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## Form 990

## **Return of Organization Exempt From Income Tax**

\_ | 20

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A F	or the 20	0 calendar year, or tax year beginning $\overline{ exttt{JANUARY 1}}$ , 2010, and endi		
R ~	and discount of	C Name of organization	D Employer identifi	cation number
ان د	neck if applicable	ERM GROUP FOUNDATION, INC.		
	Address change	Doing Business As	23-279	
	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone numbe	er
	Initial return	350 EAGLEVIEW BLVD. 200	(610)5	24-3630
	Terminated	City or town, state or country, and ZIP + 4		-
	Amended return	EXTON, PA 19341	G Gross receipts \$	0
	Application pending	F Name and address of principal officer	H(a) Is this a group reto affiliates?	um for Yes X
	- · · · ·		H(b) Are all affiliates in	cluded? Yes X
	Tax-exempt:	tatus X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 52	7 If "No," attach a lis	st (see instructions)
J	Website:		H(c) Group exemption i	number 🕨
<u> </u>	Form of orga	nization X Corporation Trust Association Other ▶ L Year of	f formation 1994 M State	of legal domicile PA
Pa	rt I Sı	ımmary		
	1 Brief	y describe the organization's mission or most significant activities THE MISSION OF	THE ERM GROUP FOUND	ATION IS TO
		TIDE HUMAN RESOURCES AND/OR FINANCIAL ASSISTANCE TO PROJECTS TH		
nce	IMP	COVEMENT OF THE EARTH'S ENVIRONMENT, THE QUALITY OF LIFE AND SU	STAINABLE DEVELOPME	 NT
rua		OUGHOUT THE WORLD THROUGH APPROPRIATE CHARITABLE, EDUCATIONAL,	<b></b>	
Activities & Governance		k this box I if the organization discontinued its operations or disposed of more th	- <b></b>	
8		ber of voting members of the governing body (Part VI, line 1a)	i i	1
es	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)	4	1
viti	5 Tota	number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
\cti	6 Tota	number of volunteers (estimate if necessary)	6	26
`	7a Tota	gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net	inrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
_	8 Conf	ributions and grants (Part VIII, line 1h)	192,038.	205,935
2	9 Prog		152,000.	2007333
Revenue	10 1000	tmost income (Part VIII column (A) lines 3.4 and 7d)	2,783.	2,091
æ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8d 9c, 10 Rand (1) TVED	27703.	2,031
	<b>12</b> Tota	revenue - add lines 8 through 11 (must equal Part Will; column (A), line 12)	194,821.	208,026
-			204,167.	220,000
	14 Bene	ts and similar amounts paid (Part IX, column (A), lines 1-3)	201/107.	220,000
		ries, other compensation, employee benefits (Patrix column (A), lines 5-10)		
Expenses		essional fundraising fees (Part IX, column (A), line 11e) QCDEN		
per		fundraising expenses (Part IX, column (A), line 25)		
ŭ		r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,429.	13,579
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	217,596.	233,579
1		nue less expenses Subtract line 18 from line 12	-22,775.	-25,553
- S	13 Neve	nue less expenses Subtract line to from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> Tota	assets (Part X, line 16)	198,363.	174,737
Bal		liabilities (Part X, line 26)	190,303.	1/4,/3/
g'.		issets or fund balances Subtract line 21 from line 20	198,363.	174,737
		gnature Block	130,303.	1/4,/3/
		of perjury, I declare that I have examined this return, including accompanying schedules and statemen	s and to the best of my knowle	edge and helief it is to is
		plete Declaration of preparer (other than officer) is based on all information of which preparer has an		
c	ign 🕨	Marie La Janha		C Dall
	ere	Signature of officer	Date	8, 2011
•••	·			
		Type or print name and title		
	Prin	/Type preparer's name Preparer's signature Date	Check if	PTIN
Paid			self-	<b></b>
	parer DA	VID B. CROWLEY, CPA David B. Crowley, CPA 7-8-		P00091569
Jse		s name ▶ D. CROWLEY & COMPANY, P.C.		2951566
		saddress > 491 JOHN YOUNG WAY, SUITE 310, EXTON, PA 19		0)280-3980
мау	the IRS d	scuss this return with the preparer shown above? (see instructions)		X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

916,17 12

Part	V 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	Ì		
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ī
•	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,"			
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		3,53	
• •	VII, VIII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	45-K	k = ==21	الاستاند
d	Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- /		[
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			[
Ü	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
,ı	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
1	the organization's separate or consolidated infancial statements for the tax year include a roothite that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
1 4 d	complete Schedule D, Parts XI, XII, and XIII	12a	х	1
<b>h</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		<u> </u>	
Ŋ	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and $N \cdot \cdot \cdot$	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	<u> </u>		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and N	15	1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. 0	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and N	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		İ	
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
10	Part VIII, lines 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?			
. 3	If "Yes," complete Schedule G, Part III	19		Х
20 -	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	N.	ĮΑ

Par	Checklist of Required Schedules (continued)			·
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<del>-</del>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l ,
• •	employees? If "Yes," complete Schedule J	23		X
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	24-		X
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		Х
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) 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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		<u> </u>
D	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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,		٧.	,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ļ.		Ì
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Ì ,,
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
	complete Schedule N, Part II	32		_^_
33	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, Parts II, III,	33		<u> </u>
J-T	V, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	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,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990	(2010)

