efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318003229 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization ENVIRONMENTAL RESEARCH & EDUCATION D Employer identification number B Check if applicable □ Address change **FOUNDATION** 52-1804051 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 3301 BENSON DRIVE STE 101 ☐ Application pending (919) 861-6876 City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27609 G Gross receipts \$ 3,560,785 **F** Name and address of principal officer BRYAN F STALEY **H(a)** Is this a group return for □Yes ☑No subordinates? 3301 BENSON DRIVE H(b) Are all subordinates SUITE 101 ☐ Yes ☐No included? RALEIGH, NC 27609 If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c)(3) □ 527 ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or **H(c)** Group exemption number ▶ Website: ► WWW EREFDN ORG L Year of formation 1992 M State of legal domicile DC Part I Summary 1 Briefly describe the organization's mission or most significant activities TO FUND AND DIRECT SCIENTIFIC RESEARCH AND EDUCATIONAL INITIATIVES FOR WASTE MANAGEMENT PRACTICES TO BENEFIT INDUSTRY PARTICIPANTS AND THE COMMUNITIES THEY SERVE Activities & Governance Check this box  $\blacktriangleright$   $\square$  if the organization discontinued its operations or disposed of more than 25% of its net assets 24 Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 26 186 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,106,526 3,125,956 Program service revenue (Part VIII, line 2g) . 223,883 250,110 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 401,162 184,719 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -768,268 -810,430 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,963,303 2,750,355 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,265,840 1,181,958 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 770,493 735,350 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶367,680 574,584 683,464 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,610,917 2,600,772 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 352,386 149,583 Assets or d Balances End of Year **Beginning of Current Year** 10,459,166 9,616,213 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . . 153,663 109,835 Net assets or fund balances Subtract line 21 from line 20 10,305,503 9,506,378 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 2019-10-23 Signature of officer Date Sign Here BRYAN F STALEY PRESIDENT AND CEO Type or print name and title Preparer's signature Date 2019-11-05 Print/Type preparer's name Check  $\square$  if P01317611 Paid self-employed Firm's name RIVES & ASSOCIATES LLP Firm's EIN > 20-0427530 Preparer Use Only Firm's address ▶ 4515 FALLS OF NEUSE ROAD SUITE 450 Phone no (919) 832-6848 RALEIGH, NC 27609 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

	990 (2018)					Page <b>2</b>						
Par	t III Statement	of Program Service	e Accomplis	hments								
	Check if Sched	dule O contains a respo	nse or note to a	any line in this Part III		🗆						
1	Briefly describe the o	rganization's mission		•								
		ENTIFIC RESEARCH AN DMMUNITIES THEY SER		L INITIATIVES FOR WA	STE MANAGEMENT PRACTICES TO	BENEFIT INDUSTRY						
	TOTAL THE CO	or in total rises and in section	. • -									
_	D. d. H.				de els esseres established es							
2	Did the organization i	□yes ✓ No										
	the prior Form 990 or	⊔ Yes 🛂 No										
_	•	se new services on Sch										
3	-	-	<u>-</u>	changes in how it cond	ucts, any program							
	services?											
_	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses											
4	Section $501(c)(3)$ and		ns are required	to report the amount of	largest program services, as meas of grants and allocations to others,							
4a	(Code	) (Expenses \$	1,994,962	including grants of \$	1,181,958 ) (Revenue \$	)						
	See Additional Data											
4b	(Code	) (Expenses \$	31,812	ıncludıng grants of \$	) (Revenue \$	)						
	See Additional Data											
4c	(Code	) (Expenses \$	63,708	including grants of \$	) (Revenue \$	)						
	See Additional Data											
4d	Other program service	ces (Describe in Schedi	ıle O )			•						
	(Expenses \$	ıncl	udıng grants of	\$	) (Revenue \$	)						
4e	Total program serv	vice expenses ▶	2,090,4	82								

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 为 . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2<sup>7</sup> If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Yes

20b

21

Pa	Checklist of Required Schedules (continued)			rage .			
Га	Checklist of Required Schedules (Continued)		Yes	No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	140			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I						
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
34		34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Pa	Statements Regarding Other IRS Filings and Tax Compliance	· · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1						

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page **6** 

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	•		
Section	n A. Governing Body and Management		Yes	No
			103	<del>- 110</del>

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 24								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • •								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .								
5									
6	Did the organization have members or stockholders?	6		No					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes	,					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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	9		No					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to								

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	_	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	

_	Each committee with additionty to act on behalf of the governing body	55	103	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	'
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	$lacksquare$ Own website $\ \Box$ Another's website $\ lacksquare$ Upon request $\ \Box$ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  BRYAN STALEY 3301 BENSON DR STE 101 RALEIGH, NC 27609 (919) 861-6876			
				2 (2010)

Part VII

(14) JAMES M LITTLE

(15) RONALD J MCCRACKEN DIRECTOR

(16) PAUL R MITCHENER

(17) BRAD NELSON

DIRECTOR

DIRECTOR

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	n on on is	e bo both	t che ox, u n an or/tr	nless office ustee)	er )	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRYAN F STALEY PRESIDENT AN	35 00	Х		х				198,000	0	35,893
(2) JAMES DOWLAND BOARD CHAIRM	1 00	X		х				0	0	0
(3) PAT CARROLL VICE CHAIRMA	1 00	х		×				0	0	0
(4) LEONARD E JOYCE JR PE PAST CHAIRMA	1 00	Х		х				0	0	0
(5) VEN POOLE SECRETARY/TR	1 00	Х		×				0	0	0
(6) TIM BENTER DIRECTOR	1 00	х						0	0	0
(7) MARTY BRYANT DIRECTOR	1 00	Х						0	0	0
(8) RICHARD BURKE DIRECTOR	1 00	X						0	0	0
(9) JOHN CASELLA DIRECTOR	1 00	×						0	0	0
(10) MICHAEL J DE CASTRO DIRECTOR	1 00	х						0	0	0
(11) SCOTT DOLS DIRECTOR	1 00	X						0	0	0
(12) PATRICK DOVIGI DIRECTOR	1 00	X						0	0	0
(13) TARA HEMMER DIRECTOR	1 00	×						0	0	0

