(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2019

Open to Rublic Inspection

<u>A</u>	For the 2	2019 calen	lar year, or tax year beginning	, 2019, a	and ending			•	
В	Check if app	plicable	C		-		D Employer Ide	ntification number	
	Addres	ss change	ERM GROUP FOUNDATION, INC.				23-279	2333	
	Name	change	75 VALLEY STREAM PARKWAY #200			Ī	E Telephone nu		
	Initial r	return	MALVERN, PA 19355				484-91	3-0443	
707	Final reti	turn/terminated					101 31		
	-	ded return				ŀ	G Gross receipts	\$ 225	E E O
O	\vdash		F Name and address of principal officer		Tu		group return for s		1371
.7	П Арриса	ation pending	• •					□ ''	X No
			Same As C Above	1 140.74 144		If "No,"	ubordinates includ attach a list (see	instructions)	∐ No
=[npt status.	X 501(c)(3) 501(c) () (insert no)	4947(a)(1) or	1 52)			
<u>-1</u>	Websit	te: ► N/			H	(c) Group e	xemption number		
K		organization	X Corporation Trust Association Other ►	LYe	ear of formation	1994	M State o	legal domicile PA	
ξP	artil :	Summar	/	<u> </u>					
ور ک			be the organization's mission or most significant						
يه (F		L ASSISTANCE TO PROJECTS THAT						
	<u>E</u> i		ENT, THE QUALITY OF LIFE AND S						LD
Ë	<u>TI</u>		APPROPRIATE CHARITABLE, EDUCAT						
Š	2 Ch		x Lif the organization discontinued its ope		sed of more	e than 25		ssets	_
9	3 Nu		ting members of the governing body (Part VI, Iir	•	161		3		
S	4 IVU		dependent voting members of the governing boo of individuals employed in calendar year 2019 (5		7
Activities & Governance	5 To		of volunteers (estimate if necessary)	ran v, ille zaj			6	 	<u>0</u> 193
cţ	7a Tol		d business revenue from Part VIII, column (C),	line 12			7a		$\frac{193}{0}$
-	b Ne	t unrelated	business taxable income from Form 990-T, line	RÉCEIVE	D [7 <u>0</u>		$\frac{0.}{0.}$
_	 				70	Pr	ior Year	Current Yea	
	8 Co	ntributions	and grants (Part VIII, line 1h)	0. # 000	S-0sc		219,405.	225,	
Revenue	9 Pro		ice revenue (Part VIII, line 2g)	AUG 27 202	ا في ا		223, 100.		555.
Ver	10 Inv	-	come (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	 			
8	11 Oth		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	AGEDIEN. L	JT			****	
	12 To	tal revenue	- add lines 8 through 11 (must equal Part VIII,	column (A), lin	e 12)		219,405.	225,	558.
	13 Gra	ants and s	milar amounts paid (Part IX, column (A), lines 1	-3)	-		200,658.	220,	211.
	14 Be	nefits paid	to or for members (Part IX, column (A), line 4)						
	15 Sa	laries, othe	r compensation, employee benefits (Part IX, co	lumn (A), lines !	5-10).				
Expenses	16a Pro		undraising fees (Part IX, column (A), line 11e)	• • •	•			· · · · · · · · · · · · · · · · · · ·	
ë	T.		- · · · · · · · · · · · · · · · · · · ·			-			
ä	- D 101		ing expenses (Part IX, column (D), line 25)						
_	17 Ou	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)			ļ	25,424.		<u>511.</u>
	1	-	es Add lines 13-17 (must equal Part IX, column	(A), line 25)			226,082.	242,	
		venue less	expenses. Subtract line 18 from line 12 .				-6,677.		<u> 164.</u>
ō						Beginning	of Current Year		
Assets	20 To		Part X, line 16)			<u></u>	131,637.	110,	
₹,	21 To	tal liabilitie	s (Part X, line 26)		•		4,078.		456.
Net	22 Ne	t assets or	fund balances Subtract line 21 from line 20				127,559.	110,	<u> 395.</u>
P	artill 👚	Signatur	e Block						
Und	der penalties	of perjury, I de	clare that I have examined this return, including accompanying ser (other than officer) is based on all information of which prepa	schedules and statem	ents, and to the	e best of my	knowledge and be	elief, it is true, correct, a	and
con	npiete Declar	ration of prepa	rer (other than officer) is based on all information of which prepa	arer has any knowled	ge 		<u> </u>		
			Jane & Japlan			ــــــــــــــــــــــــــــــــــــــ	8/19/20	20	
	gn	Signatu	e of officer			Date	. ,		
He	ere		ice L. Taplar			Secre	tary		
		Type or	print name and title						
		Print/Type p	reparer's name Preparer's signature	CA	Date	1	Check X if	PTIN	
Pá	aid	Jeffre	y T. Dunlap, CPA	C 1.0	7/22	20	self-employed	P00002831	
Pr	eparer	Firm's name					· · ·		. ——
	se Only	Firm's addre					Firm's EIN > 2	3-2334403	
	-		EXTON, PA 19341					-524-0110	
Ma	y the IRS	discuss th	is return with the preparer shown above? (see ii	nstructions)				X Yes	No
			eduction Act Notice, see the separate instruction	*****	TEEA	0101L 01/2	1/20	Form 990	