Par				Page
<del></del>	Check if Schedule O contains a response to any question in this Part V	• • •	-	<u> </u>
4-	Estable sumbarraneted in Barra of Form 1006. Estable 0 if and applicable	<u> </u>	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٠.	*	1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		, , ,	**
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		N/	Α
2.	reportable gaming (gambling) winnings to prize winners?	1c	117	-
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		A YOU	j.,
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Ñ/	A A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		7 -
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N	/A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country: ►	, , , , , , , , , , , , , , , , , , ,	. ` .	٧.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		ي ماند شد	ن مشک
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	A. A. A. A.	Х
	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	N.	/A
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N,	/A
7	Organizations that may receive deductible contributions under section 170(c).	3	18.00	**
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	9 30	, , , , , , , , , , , , , , , , , , ,	37
	and services provided to the payor?	7 a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	Α
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	100 m	وأشتدت	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N.T.	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N,	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	4.6	/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			- T. A
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?	8	N/	A SEL
	Did the organization make any taxable distributions under section 4966?	9a	A most	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:	~ 30		700gs
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A		\$ 30	
11	Section 501(c)(12) organizations. Enter.		43.	45 % (C)
	Gross income from members or shareholders	7	1.3	
	Gross income from other sources (Do not net amounts due or paid to other sources	17		
_	against amounts due or received from them.)		3	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	A
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	180	er to je Rojek	3
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	Ž	- myr

a is the organization licensed to issue qualified health plans in more than one state? . . . . . Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

N/A

14a

14b

N/A N/A

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or a Schedule O. See instructions.	elov chan	, an ges i	d in
•	Check if Schedule O contains a response to any question in this Part VI		Γ	X
Sect	ion A. Governing Body and Management	-		
	,	Y	es 1	lo
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>15</u>			
b	Enter the number of voting members included in line 1a, above, who are independent	3		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	* '	~ \ [	- 1
	any other officer, director, trustee, or key employee?	2	- -2	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct		١.	_
	experience of emocrot of macroscy of help officers to a management company of other person.	3	-	<u> </u>
4	The the digamental make any signment changes to its governing declinents since the phot i diffi 550 was inco.	1		<del>'</del> —
5	The the organization become arrang the year of a dignificant diversion of the organizations about	5	<del></del>	<u> </u>
6	Dood the digatheation have membere of attentioned in the state of the	3		<u>&lt;</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		Ι,	,
		а	-	<u>₹</u>
b	The any decisions of the generality cody and the approximation of the persons and the persons are approximately the second of the second of the persons are approximately the second of the second o	b	- 4	<u>`                                    </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4	_  -	
	the year by the following:	a   ´.	,	
а		<del></del>		
þ		b /	<del>`</del>	
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 in Schedule O	,	Ι,	ζ.
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			<u> </u>
<del></del>	on b. t onotes (This obstion brogadate information about pointes het required by the internal Nevente oc		s N	lo
102	Does the organization have local chapters, branches, or affiliates?	)a		<u> </u>
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	-	1	
		ь	N/A	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •		ia >	١	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		;	_
12a		2a	>	ζ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
		гь	N/A	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	2c	N/A	
13	Does the organization have a written whistleblower policy?	3	- '	
14	Does the organization have a written document retention and destruction policy?	4	_  >	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	·	·	۳.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	·	: ]_	
а		<u>,,,                                  </u>	N/A	
b	• • •	<del>~</del>	N/A	
	The second interest to line 13a of 13b, describe the process in Schedule O (See instructions)	ي ا د ا	·"	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	· · · · · · · · · · · · · · · · · · ·	ia	<u> }</u>	<u></u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	` .		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	Ί,	1/7	
Soot	· · · · · · · · · · · · · · · · · · ·	b	A/N	_
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		- <b>-</b>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website X Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	I		
20	policy, and financial statements available to the public.			
Æ U	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   JANICE TAPLAR, 350 EAGLEVIEW BLVD., SUITE 200, EXTON, PA 19341			
	DUOME: /610) F24 2620			

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raue	

0 0037 (2		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
. ,	and Independent Contractors	
•	Check if Schedule O contains a response to any question in this Part VII	7

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

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

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

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

(A) Name and Title	(B) Avera		Posit	ion (e	(C	•	that app	olv)	(D) Reportable	(E) Reportable	(F) Estimated
Nume und mue	hours wee (desc hours relai organiz in Sch	per k inbe s for ted ations edule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) DAVID MURTHA, PRESIDENT	1 -	2	х		Х				0.	0.	0.
(2) DEBBIE LIND, VICE PRESIDENT	1 -		х		Х				0.	0.	0.
(3) DEEVER BRADLEY, TREASURER	1 -		x		Х				0.	0.	0.
(4) TRUONG MAI, SECRETARY	1 -		х		х				0.	0.	0.
(5) PAUL WOODRUFF, DIRECTOR	1 -	2	Х						0.	0.	0.
(6) STEVEN AVADEK, DIRECTOR	1 -	2	х						0.	0.	0.
(7) MIKE EVERSMAN, DIRECTOR	1 -	2	Х						0.	0.	0.
(8) MICHAEL HERNDON, DIRECTOR	1 -	2	Х						0.	0.	0.
(9) RONALD LANDON, DIRECTOR	1 -	2	х						0.	0.	0.
(10) ROBERT LIVERMORE, DIRECTOR	1 -	2	Х						0.	0.	0.
(11) JOHN MARKEY, DIRECTOR	1 -	2	Х						0.	0.	0.
(12) SARAH MASSON, DIRECTOR	1 -	2	х						0.	0.	0.
(13) ELSIE PALABRICA, DIRECTOR	1 -	2	х						0.	0.	0.
(14) SHERI COOK-JOHNSTONE, DIRECTOR	1 -	2	х						0.	0.	0.
(15) MIKE STARKS, DIRECTOR	1 -	2	Х						0.	0.	0.
(16)JANICE TAPLAR, EXECUTIVE DIRECTOR	20				x				0.	0.	0.

(A)	(B)	:y L.	ipic		23, C)	ariu i	ng.	1			
Name and title	Average	Posi	tion (			that app	oly)	(D) Reportable	(E) Report		(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from re organiza (W-2/1099	lated ations	amount of other compensation from the organization and related organizations
(17)											
(18)											
(19)											<del></del>
(20)											
(21)											
(22)											
(23)										i	
(24)											
(25)			-								
(26)			_								•
(27)		 			_						
(28)											
1b Sub-total						<u></u>	_	0		٥	0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>*</b>	0		0	0
Total number of individuals (including but not reportable compensation from the organization)	limited to the		liste				o re	<u> </u>	\$100,000		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	ron	any	uni				5 X
Section B. Independent Contractors	<del></del>										_ <del></del>
1 Complete this table for your five highest compensation from the organization.	compensat	ed ir	ndep	enc	lent	cont	rac	tors that received	d more th	an \$10	0,000 of
(A) Name and business add	ress							(B) Description of sei	vices	C	(C) compensation
							-				
N/A			-								
2 Total number of independent contractors (in	ncluding bu	ut no	t lin	nite	d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from the	ie organizat	tion )	<u> </u>						0		8.不少分 <b>被88</b> 种交流

,	·	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ifts, grants ar amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d				-	
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions)	935.				
a Co	g	Noncash contributions included in lines 1a-1f. \$		205,935.			,
Program Service Revenue	2a b	Business		A			
Program Sei	d e f g	All other program service revenue			, 3,4	( ) Englished and	
	3 4	Investment income (including dividends, interest, and other similar amounts)	▶	2,091.	2,091.		
	5 6a	Royalties					
	b c d	Rental income or (loss)		man mil salaraman			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis					
<b></b>	c d	and sales expenses Gain or (loss)	▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
Other	b c ga	Less direct expenses					(
	b	See Part IV, line 19					
	10a	Gross sales of inventory, less returns and allowances a					
		Less cost of goods sold				Salaha Bu Zalan adalah	
	11a b c						
	d e 12	All other revenue		208,026.	2.091.		

#### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	220,000.	220,000.	-	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				· · · · · · · · · · · · · · · · · · ·
	Accounting	12,250.		12,250.	
	Lobbying				
	Professional fundraising services See Part IV, line 17		_ + + -, _,,	, ,	
	Investment management fees				
	Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance				- 4
24	Other expenses Itemize expenses not covered			,	M
	above (List miscellaneous expenses in line 24f. If		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ัธรี (ม.ศ.) ก็กับ เ	_ *, 13 = *
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	v` ` ~*-,	. ,		
	STATE FILING FEES	400.		400.	
a	BANK CHARGES	179.		179.	
D	DUES & PUBLICATIONS	750.		750.	
		750.		730.	
d					· · · · · · · · · · · · · · · · · · ·
e	All other evenence				
	All other expenses  Total functional expenses. Add lines 1 through 24f	233,579.	220,000.	13,579.	
25 26	Joint Costs. Check here If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	233,313.	220,000.	13,373.	
ISA	compargit and rundratsing solicitation	L	<u> </u>	L	

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	129,420.	1	105,005.
	2	Savings and temporary cash investments	15,984.	2	15,984.
	3	Pledges and grants receivable, net	11,684.	3	8,455.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		دي.	Malake da
		Schedule L	<del></del>	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons	<u>.</u> *		_
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of	e kompeter kan ki		
S		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	<del></del>	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or	A 16 1	·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1		other basis. Complete Part VI of Schedule D 10a		^	
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	41,275.	11	45,293.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	198,363.	16	174,737.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ဖ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	F 4		,
ig		employees, highest compensated employees, and disqualified persons.			
≅:		Complete Part II of Schedule L	, - , <u>-</u> ,	22	
	23	Secured mortgages and notes payable to unrelated third parties	<del>-,,,,</del>	23	
	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ü	27	Unrestricted net assets	138,883.	27	115,257.
ala	28	Temporarily restricted net assets	<del></del>	28	59,480.
Fund Balances	29	Permanently restricted net assets	33,400.	29	33,400.
ğ	29	Organizations that do not follow SFAS 117, check here ▶ and		29	A 7 7 8
or F		complete lines 30 through 34.			*
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	198,363.	33	174,737.
	34	Total liabilities and net assets/fund balances		34	174,737.
			• • • • • • • • • • • • • • • • • • • •	<u> </u>	E 000 (004

Both consolidated and separate basis

Form **990** (2010)

A N

3a

3 b

X Separate basis

Consolidated basis

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ERM GROUP FOUNDATION, INC. 23-2792333 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 11, 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.) 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 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. c | Type III - Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box....... Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of (iv) is the (vi) is the organization in col (i) listed in organization (described on lines 1-9 the organization organization in support above or IRC section in col. (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Yes Yes Νo Yes No No (A) (B) (C) (D) (E)

Part II Support

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	tion A. Public Support		<b>,</b>		<del>,</del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	229,022.	251,736.	305,357.	192,038.	205,935.	1,184,088.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	229,022.	251,736.	305,357.	192,038.	205,935.	1,184,088.	
5	The portion of total contributions by each				. a 2 132 13			
	person (other than a governmental unit or		1822					
	publicly supported organization) included							
	on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)	KS ( )	The state of the s				358,769.	
6	Public support. Subtract line 5 from line 4	talke to the	334 V. 11	S. 2 18 4 18 4 31	340000000000000000000000000000000000000	19 JE 1997 J. J.	825,319.	
Sec	tion B. Total Support		•	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	229,022.	251,736.	305,357.	192,038.	205,935.	1,184,088.	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar sources	5,737.	5,799.	3,610.	2,783.	2,091.	20,020.	
					·			
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	Signal Contraction	第55年168		"感"苏格拉。	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1,204,108.	
12	Gross receipts from related activities, etc. (s	see instructions).				12		
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here								
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2010 (li	ne 6, column (f	) divided by line	11, column (f))		14	68.5419%	
15	Public support percentage from 2009	Schedule A, Pa	art II, line 14			15	70.5600 <b>%</b>	
16a	5 Public support percentage from 2009 Schedule A, Part II, line 14							
	this box and stop here. The organization	on qualifies as a	publicly suppo	rted organizatio	n		▶ X	
b	331/3% support test - 2009. If the c	organization did	not check a b	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,	
	check this box and stop here. The orga	anızation qualifi	es as a publicly	supported orga	nızation		▶ 🔲	
17a	10%-facts-and-circumstances test - 2	010. If the orga	anization did not	t check a box or	i line 13, 16a oi	r 16b, and line 1	4 is 10%	
	or more, and if the organization me							
	Part IV how the organization meets t	the "facts-and-o	circumstances" t	est. The organi	zation qualifies	as a publicly s	upported	
	organization						▶ 🔲	
b	10%-facts-and-circumstances test - 2	<b>2009.</b> If the org	ganızation did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check t	his box and st	op here.	
	Explain in Part IV how the organization							
	supported organization						<b>.</b> ▶ □	
18	Private foundation. If the organization	on did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b.	check this box	and see	
	instructions							
				<del> </del>	· · · · · · · · · · · ·	<del></del>	<u>····</u> ,	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qu	ualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	N/A

Sec	tion A. Public Support							
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants ")							0
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							0
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's							
•	benefit and either paid to or expended on							
	its behalf							0
5	The value of services or facilities							<del>`</del>
J	furnished by a governmental unit to the							
	organization without charge							0
_		0	0	0	0		0	
6	Total. Add lines 1 through 5	<u>_</u>						<u>_</u>
<i>r</i> a	Amounts included on lines 1, 2, and 3							0
ь	received from disqualified persons Amounts included on lines 2 and 3							<u>_</u>
_	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13							0
	for the year	<u>.</u> .						0
C	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from	41, 84	`.*	J				
	line 6 )	<u></u>	3		\$'2'1			0
	tion B. Total Support	4 > 0 0 0 0	#\0007	( ) 0000	( 0 0000	7-1	0040	(0 T-1-1
Ca	lendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e)	2010	(f) Total
9	Amounts from line 6	<u> </u>	U	0	0		U	
ıva	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar				i.			•
	sources							0
Ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses		Ì	ĺ				
	acquired after June 30, 1975							0
C	Add lines 10a and 10b	0	0	0	0		0	0
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
	carried on · · · · · · · · · · · · · · · · · ·							0
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)							0
13	Total support. (Add lines 9, 10c, 11,							
	and 12 )	0	0	0	0		0	0
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a se	ction 501	(c)(3)
	organization, check this box and stop here			<u> </u>			<u></u>	▶ 🗌
Sec	tion C. Computation of Public Sup	port Percent	age					
15	Public support percentage for 2010 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15		0.0000%
16	Public support percentage from 2009 Scho					16		0.0000%
Sec	tion D. Computation of Investme	nt Income Per	rcentage		<del></del>			
17	Investment income percentage for 2010 (li			13, column (f))		17	•	0.0000%
18	Investment income percentage from 2009					18		0.0000%
	331/3% support tests - 2010. If the or						331/3%	
	17 is not more than 331/3%, check the	_						
h	331/3% support tests - 2009. If the orga			•			_	
J	line 18 is not more than 331/3%, check							·
20	Private foundation. If the organization						_	<del>  </del>
20	The organization	GIG HOL CHECK	a box on mic	14, 100, 01 190				90 or 990-EZ) 2010

## (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

ERM	GROUP FOUNDATION, INC.			23-2792333
Par	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990		Similar Funds or	Accounts. Complete if the
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year	····		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	isors in writing that t	he assets held in dor	nor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, and			
	used only for charitable purposes and not for the ber			
	purpose conferring impermissible private benefit?			
Par	Conservation Easements. Complete if the			
1	Purpose(s) of conservation easements held by the or			<del>`</del>
	Preservation of land for public use (e.g., recreat	tion or education)	Preservation of	an historically important land area
	Protection of natural habitat	,	1 1	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	d a qualified conserv	ation contribution in t	the form of a conservation
	easement on the last day of the tax year.	·	_	
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements .			2b
C	Number of conservation easements on a certified his	storic structure includ	ed in (a)	2c
þ	Number of conservation easements included in (c) a	cquired after 8/17/0	6, and not on a	
	historic structure listed in the National Register		<i>.</i>	2d
3	Number of conservation easements modified, transfe	erred, released, exti	nguished, or termina	ted by the organization during the
	tax year ▶			
4	Number of states where property subject to conserve			
5	Does the organization have a written policy regarding			
	violations, and enforcement of the conservation ease			
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing	ig conservation ease	ements during the year
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing co	nservation easement	ts during the year
_	<b>\$</b>	0(1) 1		470(1)(4)(D)
8	Does each conservation easement reported on line 2	· ·	•	
^	(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports co- balance sheet, and include, if applicable, the text of t			·
	organization's accounting for conservation easements		rganization's imancia	ai statements that describes the
Par	t III Organizations Maintaining Collections of		easures, or Other	Similar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958). r	not to report in its re	evenue statement and balance sheet
	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	assets held for pul	olic exhibition, educ	ation, or research in furtherance of
<b>L</b>	public service, provide, in Part XIV, the text of the foo			
þ	If the organization elected, as permitted under SF works of art, historical treasures, or other similar			
	public service, provide the following amounts relating	g to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			
	following amounts required to be reported under SFA	AS 116 (ASC 958) re	lating to these items	-
а	Revenues included in Form 990, Part VIII, line 1			▶\$
h	Assets included in Form 990, Part X			<b>▶</b> €

Par	t III Organizations Maintaini	ng Colle	ctions c	of Art, I	listo	rical Tr	easure	s, or	Oth	er Similar A	ssets (d	ontinu	ed)	_
3	Using the organization's acquisition collection items (check all that applied		sion, and	dother	recor	ds, ched	ck any c	of the	e foll	owing that a	re a sigr	nificant	use of its	s
а	Public exhibition	• •		d		7 Lo	an or ex	chan	ae p	rograms				
b	Scholarly research			6	` <del>├</del> ─	-1	her		9- 6	9				
C	Preservation for future ge	nerations		·	L	] 0.								•
4	Provide a description of the organ			ne and	evnla	in how	they fu	rther	the	organization's	s exemni	nurno	se in Par	rt
4	XIV.	iization 5	Conectio	ns and	expie	1111 110 44	they ru	i ti iCi	tile	organization:	o cacinp	, puipo.	JO 111 1 GI	•
_	During the year, did the organization	n collect o	or rocow/	a donati	000 0	fart his	torical tr	.03611	ree .	or other simil:	ar			
5	assets to be sold to raise funds rath	er than to	o be maii	ntained	as pa	rt of the	organiz	ation	's co	llection? · · ·		Yes		<u>。</u>
Fair	t IV Escrow and Custodial A line 9, or reported an an											o, rait		_
1 a	Is the organization an agent, truste	e. custodi	an or oth	ner inter	medi	arv for c	ontributi	ons (	or ot	her assets no	t			
	included on Form 990, Part X?											Yes	$\square$ N	0
h	If "Yes," explain the arrangement in										Ļ		ш	
-	in rea, explain are all angular					- · · · · · · · · · · · ·		$\overline{}$		A	mount			_
С	Beginning balance							10	<b></b>				·	_
d	Additions during the year													
e	Distributions during the year								<del></del>					—
f	Ending balance							<del></del>						
2 a								$\overline{}$	l			Yes	N	_
	If "Yes," explain the arrangement in			, , a.c.	ν, πιο				• •		· · · · L		··	Ŭ
_	rt V Endowment Funds. Con			ation a	nswe	red "Ye	es" to Fo	orm	990	Part IV line	10	•		
r ai	Endowment unds. Con	(a) Curr			Prior ye		(c) Two ye			(d) Three year		(e) Fou	r years back	
1 a	Beginning of year balance	(4) 00		1 (3)	,-	<del></del>	<del>(-/ /-</del>			(1)			-	_
b	Contributions											1. /.		
	Net investment earnings, gains,			-							17.5			_
·	and losses													
a	Grants or scholarships			<del>                                     </del>						, , , , ,	·		5.4	-
e	Other expenditures for facilities .										1 }			
•	and programs									فران بالروا			•	
	, -			<u> </u>						gar fegunar	11.	4,1	12.5°	_
	Administrative expenses			1						a	~y v -		<u> </u>	<u> </u>
g	End of year balance	-f 1		<u> </u>	-14	<del></del>				1, 1, 1, 2,	- <del>-</del>	L ! *	*	—
2	Provide the estimated percentage		ar end ba		eid as	•								
a	Board designated or quasi-endowr	nent ►	<b></b>	<b>-</b> %										
b		%												
		_%	!	£ 41				اط مم	4 -4	ministered for	tho.			
3 a	Are there endowment funds not in	tne poss	ession o	i the or	ganiza	ation tha	it are ne	iu an	u au	ministered for	uie	1	Yes No	
	organization by:												Yes No	<u>-</u>
	(i) unrelated organizations											3a(i) 3a(ii)	-	
<b>L</b>	(ii) related organizations											3b		
_	If "Yes" to 3a(II), are the related org								• •			30		_
4	Describe in Part XIV the intended in											<u>-</u>		
Pai	rt VI Land, Buildings, and Eq	ulpment				1		—-т						
	Description of investment			t or other I vestment)			t or other b (other)	asis	``	Accumulated depreciation		d) Book va		
	Land		ļ. <u>.                                   </u>			ļ				( 1 sv., 4				
	Buildings		ļ <u>.</u>			ļ					<del></del>			
C	•					ļ						<del></del>		
d	The state of the s												<del></del>	_
е			<u> </u>			1								
Tota	al. Add lines 1a through 1e (Column	d) musi	t equal F	orm 990	, Part	X, colun	nn (B), lii	ne 10	)(c).)	<u></u> ▶				

Part VII	Investments - Other Securities. See	Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_			
<u>(A)</u>			<del></del>
(B)			· · · · · · · · · · · · · · · · · · ·
12/			
		-	
\ <del>\</del> \			
(G)			
(H)			
(I)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
Part VIII	Investments - Program Related. See	Form 990, Part X, line	13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	•
Part IX	Other Assets. See Form 990, Part X	, line 15.	
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)		<del></del>	
(6)			
(7)			
(8)		. , , , , , , , , , , , , , , , , , , ,	
(9)			
(10)			
	nn (b) must equal Form 990, Part X, col (B) line 15)		▶
Part X	Other Liabilities. See Form 990, Par		
1.	(a) Description of liability	(b) Amount	
	eral income taxes		
(2)	<del></del>		
<u>(3)</u> <u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 2	(5.) <b>&gt;</b>	

JSA 0E1270 1 000 Schedule D (Form 990) 2010

	B D (Form 990) 2010		Page 4
Part 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	208,026.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	233,579.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-25,553.
4	Net unrealized gains (losses) on investments	4	1,927.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,927.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-23,626.
Part 2			
1	Total revenue, gains, and other support per audited financial statements		208,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	1.	
	Donated services and use of facilities		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	26	e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	∵ ⊢∸	<del>-  </del>
-	Investment expenses not included on Form 990, Part VIII, line 7b	×,' =	÷ +
	Other (Describe in Part XIV.)	-	-[
		4,	٠ ا
5	Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-	208,026.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F		<del></del>
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		<del></del>
a			
			"
C C			7-1
d	Add by a O. Abayash O.		'
_	Add lines 2a through 2d		
3	Subtract line 2e from line 1	∵ ¦∹	231,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  4a  1,92	<del>,  </del>	
	, , , , , , , , , , , , , , , , , , , ,		1 027
	Add lines 4a and 4b	40	<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	233,579.
	XIV Supplemental Information		<del></del>
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp ditional information		
LINE	4B OF PART XIII REPRESENTS THE UNREALIZED GAIN ON THE FOUNDATION	N'S I	NVESTMENTS, WHICH
IS I	NCLUDED IN THE TOTAL EXPENSES AND GAINS/LOSSES REPORTED ON THE FO	OUNDA	TION'S AUDITED
FINA	NCIAL STATEMENTS.		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2010