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Page **8** 

Form 9	990 (2018)												Page <b>8</b>
Part	VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	ıd Hig	jhes	st Compensated	Employees (co	ntın	ued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unles ficer	eck moss ss pers r and a ee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	compensation from the		ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		rganizati relati organiza	ed
' '	ENRY SAINT BRIS	1 00				$\vdash$					$\downarrow$		
DIRECT	TOR	†···							0		이		0
	ICHAEL SAVAGE TOR	1 00							0		0		0
	DSEPH G URSUY	1 00				$\vdash$					$\top$		
DIRECT	TOR	···	1 X						0		0		0
(21) TH	HOMAS VAN WEELDEN	1 00									$^{+}$		
DIRECT	TOR	<b></b>	×						0		이		0
	EVIN WALBRIDGE	1 00											
DIRECT	TOR	···	×						0		0		0
	AMES WALSH	1 00	×						0		0		
DIRECT		•··	····^						0		<u> </u>		
	RUCE WILSON	1 00	ı x						0				0
DIRECT			····`			igsqcut			ű		1		
		,											
c To	ub-Total	/II, Section A .				<b>*</b>			198,000	000			35,893
	Total number of individuals (including but of reportable compensation from the orga		tnose II:	stea	abov	/e) w	vno red	ceiv	ed more than \$100	,000			
_												Yes	No
	Did the organization list any <b>former</b> offici line 1a? <i>If "Yes," complete Schedule J for</i>	r such individual		•	•	٠		•			3		No
	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than \$150	ble com ),000? ;	npens If "Ye	satio es," c	n an comp	id othe plete S	er co Sche	ompensation from the dule J for such		4	Yes	
	Did any person listed on line 1a receive o services rendered to the organization? If "									dual for	5	103	No.
Sec	ction B. Independent Contractors					—							
1	Complete this table for your five highest of from the organization. Report compensation	compensated in									ensa	ition	
	(A) Name and business address  (B) Description of services									(C) Compensation			
											+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See Instructions

Part	VIII												_
		Check if Schedule O	contains	a respo	nse or r	note to any						<u> </u>	<u> U</u>
								(A) revenue	f	(B) elated or exempt unction evenue	<b>(C)</b> Unrelated business revenue		(D) Revenue excluded from ax under sections 512 - 514
	1a	Federated campaigns .		1a		I		L	1.	evenue			312 314
nts ints	b Membership dues   1b												
Gifts, Grants ilar Amounts	c	Fundraising events .		1c		2,064,330							
	d	Related organizations		1d									
Gifi		Government grants (contrib	outions)	1e		540,329							
ons, Sim	f	All other contributions, gifts and similar amounts not incabove	s, grants, cluded	1f		521,297							
ntributic d Other	g	Noncash contributions in lines 1a - 1f \$	ncluded										
Contained	h	Total. Add lines 1a-1f				. •		3,125,956					
ı						Business	Code						
Program Service Revenue	2a	CONFERENCE/MEETING REVI	ENUE				900099	2!	50,110				250,110
<u>خ</u> چ													
3 3	b												
Ę.	d ·												
ε	e			_									
gra	f	All other program service	e revenue										
Ĕ	g T	Total. Add lines 2a-2f .			<b>&gt;</b>	:	250,110						
	<b>4</b> II <b>5</b> R <b>6</b> a	milar amounts)	of tax-exe	empt be			•	184,719					184,719
		Less rental expenses  Rental income or											
	d	(loss)  Net rental income or (lo				• •							
	b c d	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	(i) Securit		(11)	Other	-						
Other Revenue	8a Gross income from fundraising events (not including \$ 2,064,330 of contributions reported on line 1c) See Part IV, line 18 a  b Less direct expenses b 810,43							-810,430					-810,430
hei		Net income or (loss) from Gross income from gamil		-	ents .	• •		-010,430	1				-610,430
ō	b	See Part IV, line 19 . Less direct expenses .		a b									
		Net income or (loss) from		activit	ies .	. •			_				
		Gross sales of inventory, returns and allowances		а									
	b	Less cost of goods sold		b			]						
	С	Net income or (loss) from		invent									
	<b>11</b> a	Miscellaneous Rev	renue		Busın	ess Code	4						
	-10	a .			l		1		1		1	- 1	

2,750,355

orr	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> <math>\square</math></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	954,958	954,958		
2	Grants and other assistance to domestic individuals See Part IV, line 22	227,000	227,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
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	735,350	479,552	84,103	171,695
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management				
ŀ	Legal				
	Accounting				
	I Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,332	12,212	10,944	1,176
12	Advertising and promotion				
13	Office expenses	61,248	37,150	5,418	18,680
14	Information technology	90,169	80,967		9,202
	Royalties				
	Occupancy	101,704	67,226	11,086	23,392
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	162,821	87,624	8,384	66,813
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	140,945	86,453	20,134	34,358
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )	,	·	ŕ	
	a DEVELOPMENT	63,322	18,417	2,541	42,364
	b CONTINUING EDUCATION	31,812	31,812		
	c PROJECT EXPENSES	4,111	4,111		
	d OTHER MISCELLANEOUS EXPEN	3,000	3,000		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,600,772	2,090,482	142,610	367,680
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

34

Total liabilities and net assets/fund balances

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	183,250	1	92,918
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	757,537	3	610,482
	4	Accounts receivable, net	4,928	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
φ.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
نيد	7	Notes and loans receivable net		7	

S		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	9 Prepaid expenses and deferred charges		7,571	9	13,118	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	105,255			
	b	Less accumulated depreciation	10b	89,155	25,423	10c	16,100
	11	Investments—publicly traded securities .			9,473,668	11	8,880,923
	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 June 11			6.780	15	2 672

	basis complete Part VI of Schedule D	-04	1,=-	~		
b	Less accumulated depreciation	10b	89,15	25,423	10c	
11	Investments—publicly traded securities .			9,473,668	11	
12	Investments—other securities See Part IV, line	stments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11			6,789	15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	10,459,166	16	
17	Accounts payable and accrued expenses			153,663	17	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
21 22	Loans and other payables to current and former	office	rs, directors, trustees,			

	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	6,789	15	2,672
	16	Total assets.Add lines 1 through 15 (must equal line 34)	10,459,166	16	9,616,21
	17	Accounts payable and accrued expenses	153,663	17	109,83
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
v		Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
1					

