

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2016 calendar year, or tax year beginning

<input type="checkbox"/> Check if applicable:	C Name of organization TRANSFORMING INDIVIDUAL LIVES TODAY, INC	D Employer identification number
<input type="checkbox"/> Address change	Doing business as TILT	26-3722065
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 193	E Telephone number 802-755-6205
<input type="checkbox"/> Initial return	City or town State ZIP code ALBANY VT 05820-0193	G Gross receipts \$ 158,728
<input type="checkbox"/> Final return/terminated	Foreign country name Foreign province/state/county Foreign postal code	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Name and address of principal officer: DANIEL JOHNSON 301 RED CEDAR STREET, MENOMONIE, WI 54755	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation:	M State of legal domicile: VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE INDEPENDENCE THROUGH EDUCATION MICRO-ECONOMIC PROJECTS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, line 34 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h) 28,698 114,361
	9 Program service revenue (Part VIII, line 2g) 26
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37,250
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,698 151,637
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,150 77,032
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 5,965
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 10,150 82,997
	19 Revenue less expenses. Subtract line 18 from line 12 18,548 68,640
	20 Total assets (Part X, line 16)
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20 18,548 87,188

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LARRY JESS	LARRY JESS	5/14/2017		P00530085
	Firm's name ▶ DUNN COUNTY TAX SERVICE LLC	Firm's EIN ▶ 20-8671650			
	Firm's address ▶ PO BOX 234, RIDGELAND, WI 54763	Phone no. 715-505-2265			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐

- 1** Briefly describe the organization's mission:
 TRANSFORMING INDIVIDUAL LIVES TODAY WAS FOUNDED O SUPPORT ORPHANS AND ABANDONED CHILDREN;
 AND CONDUCT ACTIVITIES AND SUPPORT PROGRAMS THAT FILL THIS AIM.
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- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 68,801 including grants of \$) (Revenue \$)
 COORDINATE PROJECTS WITH THE ST. AUGUSTINE COMMUNITY LOVE PROGRAMME, AN NGO IN UGANDA, TO SUPPORT
 EDUCATION AND ECONOMIC INDEPENDENCE IN THE NEBBI DISTRICT PRIMARILY.

4b (Code:) (Expenses \$ 7,231 including grants of \$) (Revenue \$)
 PROVIDE CAPITAL GRANTS FOR INFRASTURE NEEDS OF ONE GIFT, ONE CHILD, A MISSION FOCUSED ON RESCUING
 ABUSED AND ABANDONED ORPHANS AND UNWANTED CHILDREN IN STE MARC, HAITI.

4c (Code:) (Expenses \$ 1,000 including grants of \$) (Revenue \$)
 PROVIDE GRANTS FOR ACTIVITY SUPPORT FOR JEFFREY BOONE, AN INDEPENDENT MISSIONARY TO IMPOVERISHED
 CHILDREN IN JUAREZ, MEXICO AND ROMANIA.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **77,032**