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer identification number	n number
ERM GROUP FOUNDATION, INC.						23-2792333	
Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the	stantiate the		grants or assistan	ce, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	or assistance	,	ring the use of grant funds in the l	United States	tes.		Yes
Describe in rail IV the organizations procedu		o o o o o o o o o o o o o o o o o o o		ollica chatco:		\(\frac{1}{2}\)	- 11 4 -
Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient tha	overnments ecipient tha		itions in the Unite ore than \$5,000.	ed States. Comp Check this box if	<b>and Organizations in the United States.</b> Complete if the organization answered "Yes" to t received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	ition answered "Ye sceived more than	s" to \$5,000. Part
Il can be duplicated if additional space is needed	e is needed						<b>A</b>
1 (a) Name and address of organization or government	(p) EIN		(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENGINEERS WITHOUT BORDERS, 4665 NAUT COURT, SUITE 300, BOULDER, CO 80301	NAUTILUS 841589324	501 (C) (3)	24,000.				QUALITY OF LIFE
(2) MEDS & FOOD FOR KIDS, 4488 FOREST PARK AVE, SUITE 230, ST. LOUIS, MO 63108 201257910	201257910	501(C)(3)	19,000.				QUALITY OF LIFE
(3) WATER FOR PEOPLE							
6666 W. QUINCY AVE, DENVER, CO 80235	841166148	501(C)(3)	11,000.				QUALITY OF LIFE
(4) AGUAYUDA, INC.							
8649 COMMERCE DRIVE, EASTON, MD 21601	371432884	501(C)(3)	10,000.				QUALITY OF LIFE
(5) BLACKSMITH INSTITUTE							
	134075779	501(C)(3)	10,000.				QUALITY OF LIFE
(6) BRANDYWINE CONSERVANCY							
P.O. BOX 141, CHADDS FORD, PA 19342	516020908	501(C)(3)	10,000.				ENVIRONMENTAL
(7) HOUSTON AUDUBON SOCIETY			-				
440 WILCHESTER BLVD, HOUSTON, TX 77079	237011870	501(C)(3)	10,000.				ENVIRONMENTAL
(8) SAVE OUR LEATHERBACKS OPERATION, 4582 E	2 E.						
KINGWOOD DR., STE 143, KINGOOD, TX 77345 203702823	203702823	501(C)(3)	10,000.				ENVIRONMENTAL
(9) WILDLIFE ALLIANCE, INC., 1150 17TH				•			
ST. NW, STE 403, WASHINGTON, DC 20036	521934148	501(C)(3)	10,000.				ENVIRONMENTAL
(10) JUBILEE HOUSE COMMUNITY, INC.							

Enter total number of other organizations .

ENVIRONMENTAL

7,500.

501(C)(3)

760279876

8,000.

820 KENSFORD COURT, LEWISVILLE, NC 27023 561252307 501(C)(3)

2507 WESLO AVE, GRAND JUNCTION, CO 81505 262107370

(11) LIGHT GIVES HEAT, INC.

GALVESTON BAY FOUNDATION 17330 HIGHWAY 3, WEBSTER, TX 77598

12)

8,000

501(C)(3)

QUALITY OF LIFE

QUALITY OF LIFE

Schedule I (Form 990) (2010)

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

0E1288 2 000

SCHEDULE (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization						Employer identification number	on number
ERM GROUP FOUNDATION, INC.						23-2792333	
Part   General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the	bstantiate the		grants or assistan	ce, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	s or assistance		•				× Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ures for monit	oring the use a	of grant funds in the	United States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	iovernments recipient that ce is needed	and Organizative controls in the control	ations in the Unit ore than \$5,000.	ed States. Comp Check this box if	and Organizations in the United States. Complete if the organization answered "Yes" to t received more than \$5,000. Check this box if no one recipient received more than \$5,0	ation answered "Ye	s" to \$5,000. Part
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER EDWARDS AQUIFER ALLIANCE P.O. BOX 15618, SAN ANTONIO, TX 78212	251907558	501(C)(3)	7,500.00				ENVIRONMENTAL
(3)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(1 <u>2</u> )							
2 Enter total number of section 501(c)(3) and government org	jovernment or	ganizations					13
3 Enter total number of other organizations						<b>A</b>	0
For Paperwork Reduction Act Notice, see the Ins	structions for	Form 990.				Schede	Schedule I (Form 990) (2010)

Schedule I (	Schedule I (Form 990) (2010)					Pag
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	dividuals in t	he United States	. Complete if th	le organization answered	"Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space i	I space is needed.	ded.			
	(a) Type of grant or assistance	(b) Number of	(b) Number of (c) Amount of	(d) Amount of	Amount of (a) Amount of (b) Method of valuation (book,	(f) Description of non-cash assistance

	-						
	(a) Type of grant or assistance	ssstance	(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 non-cash assistance
4-							
7							
n							
4							
ហ							
ဖ							
7							
Part IV Su	ipplemental Int	Supplemental Information. Complete this part		provide the inf	ormation required	I in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.
PRIOR TO	AWARDING A	PRIOR TO AWARDING A GRANT, THE FOUNDATION	•	ENDS THE RE	CIPIENT ORGA	NIZATION AN AWARD	SENDS THE RECIPIENT ORGANIZATION AN AWARD AGREEMENT LETTER THAT MUST BE
SIGNED AN	D RETURNED	SIGNED AND RETURNED TO THE FOUNDATION.	į	FOUNDATION	THEN ASSIGN	S A LIAISON TO EA	THE FOUNDATION THEN ASSIGNS A LIAISON TO EACH RECIPIENT ORGANIZATION WHO
SERVES A	S THE LINK	AS THE LINK BETWEEN THE FOUNDATION		AND THE REC	IPIENT ORGAN	IZATION. FINALLY	AND THE RECIPIENT ORGANIZATION. FINALLY, THE RECIPIENT ORGANIZATION IS

SENT A "FINAL REPORT QUESTIONNAIRE" AND IS ASKED TO SUBMIT IT TO THE FOUNDATION BY SPECIFIC DATE.