BAA		TEEA0102L 07/31/19		÷		Form	990	(2019)
4e Total program service expenses	s > 22	20,211.						
(Expenses \$		ants of \$) (Revenue \$)	
4 d Other program services (Descri	be on Schedule O.)							
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4c (Code) (Expenses	\$	including grants of \$) (Revenue	\$)
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4b (Code) (Expenses	¥	including grants of \$)(i ve veriue	~			
Ab (Code \ /Euro	<u> </u>	including grants of \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Revenue	<u> </u>			
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THE FOUNDATION PROVE TO PROJECTS THAT CO						A551	ro <u>r</u> A	NCE_
4a (Code:) (Expenses		1. including grants of \$				7.003	CODE)
		·····						
Section 501(c)(3) and 501(c)(4) and revenue, if any, for each pr	organizations are rec ogram service report	quired to report the amour ed	nt of grants and allocatio	ns to other	rs, the	total e	xpens	ses,
4 Describe the organization's proc Section 501(c)(3) and 501(c)(4)		lishments for each of its th	ree largest program ser	vices, as n	neașure	d by e	expen	ses.
If "Yes," describe these changes of					Ш	. 03	V	.10
3 Did the organization cease cond		ificant changes in how it o	conducts, any program se	ervices?		Yes	$\overline{\mathbf{x}}$	No
Form 990 or 990-EZ? If "Yes," describe these new serving.	ces on Schodule O		•		Ш	Yes	X	No
2 Did the organization undertake an	y significant program s	ervices during the year whic	h were not listed on the pr	ior				
See Schedule O	·							
1 Briefly describe the organization	n's mission.							
		note to any line in this Par	t IIL					X
Partill Statement of Progra				23 2	1723.	,,,	<u>-</u> -	age L
Form 990 (2019) ERM GROUP F	DUNDATION IN	1		フィーフ	79233	₹₹		age 2

Form 990 (2019) ERM GROUP FOUNDATION, INC. Partily Checklist of Required Schedules

			Yes	No
1՝	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	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 services? If 'Yes,' complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV .	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		
₹0a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N	'A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	

Form 990 (2019) ERM GROUP FOUNDATION, INC. PartilV Checklist of Required Schedules (continued)

۰,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N	/ A
4	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	N	Α
1	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N	A
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	·	X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26_		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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)	**		
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV .	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	Ν/	A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ŗā	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
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 6	概算 X	
RΔA		Eorm	990 (2010

Part V

BAA

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return n b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3 b N 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a Х b If 'Yes,' enter the name of the foreign country▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c A 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b A not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a services provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282? . 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year X 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? $\overline{\mathbf{X}}$ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 q as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Ν A organization have excess business holdings at any time during the year?. 9 Sponsoring organizations maintaining donor advised funds. 9 a N a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь NYA 10 'Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources N/A 11 b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a N / A 12b b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? N Note: See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. Form 990 (2019) TEFA0105L 07/31/19

