greater	uiaii iiie 32, enier irie sn	naner of zero or	34	-344,967.
une 32		· · · · · · · · · · · · · · · · · · ·				. 34	-344.30/.

Part I	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
<u>.</u>	(1) \$ (2) \$ (3) \$			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
U	(2) Additional 3% tax (not more than \$100,000)			
•	Income tax on the amount on line 34		► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		000	
30	Tax rate schedule or Schedule D (Form 1041)		▶ 36	
0.7			37	
37	Proxy tax. See instructions			
38	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income. See instructions			0.
HO Port I	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  V Tax and Payments		. 40	0.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions) 41b			
С	General business credit. Attach Form 3800 41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d			
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (c	ttach schedule	) 43	
44	Total tax. Add lines 42 and 43		44	0.
45 a	Payments: A 2015 overpayment credited to 2016	245,72	0.	
b	2016 estimated tax payments 45b			
C	Tax deposited with Form 8868 45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
е	Backup withholding (see instructions) 45e			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
g	Other credits and payments: Form 2439			
Street Street	Other credits and payments: Form 2439 Total ► 45g		44.00	
46	Total payments. Add lines 45a through 45g		46	245,720.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		▶ 49	245,720.
50		unded 🕨	<b>5</b> 0	0.
Part V	Statements Regarding Certain Activities and Other Information (see instruc	tions)		
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	1		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here ▶ SEE STATEMENT 4			х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eian trust?		Х
02	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year ►\$			
- 00	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		wledge and belief, it	is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Here	CFIO		May the IRS discu the preparer show	
	Signature of officer Date Title		instructions)? X	
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	100   110
ъ.,		self- employe	200 J. B. C. S.	
Paid	TILLIAN D MINOS CD3	con omploye	P00369	9217
Prepa	lei	Firm's EIN		714325
Use C	9737 WASHINGTONIAN BLVD, #400	TITITO EIN		
	Firm's address   GAITHERSBURG, MD 20878	Phone no	301-296-36	00
Name and the same	THE GOLDON P CHARMEDONS, IN 19979	i florie flo.	202 200 00	

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A			
1 Inventory at beginning of year	. 1		6	Inventory at end of year	r		6
2 Purchases				Cost of goods sold. Su			(2.00 m)
3 Cost of labor			]	from line 5. Enter here	and in F	Part I,	
4 a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)			]	property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b	. 5			the organization?			
Schedule C - Rent Income (F (see instructions)	rom Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)
Description of property							
(1)							
(1) (2)							•
(3)							
(4)				<del></del> -			.,
	2. Rent receive	ed or accrued					
(a) From personal property (if the percer rent for personal property is more th 10% but not more than 50%)	ntage of an	of rent for po	ersonai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly coolumns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)							
(2)				-			
(3)							
(4)		-					
Total	0.	Total			0.	1	
(c) Total income. Add totals of columns 2( here and on page 1, Part I, line 6, column (		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt-		Income (see	instru	ctions)	•	,,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,,	· · · · · · · · · · · · · · · · · · ·
			2	2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-finan	nced property	in Process .		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)						-	
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to need property schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				<b>&gt;</b>		0.	0.
Total dividends-received deductions incl							0.