Schedule I (Form 990) (2010)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection
Employer identification number

ERM GROUP FOUNDATION, INC.	23-2792333
PART VI, QUESTION 11(B): WHEN THE 990 IS COMPLETED, ALL BOARD ME	MBERS ARE NOTIFIED. THE
BOARD MEMBERS ARE THEN GIVEN THE OPORTUNITY TO REVIEW THE FORM F	
PART VI, QUESTION 17: PA, CA, IL, MA, WV, GA, MD, MI, NJ, NC, SC	C, TN
PART VI, QUESTION 19: THE ORGANIZATION KEEPS COPIES OF THESE DOC	CUMENTS & MAKES THEM
PART XI, LINE 5: THIS CHANGE IN THE FUND BALANCE REPRESENTS THE ORGANIZATION'S INVESTMENTS.	UNREALIZED GAIN IN THE

### AUDITED FINANCIAL STATEMENTS

## THE ERM GROUP FOUNDATION, INC.

DECEMBER 31, 2010

TABLE OF CONTENTS

Year Ended 2010 with Comparative Totals for 2009

### **CONTENTS**

Independent Auditor's Report	3
Statement of Financial Position	4
Statement of Activities	5
Statement of Cash Flows	6
Notes to Financial Statements	7-11

## CROWLEY & COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

491 John Young Way, Suite 310 Exton, PA 19341

Phone (610) 280-3980 Fax (610) 280-3984

### INDEPENDENT AUDITOR'S REPORT

Board of Directors
The ERM Group Foundation, Inc.
Exton, Pennsylvania

We have audited the accompanying statement of financial position of The ERM Group Foundation, Inc. (a nonprofit organization) as of December 31, 2010, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2009 financial statements and, in our report dated May 27, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The ERM Group Foundation, Inc. as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

D. CROWLEY & COMPANY, P.C.

D. Crowley & Company, P.C.

Exton, Pennsylvania

June 1, 2011

# THE ERM GROUP FOUNDATION, INC. STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2010 WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2009

	December 31,				
•	2010	2009			
ASSETS					
Cash and cash equivalents Investments Unconditional promise to give	\$120,989 45,293 <u>8,455</u>	\$145,404 41,275 			
Total Assets	<u>\$174,737</u>	<u>\$198,363</u>			
LIABILITIES AND NET ASSETS					
Liabilities	-	-			
Net Assets Unrestricted Temporarily restricted	115,257 59,480 174,737	138,883 59,480 198,363			
Total Liabilities and Net Assets	<u>\$ 174,737</u>	<u>\$ 198,363</u>			

See accompanying notes.

## THE ERM GROUP FOUNDATION, INC. STATEMENT OF ACTIVITIES

YEAR ENDED 2010 WITH COMPARATIVE TOTALS FOR 2009

	Year ended December 31,				
		2010	<del></del>	2009	
	Unrestricted	Temporaril Restricted	y <u>Total</u>	<u>Total</u>	
REVENUES, GAINS, AND OTHER SUPPORT Contributions Investment income Net assets released from restriction Total revenues, gains,	\$ 205,935 2,091	\$ - - -	\$ 205,935 2,091 	\$192,308 2,783 —-	
and other support	208,026	-	208,026	194,821	
EXPENSES Program services Charitable contributions	220,000		220,000	204,167	
Supporting services Professional fees Dues & publications Supplies Bank charges State filing fees	12,250 750 - 179 400 13,579		12,250 750 - 179 400 13,799	11,525 1,345 72 107 380 13,429	
Unrealized (gain)/loss on investments	(1,927)	-	(1,927)	(4,473)	
Total expenses and (gains)/losses	231,652	<del></del>	231,652	213,123	
Change in net assets	(23,626)	-	(23,626)	(18,302)	
Net assets, beginning of year	138,883	59,480	198,363	216,665	
Net assets, end of year	<u>\$ 115,257</u>	\$ 59,480	<u>\$ 174,737</u>	<u>\$198,363</u>	
See accompanying notes.	e				

## THE ERM GROUP FOUNDATION, INC. STATEMENT OF CASH FLOWS

## YEAR ENDED 2010 WITH COMPARATIVE TOTALS FOR 2009

	Year ended December 31,	
	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets Adjustments to reconcile change in net assets	\$ (23,626)	\$ (18,302)
to net cash used by operating activities:  Unrealized gain on investments	(1,927)	(4,473)
Changes in:  Decrease in unconditional promises to give	3,229	10,361
Net cash flows used for operating activities	(22,324)	(12,414)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(2,091)	(2,682)
Net cash flows used for investing activities	(2,091)	(2,682)
Net decrease in cash and cash equivalents	(24,415)	(15,096)
Cash and cash equivalents, beginning of year	145,404	160,500
Cash and cash equivalents, end of year	\$ 120,989	<u>\$ 145,404</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The ERM Group Foundation, Inc. (a nonprofit organization) was incorporated on June 13, 1994 to provide human resources and financial assistance to projects that contribute to the improvement of the Earth's environment and the quality of life of its inhabitants through charitable, educational and scientific endeavors.

The financial statements of the Foundation have been prepared on the accrual basis. The significant accounting policies followed are described below:

#### Basis of Presentation

The Foundation's net assets and revenue, expense, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> - Net assets that are not subject to donor-imposed stipulations.

<u>Temporarily restricted net assets</u> - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Foundation and/or the passage of time.

<u>Permanently restricted net assets</u> - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Foundation. Generally, the donors of these assets permit the Foundation to use all or part of the income earned on related investments for general or specific purposes. The Foundation currently has no permanently restricted net assets.

#### Uses of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Foundation considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

#### Investments

Investments in marketable securities with readily determinable fair values are presented at their fair values in the statement of financial position. The Foundation experiences investment gain and losses due to the sale of contributed securities. Unrealized gains and losses are included in the change in net assets in the accompanying Statement of Activities.

#### Promises to Give

Unconditional promises to give are recognized as revenue or gains in the period received and as assets, decreases of liabilities, or expenses depending on the form of benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

#### Income Taxes

The Foundation is a tax-exempt organization under the Internal Revenue Code Section 501(c)(3) and is therefore exempt from federal income taxes.

#### Donated Services

The Foundation receives a significant amount of skilled, contributed time, primarily from the Board of Directors. The value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition under FASB ASC 958-605-25-16.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Comparative Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended December 31, 2009 from which the summarized financial information was derived.