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2019) ERM GROUP FOUNDATION, INC. 23-2792333 Page 6 Partiving Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 7 **b** Enter the number of voting members included on line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7 a 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? 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8a X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates? 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? 10 b N 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Х Schedule O how this was done 12 c Χ 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 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? NA a The organization's CEO, Executive Director, or top management official 15 a b Other officers or key employees of the organization 15_b NIA 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? 16 a 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? 16 b NIA Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > See Schedule O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Own website X Upon request Other (explain on Schedule O) Describe on 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 See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

MALVERN PA 19355 484-913-0443

JANICE TAPLAR 75 VALLEY STREAM PARKWAY, SUITE 200

Form 990 (2010)	PDM	CDOLLD	FOUNDATION.	TNIC
01111 990 (2019)	LKM	GROUP	FOUNDATION.	INC.

23-2792333

Page 7

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

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

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

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

(C)

• 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

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

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

Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) (B) Name and title Reportable compensation from the organization (W-2/1099-MISC) Average hours Reportable compensation from Estimated amount of other compensation from the organization and related related organizations (W-2/1099-MISC) per Officer employee nstutuonal ndividual righest compensated cey employee hours to organizations related rganiza tions trustee below dotted (1) JENNIFER LEE 1 ō X X 0 0 0. President (2) LEE READ 1 0 Х X 0 0. 0. Vice President (3) JOANNE DELLAVALLE 1 0 Х Х 0 0 0. Treasurer (4) ANN CHILTON 0 Х 0 0 0. Director (5) DAVID MURTHA Director 0 Х 0 0 0. (6) MICHAEL O'SHAUGHNESSY 1 0 X 0. 0 0. Director 1 (7) JULIA ROSS 0. Х 0. 0 0 Director (8) JANICE TAPLAR 30 0 Х 0 0 0. Secretary _(9)_ (10) (11)

(12)

(13)

(14)

Page 8

1	(B)			((C)					
(A) Name and title	Name and title box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization related organization		(F) Estimated amount of other					
•	(list any hours for related organiza tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15)				-					<u></u>	
16)	-						_			
17)										
18)		-					-			-
19)										
20)										
21)								•		
22)									AL	
23)										
24)										
25)										
1 b Subtotal			•				•	0.	0	
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A						•	0.	0	
2 Total number of individuals (including but not limite from the organization > 0	ed to those I	ısted	abov	/e) v	who	recer	ved			
3 Did the organization list any former officer, dire	ector truste	e ka	ov er	mnle	over	or	hiat	nest compensated	employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for si	ich individu of reportab	ial Ie co	mne	nea	tion	and	oth	er compensation	•	3 X
the organization and related organizations great such individual. 5 Did any person listed on line 1a receive or acc	•							•	ndradual	4 X
for services rendered to the organization? If 'Y section B. Independent Contractors	es, comple	te So	ched	ule	J fo	r suc	h p	erson		5 X
Complete this table for your five highest compensation from the organization. Report comp	ensated ind ensation for	epen the c	dent alen	co dar	ntra year	ctors endi	tha	t received more to	nan \$100,000 of ganization's tax ye	 ar.
. (A) Name and business ac								(B) Description ((C) Compensation
N/A										
2 Total number of independent contractors (including	but not lim	ited to	o tho	se I	ister	abo	ve)	who received more	than	
\$100,000 of compensation from the organization		- •					•			