				Exempt (	From Cor Controlled Or			-			)
1. Name of controlled organi	zation	2. Emp identific numb	ation		elated income instructions)	4. Tot payr	al of specified nents made	include	t of column 4 ad in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)	J			<u> </u>							
Nonexempt Controlled Orga	nizations										
7. Taxable Income		elated income instructions)		9 <sub>.</sub> Total	of specified payr made	nents	10 Part of colur in the controllingross	nn 9 that ng organ i income	ization's		uctions directly connected ncome in column 10
(1)											
(2)											
(3)											
(4)	•										
							Add colur Enter here and line 8, c		1, Part I.	Enter he	columns 6 and 11. re and on page 1, Part I, ne 8, column (B).
Totals					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶			0.		0.
Schedule G - Investm (see in	ent Incom structions)	e of a S	ection	501(c)(7	'), (9), or (	17) Org	anization				
1. De	escription of incom	9			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set- (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											s- # .
(4)											
Totals			-	•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploite		ctivity	Income	, Other	Than Adv		g Income	teres come.		S L	
1. Description of exploited activity	2. Grounrelated bincome trade or bu	usiness from	directly c with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	i trade or dumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)	Enter here		page 1	re and on							Enter here and on page 1, Part II, line 26.
	page 1, F	ol. (A).	line 10,	col. (B).		Charles and the same of			117. 30.00	A	
Totals	page 1, F line 10, co	ol. (A).	line 10,								0.
Totals I	page 1, F line 10, co	ol. (A). O •	line 10,	col. (B).							0.
Schedule J - Advertis	page 1, F line 10, co	ol. (A). 0 . <b>e</b> (see in	struction	col. (B). 0 . ns)	solidated	Basis					0.
Schedule J - Advertis	page 1, Fine 10, co	ol. (A). 0 . <b>e</b> (see in	erted or	col. (B). 0 . ns)	4. Advertor (loss) (c	tising gain ol. 2 minus	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
Schedule J - Advertis Partili Income From  1. Name of periodical	page 1, Fine 10, co	e (see in Repo	erted or	o. (B).  0.  ns)  n a Cons  3. Direct	4. Advertor (loss) (c	tising gain ol. 2 minus ain, comput					7. Excess readership costs (column 6 minus column 5, but not more
Pandi Income From  1. Name of periodical  (1)	page 1, Fine 10, or	e (see in Repo	erted or	o. (B).  0.  ns)  n a Cons  3. Direct	4. Advertor (loss) (c	tising gain ol. 2 minus ain, comput					7. Excess readership costs (column 6 minus column 5, but not more
Pand Income From  1. Name of periodical  (1) (2)	page 1, Fine 10, or	e (see in Repo	erted or	o. (B).  0.  ns)  n a Cons  3. Direct	4. Advertor (loss) (c	tising gain ol. 2 minus ain, comput					7. Excess readership costs (column 6 minus column 5, but not more
Panel Income From  1. Name of periodical  (1) (2) (3)	page 1, Fine 10, or	e (see in Repo	erted or	o. (B).  0.  ns)  n a Cons  3. Direct	4. Advertor (loss) (c	tising gain ol. 2 minus ain, comput					7. Excess readership costs (column 6 minus column 5, but not more
Pand Income From  1. Name of periodical  (1) (2)	page 1, Fine 10, or	e (see in Repo	erted or	o. (B).  0.  ns)  n a Cons  3. Direct	4. Advertor (loss) (c	tising gain ol. 2 minus ain, comput					7. Excess readership costs (column 6 minus column 5, but not more

01111 000	140.0						_
Part II	Income	From Periodicals	Reported or	na Separate Ba	SiS (For each p	eriodical listed in Part II, fill	in
	columns 2	through 7 on a line-by-l	ine basis \				

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				•		
(2)						
(3)						
(4)						
otals from Part I	0.	0.		Machine Marie		0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	3.50 July 4.54		Elizabeth (a)	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>→</b>	0.

Form 990-T (2016)

		·
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
	AND S CORPORATIONS	

DESCRIPTION	AMOUNT
AMBERBROOK V LLC	429.
AMBERBROOK VI LLC	3,935.
AMBERBROOK VII LLC	-4,114.
ATLAS RESOURCES PARTNERS	-119.
ATLAS ENERGY GROUP LLC	576.
COMMON FUND CAP PRIVATE EQUITY VII	-13,674.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI	2,665.
COMMONFUND CAPITAL VENTUREL PARTNERS VIII	-429.
DYAL II US INVESTORS LP	-133,540.
ENERGY & MINERALS GROUP FUND II, LP	-187,514.
GEM REALTY FUND IV LP	24,413.
GEM REALTY FUND V LP	-16,762.
HARVEST MLP (NEW 2016)	16.
HIGHFIELDS CAPITAL IV LP	-1,601.
IRON POINT REAL ESTATE PARTNERS II-TE, LP	-179,149.
LIME ROCK RESOURCES II (NEW 2016)	24.
MB SPECIAL OPPORTUNITIES FUND LP	-32,458.
METRO REAL ESTATE PARTNERS	-1,905.
NORTHGATE IV LP	35,487.
OAKTREE PRINCIPAL FUND V AIF DELAWARE LP	33,527.
PARK STREET CAPITAL PRIVATE EQUITY FUND VII LP	25,423.
PARK STREET VIII	-25,001.
QUANTUM ENERGY PARTNERS V	143,192.
RESOURCE LAND FUND IV	102,526.
RESOURCE LAND FUND V	-177,442.
ROCKLAND POWER PARTNERS LP	-150,133.
ROCKLAND POWER PARTNERS II	-153,450.
SIGULER GUFF DISTRESSED III	1,563.
SIGULER GUFF DISTRESSED II	-288.
SIGULER GUFF SBO II	431.
TIFF PRIVATE EQUITY 2006	-12,485.
VIA ENERGY II LP	-68,336.
VIA ENERGY LP	-24,378.
WCP REAL ESTATE II	-8,501.
WCP REAL ESTATE III	-145,630.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-962,702.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
AMORTIZATION	·	326,220.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	326,220.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	1,198,626.	1,198,626.	0.	0.
06/30/13	1,509,286.	262,618.	1,246,668.	1,246,668.
06/30/14	1,956,370.	0.	1,956,370.	1,956,370.
06/30/15	348,553.	0.	348,553.	348,553.
NOL CARRYO	VER AVAILABLE THIS	YEAR .	3,551,591.	3,551,591.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 4