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,789	15	2,672
	16	Total assets.Add lines 1 through 15 (must equal line 34)	10,459,166	16	9,616,213
	17	Accounts payable and accrued expenses	153,663	17	109,835
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L		22	
I	22	Converse was the control and water was taken to consider a supplemental threat was the control and the control		72	

	26	Total liabilities. Add lines 17 through 25	153,663	26	109,835
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	23	Secured mortgages and notes payable to unrelated third parties		23	
lidei		persons Complete Part II of Schedule L		22	
<del>[</del>		key employees, highest compensated employees, and disqualified			

	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	153,663	26	109,8
ınces	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	6,167,813	27	5,780,5

		Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	153,663	26	109,835
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	6,167,813	27	5,780,549
Bal	28	Temporarily restricted net assets	1,431,881	28	
pun	29	Permanently restricted net assets	2,705,809	29	3,725,829
Fui		Organizations that do not follow SFAS 117 (ASC 958),			
s or	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	10,305,503	33	9,506,378
Z	24	Total liabilities and not acceptational halances	10 450 166	24	0.616.213

10,459,166

34

9,616,213

Form **990** (2018)

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

3a

3b

No

Form 990 (2018)

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

PROJECTS ARE SPECIFIC RESEARCH AND EDUCATIONAL ACTIVITIES FUNDED BY THE FOUNDATION IN FURTHERANCE OF ITS PRIMARY MISSION EXAMPLE PROJECTS. INCLUDE TOPICS SUCH AS LANDFILL OPERATIONS, RECYCLING, INDUSTRY SAFETY AND THE AWARDING OF EDUCATIONAL SCHOLARSHIPS 22 RESEARCH PROJECTS AND

Name: ENVIRONMENTAL RESEARCH & EDUCATION

FOUNDATION

Form 990 (2018)

27 SCHOLARS WERE FUNDED IN 2018

Form 990, Part III, Line 4a:

**EIN:** 52-1804051

Software Version:



## THE CONTINUING EDUCATION PROGRAM PROVIDES QUALITY AND TECHNICALLY BENEFICIAL ONLINE COURSES, LIVE WEBINARS AND IN-PERSON REGIONAL SUMMITS FOR MEMBERS OF THE SOLID WASTE INDUSTRY TO IMPROVE AND EXCEL IN THEIR PROFESSIONAL FIELD AS WELL AS MAINTAINING PROFESSIONAL LICENSING IN 2018, 35 ONLINE COURSES WERE AVAILABLE. 3 WEBINARS WERE PRESENTED MRF SAFETY. NHIW/CHERTOW. PFAS AND 1 SUMMIT UNDERSTANDING MECHANISMS &

Form 990, Part III, Line 4b:

OPERATIONS FOR ELEVATED TEMPERATURE LANDFILLS WHICH WAS ATTENDED BY 227 PEOPLE

# THE DATA AND POLICY PROGRAM (DPP) WAS DEVELOPED TO AGGREGATE AND ANALYZE SOLID WASTE DATA. THE PROGRAM ALSO PROVIDES VALUABLE EXPERIENCE TO UNDERGRADUATE AND GRADUATE STUDENTS WHO ASSIST IN DATA GATHERING AND ANALYSIS. REPORTS THAT WERE MADE AVAILABLE IN 2018. ANALYSIS OF MSW LANDFILL TIP FEES, HOUSEHOLD NEEDLES IN MSW. POLICY, CONTROLS, MRF. RISKS, UTILIZATION AND EFFECTIVENESS OF WASTE BULKING AND STABILIZATION.

Form 990, Part III, Line 4c:

TWELVE INTERNS WORKED IN THE DPP IN 2018

efile	GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493318003229
SCH	IED	ULE A	Dublic (	Charity Statu	s and Dul	alic Supp	ort	OMB No 1545-0047
	n 990		Complete if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	r a section	2018
		the Treasury	► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
<b>Vam</b> e NVIR	of th	ne organiza TAL RESEARCI	tion H & EDUCATION				Employer identific	ation number
Par	_		for Public Charity Statu	ıs (All organization	s must comple	te this part.) S	52-1804051 See instructions	
			private foundation because				occ motractions.	
1		A church, c	onvention of churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in <b>section 170(b)(</b> :	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )		
3	$\overline{\Box}$	A hospital o	or a cooperative hospital serv	rice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r	esearch organization operate and state	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II )	-				bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7		section 17	ation that normally receives a <b>'0(b)(1)(A)(vi).</b> (Complete	Part II )			init or from the gener	al public described in
8			ty trust described in <b>section</b>		` '	•		
9			ural research organization de rant college of agriculture Se					ege or university or a
10	✓	from activit	ation that normally receives ties related to its exempt fun income and unrelated busin- see section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its si	upport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations o i through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A so	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization supents of the supporting organizations A applete Part IV, Sections A applete	tion vested in the sar				
С			unctionally integrated. A soprogramme in					ited with, its
d		Type III n	on-functionally integrated integrated The organization (i) You must complete Par	I. A supporting organi n generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgai	
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter	-	of supported organizations	,,,,,	. J			
g			ing information about the su	pported organization(	T*			
	(i) N	organization organization in your governing document? mone		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No		
Total		unale De de	tion Act Notice, see the In	akunakiana fan	Cat No 11285	<u> </u>	 Schedule A (Form 9	00 00 000 57) 3016

	Page	2
d	170	

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (a) 2014 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")

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 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (a)2014 **(b)**2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 VI) 11 Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 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, 

Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more,

_	hack

С	heck	this	b

Schedule A (Form 990 or 990-EZ) 2018

$_{ m id}$ $33$ 1/3% $_{ m support}$ $_{ m test}$ $ 2018$ . If the organization did not check the box on line $13$ , and line $14$ is $33$ $1/3\%$ or in	nore, check this box
and <b>stop here.</b> The organization qualifies as a publicly supported organization	▶ □
b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3'	% or more, check this

check this box	
<b>▶</b> □	
more, check this	
. □	

13	· · · · · · · · · · · · · · · · · · ·	13
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, check this box
	and stop here. The organization qualifies as a publicly supported organization	▶ □
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/36	% or more, check this
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization	▶ 🗆
17a	10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, a	nd line 14
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here	:. Explain
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	y supported

i ne	▶□	
	▶□	

instructions

Section A. Public Support

business under section 513 Tax revenues levied for the

Part III

15,709,437

15,709,437

15,709,437

992,444

992,444

214,416

16,916,297

▶□

(f) Total

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,111,893	2,177,433	2,468,178	3,106,526	3,125,956	12,989,986
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						
3	Gross receipts from activities that are not an unrelated trade or	1,787,456	195,217	242,185	244,483	250,110	2,719,451

2,372,650

(b) 2015

2,372,650

191,899

191,899

144,517

2,709,066

2,710,363

(c) 2016

2,710,363

200.058

200,058

2,910,421

3,351,009

(d) 2017

3,351,009

196,474

196,474

3,376,066

(e) 2018

3,376,066

184,719

184,719

3,560,785

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

the organization fails to qualify under the tests listed below, please complete Part II.)

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 3,899,349 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b

(a) 2014

3,899,349

219,294

219,294

69,899

4,188,542

# Public support. (Subtract line 7c

from line 6) Section B. Total Support Calendar year

'	(or fiscal year beginning in)
9	Amounts from line 6
10a	Gross income from interest,
	dividends, payments received on

(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С Net income from unrelated business 11

securities loans, rents, royalties and income from similar sources Unrelated business taxable income

activities not included in line 10b, whether or not the business is regularly carried on

assets (Explain in Part VI )

Other income Do not include gain or loss from the sale of capital Total support. (Add lines 9, 10c, 11, and 12)

check this box and stop here

20

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, 14 Section C. Computation of Public Support Percentage 15

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2017 Schedule A, Part III, line 15

16 17

Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2017 Schedule A, Part III, line 17 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

3,547,483

15 16

17

92 870 % 92 770 %

6 000 % 6 000 %

▶∐

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)					
	cupper unity or gamma units (community)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$			
u	governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection B. Type I Supporting Organizations	110				
	ection b. Type I Supporting Organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or					
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		$\sqcup$			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2				
	organization					
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
	ection D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	1				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	-				
	b					
	c	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$			
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26				

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014. . . . . .

Schedule A (Form 990 or 990-EZ) (2018)

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

d Excess from 2017. e Excess from 2018.

Schedule A	(Form 990 or 990-E	) 2018	Page <b>8</b>
Part VI	Section A, lines 1, Part IV, Section D	ormation. Provide the explanations required by Part II, li 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Pai lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also con	rt IV, Section B, lines 1 and 2, Part IV, Section C, line 1, 3b, Part V, line 1, Part V, Section B, line 1e, Part V
		Facts And Circumstances Tes	t
990 Sche	dule A, Supplem	ental Information	
	turn Reference		lanation
PART III, L	INE 12	214,416	

**SCHEDULE D** 

**Supplemental Financial Statements** 

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

OMB No 1545-0047 2018

DLN: 93493318003229

(Form 990)

•	rtment of the Treasury nal Revenue Service		► Attach to Form 99 ov/Form990 for the	90.		120.			n to Public spection
	me of the organi					Emp	oyer id	entification	number
	VIRONMENTAL RĒSEA JNDATION	RCH & EDUCATION				52-18	804051		
Pa		zations Maintaining Donor Advi				r Acc	ounts.		
	Complet	e if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·						
	Tatal musahan at a	and of years	(a) Donor a	advise	d funds		(b)Fund	ds and other	accounts
	Total number at e	·							
	55 5	of contributions to (during year)							
i		of grants from (during year)							
	Aggregate value a	at end or year tion inform all donors and donor adviso	rs in writing that the	asset	s held in donor ad	vised fi	unds are	the	
		operty, subject to the organization's ex							Yes 🗌 No
i		tion inform all grantees, donors, and do ses and not for the benefit of the donor							
	private benefit?	ses and not for the penent of the donor	or donor advisor, or	IUI ai	ly other purpose c	onieni	ig impe	_	Yes 🗌 No
2a	Conserv	vation Easements. Complete if th	ne organization ans	were	d "Yes" on Form	າ 990.	Part I		res 🗀 No
		nservation easements held by the organ							
	☐ Preservatio	n of land for public use (e g , recreation	or education)	⊐ ¨;	Preservation of an	historic	cally imi	ortant land	area
		of natural habitat	Γ	_	Preservation of a c				
			_	_ '	reservation or a c	crunca	maconic	. structure	
		n of open space							
		a through 2d if the organization held a le last day of the tax year	qualified conservation	n con	ribution in the for	m of a_ _		ation at the End o	of the Year
а	Total number of	conservation easements				2a			
b	Total acreage res	stricted by conservation easements				2b			
С	Number of conse	rvation easements on a certified histori	c structure included in	n (a)		2c			
d		rvation easements included in (c) acqui n the National Register	red after 7/25/06, an	nd not	on a historic	2d			
l	Number of conse tax year ►	ervation easements modified, transferre	d, released, extinguis	shed,	or terminated by t	he org	anızatıo	n during the	
	Number of states	s where property subject to conservatio	n easement is located	d <b>►</b> _			_		
i		zation have a written policy regarding th t of the conservation easements it holds		g, ins	pection, handling o	of viola	tions,	☐ Yes	□ No
,	Staff and volunte	eer hours devoted to monitoring, inspec	ting, handling of viola	ations	, and enforcing co	nserva	tion eas	ements durir	ng the year
	<u> </u>								
ı	Amount of exper  ▶ \$	nses incurred in monitoring, inspecting,	handling of violations	s, and	enforcing conserv	/ation e	asemer	nts during the	e year
,	Does each conse	ervation easement reported on line 2(d)	above satisfy the req	uırer	nents of section 17	<sup>7</sup> 0(h)(4	·)(B)(ı)		
	and section 170(	(h)(4)(B)(II)?						☐ Yes	□ No
	balance sheet, a	cribe how the organization reports cons nd include, if applicable, the text of the 's accounting for conservation easemen	footnote to the organ						
ar	rt IIII Organiz	zations Maintaining Collections	of Art, Historical			er Sin	nilar A	ssets.	
		e if the organization answered "Ye				+		lance check :	wanta af
a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, edu	ıcatıo	n, or research in fi				
b	historical treasur	on elected, as permitted under SFAS 11 res, or other similar assets held for pub ts relating to these items							
(	-	ed on Form 990, Part VIII, line 1					▶ \$		
(	ii)Assets included	ın Form 990, Part X					<b>▶</b> \$		
	If the organization	on received or held works of art, historic ts required to be reported under SFAS				ncial ga	ıın, prov	ride the	
а	-	d on Form 990, Part VIII, line 1	,, ·				<b>▶</b> \$		
h	Accets included i	in Form 990 Bart V					_		

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

Cat No 52283D Schedule D (Form 990) 2018

Par	31111	Organizations Maint	taining Coll	ections of	Art, Hist	<u>orical T</u>	<u>rea</u> s	ures, or	Other !	<u>sımılar As</u> se	<b>ts</b> (conti	nued)	
3		the organization's acquisit (check all that apply)											
а		Public exhibition			1	d 🗌	Loa	n or excha	nge prog	rams			
b		Scholarly research			1	e 🗌	Oth	er					
С		Preservation for future ger	nerations										
4	Provi Part	de a description of the orga		ections and e	explain how	they furt	her tl	he organiza	ation's ex	empt purpose ı	n		
5	Durir	ng the year, did the organiza s to be sold to raise funds r								lar	Yes	□ N	o
Pai	rt IV	Escrow and Custodia Complete if the organi			on Form 9	190 Parl	- T\/	line 9 or	renorte	d an amount	on Forn	990	Part
		X, line 21.	izacioni anovi		011 1 01111 3	, , , , , , , , , , , , , , , , , , ,	,		Теропте	a an amount			
1a	Is the	e organization an agent, tru ded on Form 990, Part X?	stee, custodia	n or other ir	termediary	for contr	ibutio	ns or othe	r assets r	_	Yes	□ <b>N</b>	o
b	If "Ye	es," explain the arrangemer	nt in Part XIII	and complet	e the follow	ıng table		Г		Amo	 unt		_
С		nning balance		,		•			1c				_
d	Addıt	ions during the year							1d				_
e	Dıstrı	butions during the year							1e				_
f	Endır	ng balance							1f				_
2a	Did tl	he organization include an a	amount on For	rm 990. Part	X. line 21. i	for escrov	w or c	ustodial ac	count lia	bility?	 ] Yes	N	_ n
		es," explain the arrangemen								_	-		
	rt V	Endowment Funds.									<u> </u>		
			<u>'</u>	(a)Current		<b>b)</b> Prior yea		(c)Two ye		(d)Three years b	ack (e)f	our year	rs back
1a	Beginn	ning of year balance				3,20	7,663	:	3,119,946	3,125,	952	2,	245,809
b	Contrib	outions								25,	,000		828,940
С	Net inv	vestment earnings, gains, a	nd losses			32	2,139		87,717	-31,	,006		51,203
d	Grants	or scholarships											
		expenditures for facilities ograms											
f	Admın	istrative expenses											
g	End of	year balance				3,52	9,802	:	3,207,663	3,119,	,946	3,	125,952
2	Provi	de the estimated percentag	e of the curre	nt year end l	balance (line	e 1g, colu	ımn (	a)) held as	;				
а	Board	d designated or quasi-endov	wment 🟲										
b	Perm	anent endowment 🕨											
С	Temp	porarily restricted endowme	nt 🟲										
	The p	percentages on lines 2a, 2b,	and 2c shoul	d equal 100°	<b>%</b>								
3а		here endowment funds not nization by	in the possess	sion of the or	ganization i	that are h	neld a	nd adminis	stered for	the		Yes	No.
	_	nrelated organizations .									3a(i)	165	No No
	• •	elated organizations					٠.				3a(ii)		No
b		es" on 3a(II), are the related		s listed as re	quired on S	chedule F	۲۶ .				3b		
4	Desci	ribe in Part XIII the intende	d uses of the	organization	's endowme	nt funds							•
Pai	rt VI	. 3.											
		Complete if the organi											
	Descr	iption of property	(a) Cost or other		(b) Cost or of	her basis (	(other)	(c) Accu	mulated d	epreciation	( <b>d)</b> B	ook valu	e
1a	Land												
b	Buildin	gs											
С	Leaseh	nold improvements											
d	Equipn	nent				1	05,25	5		89,155			16,100
e	Other												
		lines 1a through 1e (Colum	ın (d) must ed	ual Form 99	0. Part X. co	olumn (B	). line	10(c))	. 1	<b>•</b>	-		16.100

Part VII Investments—Other Securities.	Complete if the organiza	.ioii aiiswe			
See Form 990, Part X, line 12.  (a) Description of security or ca (including name of security		(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
1) Financial derivatives					
2) Closely-held equity interests . 3)Other					
A)					
3)					
0)					
· ()					
)					
5)					
H)					
otal. (Column (b) must equal Form 990, Part X, col (B) line	22)				
Investments—Program Related Complete if the organization answe		art IV lin	- 11c See Fo	rm 990 Part V line 13	
(a) Description of investment		ook value		(c) Method of valuation	
.)			Cost	or end-of-year market value	
2)					
3)					
, ;)					
· · · · · · · · · · · · · · · · · · ·					
· ·)					
· ')					
3)					
9)					
9)  ntal. (Column (h) must equal Form 990. Part X. col (B) line 1	3 }				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	ation answered 'Yes' on For	n 990, Parl	IV, line 11d S		
otal. (Column (b) must equal Form 990, Part X, col (B) line 1		n 990, Part	IV, line 11d S	ee Form 990, Part X, line 15 (b) Boo	k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1  art IX Other Assets. Complete if the organiz	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1  Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1  Other Assets. Complete if the organization  (c)	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization of the complete in th	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization of the organi	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete in the comp	ration answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete if the complete	(a) Description  (B) line 15 )			(b) Boo	k value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1  art IX Other Assets. Complete if the organization of the complete if	(a) Description  (B) line 15 )  organization answered 'Yes' on Formation (B) line 15 (B)	es' on For		(b) Boo	k value
Other Assets. Complete if the organization of liabilities. Complete if the organization of liabilities. (a) Description of liabilities.	(a) Description  (B) line 15 )  organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
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otal. (Column (b) must equal Form 990, Part X, col (B) line 1  art IX Other Assets. Complete if the organize  Other Liabilities. Complete if the organize  See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	(a) Description  (B) line 15 )  organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
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Other Assets. Complete if the organization of	(a) Description  (B) line 15 )  organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c d 2d