#### **NOTE B - INVESTMENTS**

Investments, at December 31, 2010, are stated at fair value and consist of the following:

	<u>Cost</u>	Fair Value
Marketable equity securities	\$ 49,982	\$ 45,293

The following schedule summarizes the investment return and its classification in the statement of activities for the above investments for the year ended December 31, 2010:

	Temporarily Unrestricted Restricted Total			
Investment income Unrealized gain	\$ 2,091 1,927	-	\$ 2,091 1,927	
Total investment return	<u>\$ 4,018</u>	<u>\$</u>	<u>\$ 4,018</u>	

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE C - PROMISES TO GIVE

Unconditional promises to give consist of the following at December 31, 2010:

Unrestricted promises	\$ 8,455
Restricted promises	<del></del> _
Total promises to give	8,455
Less: discounts at net present value	<u> </u>
Net promises to give	<u>\$_8,455</u>
Amounts due in:	
Less than one year	\$ 8,455
One to five years	
	\$ <u>8,455</u>

These monies represent pledges made as of December 31, 2010. No allowance has been recorded as management believes the amounts are fully collectible. Changes in net present value discounts are included in contributions in the Statement of Activities.

#### NOTE D - RESTRICTIONS/LIMITATIONS ON NET ASSETS

Temporarily restricted net assets at December 31, 2010 are entirely related to the new program fund which is restricted to the support of developing and expanding the Foundation's capabilities and presence through a fellowship program to support the development of sustainability projects.

#### NOTE E - EVALUATION OF SUBSEQUENT EVENTS

The Foundation has evaluated subsequent events through June 1, 2011, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE F - RELATED PARTY/ECONOMIC DEPENDENCY

The Foundation receives primarily all of its funding from ERM Group, Inc. and its affiliates (ERM). The funding from these for-profit entities is in the form of employee contributions and from employer matching funds. The Foundation's Board of Directors is made up of personnel from ERM entities. Foundation administration and bookkeeping is performed by ERM.

#### NOTE G - FAIR VALUE MEASUREMENTS

The following methods and assumptions were used by the Foundation in estimating its fair value disclosures for financial instruments:

- Cash, cash equivalents, pledges receivable, and short term unconditional promises to give: The carrying amounts reported in the statement of financial position approximate fair values because of the short maturities of those instruments.
- Investments: The fair value of investments are based on quoted market prices for those or similar investments.

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets reported at fair value on a recurring basis as of December 31, 2010:

			Quoted Prices in Active Markets
	Balance Sheet		for Identical
Description	Classification	Fair Value	Assets (Level 1)
Money Market Funds Mutual Funds Total	Cash equivalents Investments	\$ 15,981 45,293 <u>\$ 61,274</u>	\$ 15,981 45,293 \$ 61,274

The organization recognizes transfers of assets into and out of levels as of the date an event or changes in circumstances causes the transfer. There were no transfers between levels in the year ended December 31, 2010.

## Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.

	filing for an Automatic 3-Month Extension,				
	filing for an Additional (Not Automatic) 3-Me			•	
Do not comp	lete Part II unless you have already been gra	nted an au	tomatic 3-month extension on a pre	viously filed Form 8868	В
a corporation 8868 to req	ling <i>(e-file)</i> . You can electronically file Form n required to file Form 990-T), or an addition uest an extension of time to file any of the	nal (not au forms liste	tomatic) 3-month extension of time ed in Part I or Part II with the exce	. You can electronical ption of Form 8870, I	ly file Form Information
	Fransfers Associated With Certain Persona				
	For more details on the electronic filing of the			ile for Charities & Nonj	orofits.
Part I Au	tomatic 3-Month Extension of Time. Or	ly submit	original (no copies needed).		
A corporatio	n required to file Form 990-T and requesting	an automa	atic 6-month extension - check this t	oox and complete	
Part I only .					▶∐
All other cor,	porations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must use Form 7004 to	request an extension of	of time
to file incom	e tax returns.				
Type or	Name of exempt organization			Employer identification	number
print	ERM GROUP FOUNDATION, INC.			23-2792333	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	<u> </u>	
due date for	350 EAGLEVIEW BLVD., SUITE	200			
filing your return, See	City, town or post office, state, and ZIP code For		dress, see instructions		
instructions	EXTON, PA 19341	_			
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	)	0 1
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-E2		03	Form 4720		09
Form 990-PF		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069	<del></del>	11
	(trust other than above)	06	Form 8870		12
1 0111 000 1	These other than above)	00	7 OHI 007 0		· · · · · · · · · · · · · · · · · · ·
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Telephone	e No ▶ 610-524-3630		FAX No. ▶ 610-524-3755		
	anization does not have an office or place of				
	or a Group Return, enter the organization's fo				is is
	e group, check this box	_			
	e names and EINs of all members the extens		art of the group, enest the bex		
	est an automatic 3-month (6 months for a con		equired to file Form 990-T) extension	of time	
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	ax year entered in line 1 is for less than 12 m	ionths, che	ck reason: initial return	Final return	
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	onic Federal Tax Payment System). See instru			3c \$	0
	you are going to make an electronic fund	withdrawa	I with this Form 8868, see Form 8	3453-EO and Form 8	879-EO for
payment ins	tructions				

Form 8868 (Re	ev 1-2011)				Page 2
• If you are	e filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and che	ck this box	
	complete Part II if you have already been gra				
<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the original (no		
Type or	Name of exempt organization			Employer identification	number
print					
File by the extended due date for	Number, street, and room or suite no. If a P O bo	x, see instru	ctions.		
filing your return See instructions	City, town or post office, state, and ZIP code For	r a foreign ad	dress, see instructions.		
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	)	
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990		01		*,	
Form 990-B	L.	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-PI	F	04	Form 5227		10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
STOP! Do n	ot complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed Forn	n 8868.
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	in detail why you need the extension				
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(Electi	ronic Federal Tax Payment System). See instru		nd Verification	8c \$	
	Sign s of perjury, I declare that I have examined this form, ct, and complete, and that I am authonzed to prepare this fo	including acc		to the best of my knowled	ge and belief,
Signature >	David B Comples		Title ▶ CPA	Date ▶ 5-/3	-2011

Form 8868 (Rev. 1-2011)