## NAME OF COUNTRY

CAYMAN ISLANDS EGYPT TAIWAN CZECH REPUBLIC HUNGARY INDONESIA KOREA (SOUTH) MALAYSIA PHILIPPINES THAILAND TURKEY

FORM 990-T PAGE 1 990-T

Asset No.	Description	Date Acquired	Method	Life	Cocy	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	INTANGIBLE DRILLING COSTS	07/01/15		60M	н	43	918,429.				918,429.	183,687.		183,686.	367,373.
11	intangible drilling costs	07/01/16		60м	н	4.2	712,668.				712,668.			142,534.	142,534.
	* TOTAL 990-T PG 1 DEPR & AM	ORT					,631,097.				1,631,097.	183,687.		326,220.	
						1000									
_	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						918,429.		0.	0.,	918,429	183,687;			367,373.
	ACQUISITIONS						712,668.		0.	0.	712,668.	0.			142,534.
	DISPOSITIONS						0.		# 70s	0.7	0,	0.			0.
i	ENDING BALANCE						,631,097.		0.	0.	1,631,097.	183,687.			509,907.
					14.25 A										
			44												
tion of the second	<ul> <li>Comments and Description of the State of the</li></ul>				95°5	9 V.S.S.				or especially in New York (New York)	Section of the Control of the Section of the Sectio		organization of the Astronomy	r <u>este tean ynn y</u> rend	Albert Renalls
					200					100000	Y. Such		No.		

### **SCHEDULE D** (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

TRUTH INITIATIVE FOUNDATION

91-1956621

TRUTH INITIATIVE FOUNDATION				71-	1936621
Part Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	)	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	,	combine the result with column (g)
1a Totals for all short-term transactions					
reported on Form 1099-B for which basis was reported to the IRS and for which you					
have no adjustments (see instructions). However, if you choose to report all these					
transactions on Form 8949, leave this line blank and go to line 1b			air or		
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					72,074.
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales			i	4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach compute				6	72.074
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	oto Hold Mayo The	n One Veer	7	72,074.
	ns and Losses - Ass	ets neid wore Tha	in One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n 9,	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	)	combine the result with column (g)
8a Totals for all long-term transactions reported					
on Form 1099-B for which basis was reported to the IRS and for which you have	• • • • •				•
no adjustments (see instructions). However,					and a second of
if you choose to report all these transactions on Form 8949, leave this line blank and go to					
line 8b				و زون	
8b Totals for all transactions reported on		·			
Form(s) 8949 with Box D checked					312,196.
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u> </u>	<u> </u>		44	593,499.
	F 00F0 K 00 0			11	393,439.
12 Long-term capital gain from installment sales				12	•
13 Long-term capital gain or (loss) from like-kin				13	
14 Capital gain distributions  15 Net long-term capital gain or (loss). Combine	Lines On through 14 in colum			14	905,695.
Partill Summary of Parts I and		III II		15_	1 300,000
16 Enter excess of net short-term capital gain (lii		al Inss (line 15)		16	72,074.
17 Net capital gain. Enter excess of net long-term				17	905,695.
18 Add lines 16 and 17. Enter here and on Form				<u>'</u> _	
the corporation has qualified timber gain, also	o complete Part IV			18	977,769.
Note: If losses exceed gains, see Capital loss	es in the instructions.				1

JWA

Part IV Alternative Tax for Corporations with Qualified Timbe	er Gain. Complete Par	t IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing Form	1120-RIC. See instructio	ns.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		
			8.27 July 1
22 Multiply line 21 by 23.8% (0.238)		22	Characteristics
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) approp			
the return with which Schedule D (Form 1120) is being filed	24	7-2	
CONTRACT OF CONTRACT OF THE SECONDS	and the second		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
07. Multiply lips 0C by 25% (0.25)		27	
27 Multiply line 26 by 35% (0.35)	••••••	21	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) approp			
return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, lin		20	
applicable line of your tax return		30	
		21 11 27	

Schedule D (Form 1120) 2016

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

TRUTH INITIATIVE FOUNDATION

Social security number or taxpayer identification no.