Page 4

1,754,248

-948,709

2,702,957

2,553,374

47,398

2.600.772

Schedule D (Form 990) 2018

2e e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2018

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XI

а

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 47,398 4b

b Add lines **4a** and **4b** . . . . . . . . 47,398 4c c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 2,750,355 Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 2,553,374 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a

4b

Explanation

2e

3

4c

5

47,398

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software Version: **EIN:** 52-1804051

> Name: ENVIRONMENTAL RESEARCH & EDUCATION **FOUNDATION**

> > Explanation

## **Supplemental Information**

LINE 4B

Return Reference

Software ID:

SCHEDULE D, PAGE 4, PART XII, GRANTS RETURNED 0

DLN: 93493318003229 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization **ENVIRONMENTĀL RESEARCH & EDUCATION** FOUNDATION 52-1804051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

licensing

Sche	dule G (Form 990 or 990-EZ) 2018					Page <b>3</b>			
11	Does the organization conduct gaming	activities with nonmemb	bers?		☐ Yes ☐ No				
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No				
13	Indicate the percentage of gaming activ	vity conducted in							
а	The organization's facility			13a		%			
b	An outside facility			13b		%			
14	Enter the name and address of the pers	son who prepares the or	rganization's gaming/special events books and re	cords					
	Name ►								
	Address ►								
15a	Does the organization have a contract version revenue?	with a third party from v	whom the organization receives gaming		☐ Yes ☐ No				
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e					
С	If "Yes," enter name and address of the third party								
	Name								
	Address ►								
16	Gaming manager information								
	Name ►								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No				
b	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent  * \$						
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor						
	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493318003229 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number ENVIRONMENTAL RESEARCH & EDUCATION 52-1804051 **FOUNDATION** Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Part III Grants and Other Assistance Part III can be duplicated if ad			anızatıon answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table (1)					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Inform	ation. Provide the i	nformation required in	Part I, line 2; Part III	, column (b); and any other	additional information.
Return Reference Explar	ation				
INVOIC INCLUD DOCTO BY THE SCHEDULE I, PAGE 4, PART IV  OF WAS ORGAN HAZARI (H) PUF MODELI NAME C TRACEF UNIVER ETLF N/ TREAT I UNDER: AUSTIN OF ORG TREAT I PURPOS GOVERI MSW L/ UNDER: OF THE LANDFI OPTIMI ORGAN MICROS RESEAF POROU! DETECT OF GRA UNIVER CREAT UNIVER OF GRA UNIVER CREAT UNIVER OF GRA UNIVER	ES ARE NOT PAID AT ESTATE PINDINGS OF TALL WASTE MANAGEM STUDENT'S ACADEMIC TIME 1, COLUMN (H) TE TRANSFER STATION OR GOVERNMOUS INDUSTRIAL WAPOSE OF GRANT OR ANG - EXTENSION, INT FORGANIZATION OR DILUTION MEASUREM SITY OF CENTRAL FLOW ME OF ORGANIZATION OR GOVERNMOUS INDUSTRIENTS IN THE LAID THE LAID TO BE AND THE LAID OF TYPICAL AND THE BY HYBRID OSMOTH OR ASSISTANCE LESTY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE LESTY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH OR ASSISTANCE ENTRY OF NORTH CARO ZATION OR GOVERNMOTH CARO	THE END OF THE PROJECT THEIR INVESTIGATION S ENT RESEARCH AND EDUCE ADVISOR  NAME OF ORGANIZATION N CONCRETE OVERLAYS A ENT YALE UNIVERSITY (F STE OUTPUT AND BENEFIC SSISTANCE ASSESSING A ERCOMPARISON BETWEET GOVERNMENT THE REGE IENTS OF METHANE EMISS RIDA (H) PURPOSE OF GR N OR GOVERNMENT UNIV NDFILL LEACHATE NAME OF COMMENT UNIVERSITY OF NOT OR ASSISTANCE GEO NOMENT UNIVERSITY OF NOTILL LEACHATE NAME OF COMMENT UNIVERSITY OF NOTILL LEACHATE NAME OF NOTING TEMPERATURES IN NEW YORK (H) PURPOSE OF ATE UNIVERSITY OF INDICATION CATION OR GOVERNMENT UNIVERSITY OF ILLI NOTE IMMOBILIZATION FOR GOVERNMENT PURPOSE OF GRANT OR A FORGANIZATION OR GOV ORS USING ODOR BONDI INER SYSTEMS FOR AGGR LINA-CHARLOTTE (H) PUR ENT UNIVERSITY OF ARI ICALLY DRIVEN MEMBRAN NERGY SOURCE CREATIO FATE UNIVERSITY (H) PUR ENT UNIVERSITY (H) PUR	T BEFORE FINAL INVOICE CHOLARSHIP GRANTS AF CATION PROGRAM SCHOIN OR GOVERNMENT NOF GRAINST PREMATURE DE HISTORY OF TRACER DO NOR GRANT OR GOVERNMENT NOF GRAINST PREMATURE DE CURACY OF TRACER DO NOR AND STANDER OF THE UNIVERSITY OF UTAH (H) PURIT OF ORGANIZATION OR GOVERNE OF THE UNIVERSITY OF UTAH (H) PURIT OF ORGANIZATION OR GOVERNE OF GRANT OR ASSISTANCE OF GRANT OR GRANT OR ASSISTANCE OF GRANT OR ASSISTANCE OF GRANT OR ASSISTANC	ES ARE PAID, THE GRANTEES SUITED AND PROBLEMS TO STATE UNIVERSITERIORATION, EFFECT OF FOOD OR ASSISTANCE MAKING UP FOR STATE UNIVERSITED AND PROBLEMS TO STATE UNIVERSITED AND PROBLEMS OF GRANT OR ASSISTANCE OF TRUSTED AND PROBLEMS OF THE PROBLEMS OF TRUSTED AND PROBLEMS OF THE PRO	TEE TO CHECK ON THE STATUS, OTHERWISE BMITS A FINAL REPORT OF THE PROJECT WHICH URSUING A MASTERS OR DOCTORAL DEGREE POSTIT UPON SATISFACTORY PROGRESS AS DETERMINED BY (H) PURPOSE OF GRANT OR ASSISTANCE DESIGN WASTE DIVERSION ON LEACHATE QUALITY NAME OF LOST TIME (AND SPACE) QUANTIFYING NONATION OR GOVERNMENT UNIVERSITY OF DELAWARE STHANE EMISSIONS FROM LANDFILLS WITH WIND BODS FOR LF METHANE EMISSIONS QUANTIFICATION OF GRANT OR ASSISTANCE ASSESSING ACCURACY OF SION NAME OF ORGANIZATION OR GOVERNMENT DISAL WITH UNBURNED WASTE IMPLICATIONS FOR CE DEVELOPING STRATEGIES TO RECOVER AND ULTANTS (H) PURPOSE OF GRANT OR ASSISTANCE ZATION OR GOVERNMENT UNIVERSITY OF TEXASTRODUCT SOLIDIFICATION AND STABILIZATION NAME NOT OR GOVERNMENT UNIVERSITY OF TEXASTRODUCT SOLIDIFICATION AND STABILIZATION OR WAGEMENT OF HIGH- MOISTURE WASTE DISPOSAL IN TOR ASSISTANCE METHANE OXIDATION ZATION OR GOVERNMENT RESEARCH FOUNDATION CONTROL OF HIGH-MOISTURE WASTE DISPOSAL IN TOR ASSISTANCE METHANE OXIDATION CONTROL OF THE PROPERTY OF SATION OR GOVERNMENT RESEARCH FOUNDATION CONTROL OR GOVERNMENT RESEARCH FOUNDATION CONTROL OR ASSISTANCE MINEROLOGY AND BITUMINOUS COAL FLY ASH NAME OF FERRANT OR ASSISTANCE COMPARATIVE OF LANDFILL GAS PURIFICATION BY HYBRID CONTROL OF LANDFILL GAS PURIFICATION OR GOVERNMENT OR ASH CONTAINMENT AND REUSE NAME OF ANEOUS CONCENTRATION AND TREATMENT OF LEASTES NAME OF ORGANIZATION OR GOVERNMENT OR ASH CONTAINMENT AND REUSE NAME OF ANEOUS CONCENTRATION AND TREATMENT OF LEASTES NAME OF ORGANIZATION OR GOVERNMENT OR ASH CONTAINMENT AND REUSE NAME OF ANEOUS CONCENTRATION AND TREATMENT OF LEASTES NAME OF ORGANIZATION OR GOVERNMENT OR ASSISTANCE INTERCOMPARISON CATION OF LANDFILL LEACHATE-INDUCED IV SE OF GRANT OR ASSISTANCE INTERCOMPARISON VARIOUS CHARACTERIZING THE CONTAMINANTS IN VERY CHARACTERIZING THE CONTAMINANTS IN

## **Additional Data**

		Software ID:							
		Software Version:					!		
		EIN:	: 52-1804051	2-1804051					
		Name:	ENVIRONMENTAL REFOUNDATION	ESEARCH & EDUCAT	ΓΙΟΝ				
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.				
(a) Name and address of organization or government	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY FORT COLLINS, CO 805232002	84-6000545	GOV	67,902				SEE PART IV		
FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION INC 2000 LEVY AVE BUILDING A STE 351 TALLAHASSEE, FL 32310	59-3211153	CORP	75,000				SEE PART IV		

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 74-6000203 GOV 28.500 SEE PART IV UNIV OF TEXAS-AUSTIN ON BEHALF OF COCKRELL SCHOOL OF

ENGINEERING 101 EAST 27TH STREET AUSTIN, TX 78712 YALE UNIVERSITY 06-0646973 CORP 16.875 SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

C-CORP

25 SCIENCE PARK 3RD FLOOR NEW HAVEN, CT 06520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 51-6000297 501C3 38.439 SEE PART IV UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING SEE PART IV

NEWARK, DE 19716

THE REGENTS OF THE 94-6002123 GOV 5,388

UNIVERSITY OF
CALIFORNIA
2195 HEARST AVENUE ROOM
159

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BERKELEY, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2924021 GOV 35.000 SEE PART IV UNIVERSITY OF CENTRAL FLORIDA

12424 RESEARCH PARKWAY SUITE 300 ORLANDO, FL 32826

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84112

501C3 15,807 UNIVERSITY OF UTAH 87-6000525 SEE PART IV 201 S PRESIDENT CIRCLE ROOM 411

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance UNIVERSITY OF NORTH 56-0709122 GOV 29,111 SEE PART IV CAROLINA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NW SUITE 200

BOCA RATON, FL 33487

CHARLOTTE 9201 UNIVERSITY CITY BOULEVARD CHARLOTTE, NC 28223					
GEOSYNTEC CONSULTANTS	59-2355134	CORP	7,161		SEE PART IV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2912682 GOV 17.565 SEE PART IV MONTCLAIR STATE UNIVERSITY 1 NORMAL AVENUE MONTCLAIR, NJ 07043 UNIVERSITY OF VIRGINIA 54-6001796 501C3 40.044 SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 400202 CHARLOTTESVILLE, VA

229044202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 73-1988190 C-CORP 16.135 SEE PART IV RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

230 WEST 41ST ST 7TH FLOOR NEW YORK, NY 10036 501C3 104,279 GEORGIA TECH RESEARCH 58-0603146 SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORPORATION 505 10TH STREET

ATLANTA, GA 30318

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 37-6000511 501C3 54,000 SEE PART IV UNIVERSITY OF ILLINOIS-CHICAGO BOARD OF TRUSTEES 809 S MARSHFIELD AVE 511 MB 50,000 95-6106694 S CORP SEE PART IV

CHICAGO, IL 606127205 CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION 6300 STATE UNIVERSITY DR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STE 334

LONG BEACH, CA 90815

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0385507 GOV 75.000 SEE PART IV FLORIDA ATLANTIC UNIVERSITY BOARD OF TRUSTEES 777 GLADES ROAD

BOCA RATON, FL 33431 GOV 75,000 GEORGE MASON UNIVERSITY 54-0836354 SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4400 UNIVERSITY DR MSN 4C6 FAIRFAX, VA 22030

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 74-2652609 GOV 28,990 UNIVERSITY OF ARIZONA PO BOX 3308 TUSCON, AZ 85722 57-0967350 501(C) 12,300

UNIVERSITY OF SOUTH CAROLINA CONTRACT AND GRANT ACCOUNTING 1600 HAMPTON STREET ROOM 612

COLUMBIA, SC 29208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-5926537 C-CORP 55.112 BRIDGER PHOTONICS INC 2310 UNIVERSITY WAY BUILDING 4-4

BOZEMAN, MT 59715 UNIVERSITY OF MAINE 01-6000769 GOV 64.350

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5703 ALUMNI HALL SUITE 101 ORONO, ME 044695703

(a)Type of grant or assistance (b)Number of recipients (c)Amount of cash grant (d)Amount of non-cash assistance (e)Method of valuation (book, FMV, appraisal, other)

EREF DOCTORAL SCHOLARSHIP 18 178,300

FEISSENGER DOCTORAL SCHOL 1 4,800

6,000 4,500

12,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

ROBERT P STEARNS SCS ENG

PTR BALER AND COMPACTOR

LONNIE POOLE SCHOLARSHIP

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance FMV, appraisal, other) recipients cash grant non-cash assistance

CARL J APICELLA SCHOLARSH	1	2,000		
EVERGREEN SURETY BOND	1	14,400		

EVERGREEN SURETY BOND	1	14,400		
CARRACEMANIC INVITIATION	4	2 500		

EVERGREEN SORETT BOTTS	_	1,,,00		
GARBAGEMAN'S INVITIATION	1	2,500		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

GARBAGEMAN'S INVITIATION	1	2,500		

GARBAGEMAN'S INVITIATION		2,500		

		,		
ICE RIVER SPRING SCHOLAR	1	2,500		

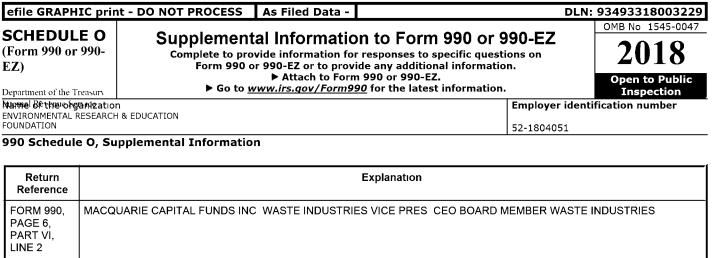
efil	e GRAPHIC pr	rint - DO NOT PROCESS	DLN: 9349	9331	8003	229	
Sch	edule J	Compensation Information	OMB	3 No	1545-(	047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest					
		Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line	23.	2018			
	▶ Attach to Form 990.						
•	tment of the Treasury al Revenue Service	► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest informatio			o Pul ectio		
	ne of the organiza	ARCH & EDUCATION Emp	loyer identificatio	on nu	mber		
	NDATION		804051				
Pa	rt I Questi	ons Regarding Compensation					
					Yes	No	
1a		opiate box(es) if the organization provided any of the following to or for a person listed on fection A, line 1a Complete Part III to provide any relevant information regarding these iter					
		s or charter travel Housing allowance or residence for perso					
		r companions $\square$ Payments for business use of personal re					
		nification and gross-up payments  Health or social club dues or initiation fee					
	□ Discretion	nary spending account $\square$ Personal services (e g , maid, chauffeur,	cner)				
b		xes in line 1a are checked, did the organization follow a written policy regarding payment o all of the expenses described above? If "No," complete Part III to explain	r reimbursement	1b			
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all		2			
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
3		If any, of the following the filing organization used to establish the compensation of the					
	_	CEO/Executive Director  Check all that apply  Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Pari	t III				
	П с	- Winter and an analysis and a					
		ation committee					
		of other organizations  Of other organizations  Description and the board or compensation of	committee				
4	related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing o ation	rganization or a				
а	Receive a sever	rance payment or change-of-control payment?		4a		No	
b		or receive payment from, a supplemental nonqualified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equity-based compensation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation co	ontingent on the revenues of					
а	The organization	n <sup>?</sup>	L	5a		No	
b	Any related orga		L	5b		No	
	•	5 Sa or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of					
а	The organization		<u> </u>	6a		No	
b	Any related orga		F	6b		No_	
_	•	e 6a or 6b, describe in Part III					
7	payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 6? If "Yes," describe in Part III		7		No	
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describ	e				
			<b> </b>	8		No_	
9	If "Yes" on line 8 53 4958-6(c)?	<ol><li>did the organization also follow the rebuttable presumption procedure described in Regul</li></ol>	ations section	9			
For I		uction Act Notice, see the Instructions for Form 990. Cat. No. 50053	T Schedule 1 (		990)	2018	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 BRYAN F STALEY 198,000 (i) 35,893 233,893 PRESIDENT AND CEO (ii)

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
PAGE 6,	
PART VI,	
LINE 11B	

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ARTICLE III - PROCEDURES 1 DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CON FLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTER EST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR AR RANGEMENT 2 RECUSAL OF SELF ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS 3 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS 3. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEEBBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 4 PR OCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESEN TATION AT THE BOARD OR EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRA NGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST B THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO IN VESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEES THAN DISINTERESTED PERSON OR COMMITTEE TO IN VESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTA

Return Explanation
Reference

LINE 15A

FORM 990, COMPENSATION IS DETERMINED BY STUDYING COMPARABILITY WITH OTHER NONPROFIT ORGANIZATIONS AND PAGE 6, THEN APPROVED BY THE BOARD OF DIRECTORS
PART VI.

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Reference

LINE 15B

FORM 990, COMPENSATION IS DETERMINED BY STUDYING COMPARABILITY WITH OTHER NONPROFIT ORGANIZATIONS AND PAGE 6, THEN APPROVED BY THE BOARD OF DIRECTORS

PART VI,

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Reference

FORM 990,	ORGANIZATION DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND VIA THE ORGANIZATION'S WEBSITE
PAGE 6,	
PART VI,	
LINE 19	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, GRANTS RETURNED 0 PART XI, LINE 9