<u> </u>		Check if Schedule O contains	a resp	onse or note to a	ny line in this Part V	/III .		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1 a	Federated campaigns	1 a					
irar oun	b	Membership dues	1 b]		[1
is, C Am		Fundraising events	1 c					
Giff far	ì	Related organizations	1 d		_			
S E		Government grants (contributions)	1 e	·	-			
rtio er S	T	All other contributions, gifts, grants, and similar amounts not included above	1 f	225,558.			1	
현환	g	Noncash contributions included in			1		1	
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a-1f Total. Add lines 1a-1f	1 g		205 550]	
<u>5</u>	n	Iotal. Add lines 1a-1t	I	Business Code	225,558.			
Program Service Revenue	2 a		-	Dusiness douc	 	-	 	
8	ь							
ခ်	C						 	·
er.	d				<u> </u>			
Ē	e							
gra	f	All other program service revenue	ie					
<u> </u>	g	Total. Add lines 2a-2f						
	3	Investment income (including divid	ends, in	terest, and				
	4	other similar amounts). Income from investment of tax-	vomnt	hand proceeds	,			
1	5	Royalties .	xempt	bona proceeds				
		() F	Real	(ii) Personal	<u> </u>			
	6a	Gross rents . 6a		 	†			
	ь	Less: rental expenses 6b			1	1	1	
	C	Rental income or (loss) 6c			1			
	d	Net rental income or (loss).		. •				
	7 a	Gross amount from (i) Sec	urities	(II) Other				
		sales of assets other than inventory		† · · · · · · · · · · · · · · · · · · ·	1			
	b	Less cost or other basis]			
	_	and sales expenses 7b 7c		-	-			
	ı	Net gain or (loss)			 			
gy.		Gross income from fundraising events						-
ž	\ a	(not including \$						
še		of contributions reported on line 1c)	_]]	
ď		See Part IV, line 18	88					
Other Revenu		Less: direct expenses	81		<u> </u>			
δ	l	Net income or (loss) from fundra	aising e	vents.				
	9 a	Gross income from gaming activities. See Part IV, line 19	9 2	ľ				
		Less direct expenses	91		1			
	l .	Net income or (loss) from gamir		<u> </u>	 			
	l		Ī	T				
	""	Gross sales of inventory, less returns and allowances	108					
	ı	Less cost of goods sold	101					
	С	Net income or (loss) from sales	of inve				<u> </u>	
S	11.			Business Code	 	ļ	 	
Miscellaneous Revenue	11 a b					 	 	
scellaneo Revenue	ן ר				 	 		
2 5	ď	All other revenue.		 				
Ξ		Total. Add lines 11a-11d		-		<u> </u>		
		Total revenue. See instructions		-	225,558.	0.	0.	0.

0

0

16,000

4,526

31.

0.

0.

Part IX Statement of Functional Exper	ises								
Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns All o	ther organizations must c	omplete column (A)						
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
Grants and other assistance to domestic organizations and domestic governments									

0.

0

16,000

4,526

31.l

220,211

0

0

220,211

- See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22
- Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16
- Benefits paid to or for members
- Compensation of current officers, directors, trustees, and key employees
- Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
- Other salaries and wages
- Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- Other employee benefits
- 10 Payroll taxes
- 11 Fees for services (nonemployees):
 - a Management
 - **b** Legal
 - c Accounting
 - **d** Lobbying
 - e Professional fundraising services See Part IV, line 17
 - f Investment management fees
 - g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ()
- Advertising and promotion
- 13 Office expenses
- 14 Information technology
- Royalties
- Occupancy 16
- 17
- Payments of travel or entertainment expenses for any federal, state, or local public officials
- 19 Conferences, conventions, and meetings
- 20
- Payments to affiliates . 21
- 22 Depreciation, depletion, and amortization
- 23 Insurance
- Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10%

of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
a STATE FILING FEES	_

е	All other expenses	
25	Total functional expenses. Add lin	nes 1 through 24e

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)	

<u> </u>			
- -			
!			
-			
			
			-
			1
	1		
1,873.		1,873.	
81.	·· ·- ·-	81.	
	<u> </u>		<u> </u>
242,722.	220,211.	22,511.	0.
_			_

BAA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 118,845 1 103,869. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 12,7924 Accounts receivable, net 4 6,982. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10 c 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 131,637. 16 110,851. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 4,078 17 456 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 4,078 456 Organizations that follow FASB ASC 958, check here or Fund Balances |X|and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 127,559 110,395 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 127,559 32 110,395. 32 33 33 Total liabilities and net assets/fund balances 131,637 110,851

Form 990 (2019) ERM GROUP FOUNDATION, INC.	23-279233	33 Page 1 2
Reconciliation of Net Assets		
. Check if Schedule O contains a response or note to any line in this Pa		
1 Total revenue (must equal Part VIII, column (A), line 12)	. 1	<u>225,558.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	<u> 242,722.</u>
3 Revenue less expenses. Subtract line 2 from line 1	3	-17,164.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32	· · · · · · · · · · · · · · · · · · ·	127,559.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities		
7 Investment expenses .	. 7	
8 Prior period adjustments .	8	
Other changes in net assets or fund balances (explain on Schedule O)	9	<u> </u>
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal column (B))	Il Part X, line 32,	110,395.
Check if Schedule O contains a response or note to any line in this Pa	art XII	Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or che in Schedule O		-
2 a Were the organization's financial statements compiled or reviewed by an inde	ependent accountant?	2a X
If 'Yes,' check a box below to indicate whether the financial statements for the separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and		
b Were the organization's financial statements audited by an independent acco	ountant?	2b X
If 'Yes,' check a box below to indicate whether the financial statements for the basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated an	he year were audited on a separate	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes respreview, or compilation of its financial statements and selection of an independent.	ponsibility for oversight of the audit, adent accountant?	2c X
If the organization changed either its oversight process or selection process on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit of Audit Act and OMB Circular A-133?	or audits as set forth in the Single .	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization or audits, explain why on Schedule O and describe any steps taken to under		3b NA

TEEA0112L 01/21/20

Form **990** (2019)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name o	f the	organization		····			Employer identific	ation number
ERM	G	ROUP FOUNDATION, IN	1C.				23-279233	3
Part	Π	Reason for Public Cha	irity Status (All oi	rganizations must o	comple	te this	part.) See instruc	tions.
The o	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check c	nly one	box)	
1		A church, convention of church	es, or association of cl	nurches described in sec t	tion 170(b)(1)(A)((i).	67
2	Г	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)		UT
3	Г	A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	0(b)(1)(A	A)(iii).	•
4	Г	A medical research organiza	· ·				• • •	inter the hospital's
	_	name, city, and state.						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1))(A)(v).	
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community trust described						
9	L	An agricultural research organi or university or a non-land-grar university						
10	Г	An organization that normally r		22 1/29/ of its support fr				
	<u></u>	from activities related to its envestment income and unrelating June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ons, and	(2) no i	more than 33-1/3% of i	ts support from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety See	section	n 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one (X3). Check the box in
а		Type I. A supporting organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizat tees of t	ion(s), typically by giving he supporting organization	the supported on You must
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s) You
c		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	anization operated in cor	nnection	with its s	supported organization(s) t and an attentiveness) that is not requirement (see
е	Г	instructions). You must com Check this box if the organiz						
		integrated, or Type III non-function the number of supported of	inctionally integrated	supporting organization	1		, a . , po ., . , po, . , p	
		ovide the following information	•	d organization(s)		•		
		ame of supported organization				s the	(v) Amount of monetary	(vi) Amount of other
,	, 110	ine of supported organization	(1) 2.11	(described on lines 1-10 above (see instructions))	organizat	ion listed overnina	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(A)					 	<u> </u>		
(B)			1					
(C)								
(D)								
<u>(E)</u>								
Total								

<u>r ar</u>	(Complete only if you checked organization fails to qualify it	the box on line 5, 7	7, or 8 of Part I or i	f the organization f	failed to qualify und	I I /U(b)(1)(A)(ler Part III. If the	(VI)
Sec	tion A. Public Support	under the tests his	ted below, please	complete Part III	-		
 Cale	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	447,029.	356,461.	264,378.	219,405.	225,558.	1,512,831.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					220,300.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	447,029.	356,461.	264,378.	219,405.	225,558.	1,512,831.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						602,816.
6	Public support. Subtract line 5 from line 4						910,015.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	447,029.	356,461.	264,378.	219,405.	225,558.	1,512,831.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,			,	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						1,512,831.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)		,	12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. ▶□
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 20	• •	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		. 14	60.15 %
16a	33-1/3% support test—2019. If the and stop here. The organization	he organization di qualifies as a pub	d not check the bo	ox on line 13, and ganization	l line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization				, and line 15 is 33	-1/3% or more, c	_
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this l	box and stop her e	e. Explain in Part	VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this l	box and stop her e	e. Explain in Part	I5 is 10% VI how the ► □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

19a 33-1/3% support tests-2019. 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

32-1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and fine 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

<u>මැතුව මු අත්වූය</u> Inspection Employer identification number

ERM GROUP FOUNDATION, INC. 23-2792333 Parting Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Rartill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ (i) Revenue included on Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1. ▶\$ **⊳**\$

b Assets included in Form 990, Part X

Schedule D (Form 990) 2019 ERM (Part III Organizations Mainta			cal Treasures, or	23-279 Other Similar Ass	
3 Using the organization's acquisition		 			
items (check all that apply): a Public exhibition		d 🗆 Loan or e	exchange program		
b Scholarly research		e Other	skenange program		
c Preservation for future gener	rations	e Other _	 -		
4 Provide a description of the organize Part XIII.		and explain how they ful	rther the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather to	ation solicit or rece	ive donations of art, h	istorical treasures, or	other similar assets	Yes No
Part IV Escrow and Custodia					
line 9, or reported an	amount on For	m 990, Part X, lin	e 21.		350, 1 a.c., 1,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or	other intermediary for	contributions or other	r assets not included	
b If 'Yes,' explain the arrangement	t in Part XIII and co	omplete the following	tahle:		Yes No
b it res, explain the arrangement	till alt All allu c	omplete the following	table.		Amount
c Beginning balance .				1 c	Amount
d Additions during the year		•		1 d	
e Distributions during the year			•	1 e	
f Ending balance			•	16	
2a Did the organization include an a	amount on Form 90	On Part V line 21 for	escrow or custodial a	account liability?	Yes No
b If 'Yes,' explain the arrangement				-	
b ii res, explain the arrangement	I III Fait Aiii Chec	k nere ii tile explanati	on has been provided	On all Am	
Part V Endowment Funds. C	omplete if the	organization answ	ered 'Yes' on For	m 990 Part IV Ju	ne 10
Lindownterit i dids. C	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance .	(a) current year	(b) Thor year	(c) Two years back	(a) Thee years back	(c) Four years back
b Contributions .			 	 	
		 		-	
 Net investment earnings, gains, and losses 					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current ye	ar end balance (line 1	g, column (a)) held a	s:	
a Board designated or quasi-endowm	nent ►	%			
b Permanent endowment ►					
c Term endowment ►	%				
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.			
3a Are there endowment funds not in t	the possession of th	e organization that are	held and administered f	for the	Yes No
organization by: (i) Unrelated organizations					3a(i)
(ii) Related organizations .				•	3a(ii)
b If 'Yes' on line 3a(ii), are the rela	ated erganizations	listed as required on t	Schadula P2		3b
4 Describe in Part XIII the intended	_				30
		iization's endowment	idilds		
Part VI Land, Buildings, and Complete if the organ		ed 'Yes' on Form 9	990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings .				·	
c Leasehold improvements	 	 			
d Equipment .	 				
e Other	 				<u> </u>
Total. Add lines 1a through 1e. (Colum	nn (d) must equal l	orm 990 Part X. coli	ımn (B), line 10c.)	. •	0.
BAA	(a) made aqual i	200, 7 0, 7 1, 7 1, 7 1, 7	(=y,t	Sched	ule D (Form 990) 2019

PartiVIII Investments - Other Securities.		N/A	
	· ·	, Part IV, line 11b. See Form 990, Part X,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	ie
(1) Financial derivatives			
(2) Closely held equity interests .			
(3) Other			
(A) (B) (C) (D) (E)			
(B)			
(C)			
(D)		· · · · · · · · · · · · · · · · · · ·	
(E)			
(F)			
(F) (G) (H)			
(H)			_
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	<u>.</u>	71/7	
PartiVIIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A , Part IV, line 11c. See Form 990, Part X,	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)			-
(2)			_
(3)			
(4)			
(5)			
(6)			
(7)			-
(8)			
, (9)			
(10)			
Total (Column (b) must equal Form 000 Port V column (P) line 12)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			
RartilX Other Assets.	N/A 'Yes' on Form 990	Part IV line 11d See Form 990 Part Y	line 15
PartilX Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990, Part X,	
Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 cription	, Part IV, line 11d. See Form 990, Part X, (b) Book v	
PartilX Other Assets. Complete if the organization answered			
Other Assets. Complete if the organization answered (a) Des			
Complete if the organization answered (a) Des (1) (2) (3) (4)			
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)			
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)			
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)			
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)			
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)			
Complete if the organization answered	cription		
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	cription	(b) Book v	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) PartX Other Liabilities.	2) line 15)	(b) Book v	
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	2) line 15)	(b) Book v	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) The deral income taxes	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form (1) (1) Federal income taxes (2)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes (2) (3) (4) (5)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) (3) (4) (5) (6)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Rartix Other Liabilities. Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	8) line 15) orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	value
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	D) line 15) orm 990, Part IV, line 11option of liability	e or 11f. See Form 990, Part X, line 25. (b) Book v	alue

Select 1 1 1 15	· /	0000 0010				
ocnedule L	ר) (Form	990) 2019	ERM	GROUP	FOUNDATION,	INC.

23-2792333

Page 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements .	1	308,063.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b 82,505.		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	7	
e Add lines 2a through 2d	2 e	82,505.
3 Subtract line 2e from line 1	3	225,558.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b.	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	225,558.
PartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	325,227.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 	1	325,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1	325,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1	325,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 82,505.	1	325,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 a 82,505.	1	325,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses 2 a 82,505.	1 2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII)	1 2e 3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d	\vdash	82,505.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	\vdash	82,505.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	3	82,505.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b	3 4c	82,505. 242,722.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	3	82,505.

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

BAA

Schedule D (Form 990) 2019

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

_	
<u>2</u>	
7 0	

OMB No 1545-0047

Employer identification number

№

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

RAM GROUP FOUNDATION, INC.	23-2792333
<u>Partil</u> General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	XYes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rt IV

Rarill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation of non-cash assistance (b) Cook, FMV, appriarsal, noncash assistance (d) Amount of non-cash assistance (d) Description of non-cash assistance (d) Amount of non-cash assistance (
38-3909756 501 (C) (3)
41-2156862 501 (C) (3)
26-3802466 501 (C) (3)
46-2762697 501 (C) (3)
38-3886799 501 (C) (3)
59-3062311 501 (C) (3)
94-3140165 501 (C) (3)
91-2166435 501 (C) (3)
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2019 (Form 990)

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Continuation Page 1

Schedule I Cont (Form 990) 2019 (h) Purpose of grant or assistance CLEAN WATER & ENVIRONMENTAL ENVIRONMENTAL ENVIRONMENTAL CLEAN WATER & ENVIRONMENTAL ENVIRONMENTAL DEVELOPMENT LOW CARBON SANITATION SANITATION EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 23-2792333 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 20,000. 9,800. 8,000. 15,000 6,819 25,000 14,042 7,500 TEEA4001L 07/10/19 (c) IRC section (if applicable) 46-1841017 | 501 (C) (3) 04-3262532|501<u>(</u>C) (3) 56-2352150 501 (C) (3) 46-0829120 501 (C) (3) 13-4177814 501 (C) (3) 42-1477858|501 (C) (3) 47-2230647|501 (C) (3) 81-2267086|501 (C) (3) (b) EIN ERM GROUP FOUNDATION, INC (a) Name and address of organization or government 5645 E. FLORA PLACE __100_COURT_ANE,_SUITE_211___ DRINK LOCAL DRINK TAP INC. __2524_16TH_AVE_S,_SUITE_301 _ 759_KING_STREET,_SUITE_A_ GREEN HEART PROJECT INC GODPARENTS OF TANZANIA YOUNG WOMEN EMPOWERED __1455_WEST_29TH_STREET DAY BY DE FOUNDATION 10 LEWIS STREET CHARLESTON, SC 29403 DES MOINES, IA 50309 CLEVELAND, OH 44113 812 EDGEWATER ROAD SEHGAL FOUNDATION _ THE FOOD PROJECT_ ROCKING THE BOAT SEATTLE, WA 98144 LINCOLN, MA 01773 __PO_BOX_20221____ ROANOKE, VA 24081 **DENVER**, CO 80222 BRONX, NY 10474 1111111 Name of the organization

Schedule I (Form 990) (2019) ERM GROUP FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	call be duplicated it additional space is liceded.	ace is liceded.				
	(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
-					,	
2						
ო						
4						
S.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

ALL GRANT APPLICATION PROPOSALS ARE ADOPTED BY A VOLUNTEER PROJECT SPONSOR. PRIOR TO THROUGHOUT THE PROJECT. FINALLY, THE RECIPIENT ORGANIZATION IS SENT A "FINAL REPORT AGREEMENT LETTER THAT MUST BE SIGNED AND RETURNED TO THE FOUNDATION. THE VOLUNTEER SPONSOR SERVES AS THE LINK BETWEEN THE FOUNDATION AND THE RECIPIENT ORGANIZATION QUESTIONNAIRE" AND IS ASKED TO SUBMIT IT TO THE FOUNDATION BY A SPECIFIC DATE. AWARDING THE GRANT, THE FOUNDATION SENDS THE RECIPIENT ORGANIZATION AN AWARD

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2019

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

ERM GROUP FOUNDATION, INC

Employer identification number 23–2792333

Form 990, Part III, Line 1 - Organization Mission

PROVIDE HUMAN RESOURCES AND/OR FINANCIAL ASSISTANCE TO PROJECTS THAT CONTRIBUTE TO THE IMPROVEMENT OF THE EARTH'S ENVIRONMENT, THE QUALITY OF LIFE AND SUSTAINABLE DEVELOPMENT THROUGHOUT THE WORLD THROUGH APPROPRIATE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ENDEAVORS.

Form 990, Part VI, Line 11b - Form 990 Review Process

WHEN THE 990 IS COMPLETED, ALL BOARD MEMBERS ARE NOTIFIED. COPIES OF THE FORM 990 ARE MADE AVAILABLE AT BOARD MEETINGS FOR THE BOARD MEMBERS TO REVIEW PRIOR TO FILING.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL INTERESTED PERSONS AND THOSE WHO HAVE SIGNIFICANT INFLUENCE ARE REQUIRED TO SIGN A DISCLOSURE STATEMENT DETAILING THE NATURE OF ANY EXISTING CONTROLLING INTEREST, FINANCIAL INTEREST, OWNERSHIP INTEREST, AND/OR SIGNIFICANT RELATIONSHIP. THE BOARD REVIEWS ALL DISCLOSURE STATEMENTS AND MUST DISCLOSE TO ALL INTERESTED PERSONS THE NAME AND ANY OTHER RELEVANT IDENTIFYING INFORMATION OF ANY ORGANIZATION WITH WHICH IT IS CONSIDERING ENTERING INTO A TRANSACTION OR AGREEMENT, IN ORDER FOR SUCH INTERESTED PERSONS TO PROPERLY UPDATE THEIR DISCLOSURE STATEMENTS.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

PA CA IL MA WV GA MD MI NJ NC SC TN CO CT FL OH WA WI DC MN AZ IN LA MO NY

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION KEEPS COPIES OF THESE DOCUMENTS & MAKES THEM AVAILABLE TO THE PUBLIC UPON REQUEST.