91-1956621

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your may even tell you which hox to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (c) (d) (h) (a) (b) (e) **Proceeds** loss. If you enter an amount Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment PASSTHROUGH FROM OTHER ENTITIES <68.> PASSTHROUGH FROM OTHER <34.> ENTITIES PASSTHROUGH FROM OTHER 123. ENTITIES PASSTHROUGH FROM OTHER 1,404. ENTITIES PASSTHROUGH FROM OTHER ENTITIES 14,853. PASSTHROUGH FROM OTHER 1,742. ENTITIES PASSTHROUGH FROM OTHER **ENTITIES** 25,318, PASSTHROUGH FROM OTHER ENTITIES <30.> PASSTHROUGH FROM OTHER ENTITIES 25,222. PASSTHROUGH FROM OTHER 3,687. ENTITIES PASSTHROUGH FROM OTHER <15.> ENTITIES FORM 6781 PART I <128.> Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 72,074. above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

### TRUTH INITIATIVE FOUNDATION

91-1956621

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see *Column (e)* ir Code(s) the instructions with column (g) adjustment PASSTHROUGH FROM OTHER <20,617.> ENTITIES PASSTHROUGH FROM OTHER 90,737. ENTITIES PASSTHROUGH FROM OTHER 4,624. ENTITIES PASSTHROUGH FROM OTHER <22.> ENTITIES PASSTHROUGH FROM OTHER 4,068. ENTITIES PASSTHROUGH FROM OTHER 32,247. ENTITIES PASSTHROUGH FROM OTHER ENTITIES 60,674. PASSTHROUGH FROM OTHER 1,825. ENTITIES PASSTHROUGH FROM OTHER 17,217, ENTITIES PASSTHROUGH FROM OTHER 38,794. ENTITIES PASSTHROUGH FROM OTHER <404.> ENTITIES PASSTHROUGH FROM OTHER 86,548. ENTITIES PASSTHROUGH FROM OTHER 6,112. ENTITIES PASSTHROUGH FROM OTHER ENTITIES 5,530. PASSTHROUGH FROM OTHER <11,632.> ENTITIES PASSTHROUGH FROM OTHER 722. ENTITIES Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name an	u SSIN OF TAXPAYE	si identification i	io. not required it	SHOWN ON Other Sid	<b>-</b>		ntification no.
TRUTH INITIATIVE FOU	NDATION					91-1	956621
Before you check Box D, E, or F bel statement will have the same inform	ation as Form 10	you received any 99-B. Either will :	Form(s) 1099-B o show whether you	or substitute statem er basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transac Note: You may aggregate a codes are required. Enter the	tions involving call long-term transact	tions reported on F	orm(s) 1099-B show	ing basis was reporte	d to the IRS an	d for which no adi	ustments or
You must check Box D, E, or F below. If you have more long-term transactions than will  X (D) Long-term transactions re	Check only one bo If fit on this page for one ported on Form(s	x. If more than one be or more of the boxes	ox applies for your long , complete as many form g basis was repor	term transactions, complete with the same box checked to the IRS (see	ete a separate Fo cked as you need.	rm 8949, page 2, for 6	<u>-</u>
(E) Long-term transactions re	•		_	eported to the IRS			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	in column (g) column (f). S	if any, to gain or enter an amount ), enter a code in ee instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PASSTHROUGH FROM OTHER	-					adjustment	(8)
ENTITIES							<4,609.>
PASSTHROUGH FROM OTHER							
ENTITIES							575.
FORM 6781 PART II							<193.>
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	L				24 DOG TWO exercis		
2 Totals. Add the amounts in colu		* '					
negative amounts). Enter each t		-					
Schedule D, line 8b (if Box D al						!	
above is checked), or line 10 (if	BOX F above is c	пескеа)	L	<u> </u>			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury

Internal Revenue Service Name(s) shown on return

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Business or activity to which this form relates

OMB No. 1545-0172

Truth Initiative Foundation FORM 990-T PAGE 1 91-1956621 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,010,000. 3 3 Threshold cost of section 179 property before reduction in limitation ...... 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 ..... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year placed (c) Basis for depreciation (business/investment use (d) Recovery (g) Depreciation deduction (a) Classification of property only - see instructions) 3-year property 19a 5-year property h 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. g S/L 27.5 yrs. h Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a S/L Class life 12 yrs. S/L 12-year MM 40-vear 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

TRUTH INITIATIVE FOUNDATION 91-1956621 Form 4562 (2016) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes." is the evidence written? Yes (c) (e) (i) **(f)** (g) (a)
Type of property
(list vehicles first) (h) Date Business/ Basis for depreciation Flected Cost or Recovery Method/ Depreciation placed in investment section 179 deduction Convention other basis period use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -S/L -% % S/L· 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (e) (f) (a) (c) Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes\_ No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs Date amortization begins period or percentage 42 Amortization of costs that begins during your 2016 tax year: INTANGIBLE DRILLING COSTS 712,668. 60M 142,534. 183,686. 43 43 Amortization of costs that began before your 2016 tax year 326,220, 44 44 Total. Add amounts in column (f). See the instructions for where to report

Name(s) shown on return

## Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

TRUTH INITIATIVE FOUNDATION 91-1956621 1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) expense of sale acquisition FROM PASS THRU ENTITIES 593,499. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 593.499. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term. 593,499. capital gain on the Schedule D filed with your return. See instructions Part III Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on

LHA For Paperwork Reduction Act Notice, see separate instructions.

Pa	Int III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250	), 1252,	, 125	54, and 1255	(see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)		
_A									
В									
C									
	These columns relate to the properties on lines 19A through 19D.	<b>&gt;</b>	Property A	Pı	roperty E	3	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.)	20							
21	Cost or other basis plus expense of sale	21							
22	Depreciation (or depletion) allowed or allowable	22							
23	Adjusted basis. Subtract line 22 from line 21	23							
24	Total gain. Subtract line 23 from line 20	24							
25	If section 1245 property:						-		
	Depreciation allowed or allowable from line 22	25a							
	Enter the smaller of line 24 or 25a	25b							
<u> </u>	If section 1250 property: If straight line depreciation								
20	was used, enter -0- on line 26g, except for a corporation subject to section 291.								
а	Additional depreciation after 1975. See instructions	26a							
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b							
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c							
d	Additional depreciation after 1969 and before 1976	26d							
	Enter the smaller of line 26c or 26d	26e							
#	Section 291 amount (corporations only)	26f	ar e version que april per l'approprie de l'appropr						
	Add lines 26b, 26e, and 26f	26a							
27	If section 1252 property: Skip this section if you didn't	209							
	dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).	07-							
	Soil, water, and land clearing expenses	27a							
	Line 27a multiplied by applicable percentage	27b							
	Enter the smaller of line 24 or 27b	27c							
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a							
b	Enter the smaller of line 24 or 28a	28b							
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a					,		
h	Enter the smaller of line 24 or 29a. See instructions	29b							
	mmary of Part III Gains. Complete property of		s A through D through	line 29t	before g	going	to line 30.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24					30	
31	Add property columns A through D, lines 25b, 26g,	27c. 2	8b, and 29b. Enter her	re and o	n line 13			31	
	Subtract line 31 from line 30. Enter the portion from								
	from other than casualty or theft on Form 4797 line	6						32	
:Pa	rt IV Recapture Amounts Under Sectio	ns 1	79 and 280F(b)(2)	When	Busine	ess l	Use Drops to	50%	or Less
	Appendix of						(a) Section 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wahle	in prior years		ſ	33			
34			in phor yours		·····	34			
	Recapture amount. Subtract line 34 from line 33. Se					35			

PRIOR YEAR		R YEAR MINIMUM	TAX	CREDIT	STATEMENT 5		
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED		REMAINING	AVAILABLE THIS YEAR		
06/30/16	21,209.	0.		21,209.	21,209.		
AVAILABLE F	OR CREDIT			21,209.	21,209.		

Form 8868 (Rev. January 2017)

Department of the Treasury

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print TRUTH INITIATIVE FOUNDATION 91-1956621 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date fo filing your 900 G STREET, NW, 4TH FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7 | **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ANTHONY T. O'TOOLE, CFIO The books are in the care of ► 900 G STREET, NW, 4TH FLOOR - WASHINGTON, DC 20001 Telephone No. ► (202) 454-5555 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the extension is for. MAY 15, 2018 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2016 , and ending JUN 30. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return \_ Change in accounting period 3a If this application is for Forms 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See Instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

3b

30

245,720.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment