

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20																																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ECMC FOUNDATION</td> <td>D Employer identification number 41-1990628</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (651) 221-0566</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td>111 WASHINGTON AVE SO</td> <td>1400</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td></td> </tr> <tr> <td colspan="2">MINNEAPOLIS, MN 55401</td> <td>G Gross receipts \$ 30,386,184</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: PETER J. TAYLOR</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.ECMCFUNDATION.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2000 M State of legal domicile: DE</td> </tr> </table>	C Name of organization ECMC FOUNDATION		D Employer identification number 41-1990628	Doing business as		E Telephone number (651) 221-0566	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		111 WASHINGTON AVE SO	1400		City or town, state or province, country, and ZIP or foreign postal code			MINNEAPOLIS, MN 55401		G Gross receipts \$ 30,386,184	F Name and address of principal officer: PETER J. TAYLOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.ECMCFUNDATION.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000 M State of legal domicile: DE
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ECMC FOUNDATION IS A GRANTMAKING FOUNDATION FOCUSED ON IMPROVING THE EDUCATIONAL OUTCOMES OF UNDERSERVED YOUTH THROUGH EVIDENCE-BASED INNOVATION.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 274,374,500	Current Year 0
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,306,067	29,504,341
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,114,092	881,843
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	276,794,659	30,386,184
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,973,197	23,674,677
	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)	1,554,958	1,966,821
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,648,771	1,737,136
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,176,926	27,378,634
19	Revenue less expenses. Subtract line 18 from line 12	245,617,733	3,007,550	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 652,335,423	End of Year 753,325,273
	21	Total liabilities (Part X, line 26)	13,509,015	15,062,500
	22	Net assets or fund balances. Subtract line 21 from line 20	638,826,408	738,262,773

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	Type or print name and title MARTIN A. SCANLON, CFO & TREASURER			
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE H. MOHR, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00447603
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910		
	Firm's address ▶ 225 SOUTH 6TH STREET SUITE 2300, MINNEAPOLIS, MN 55402	Phone no. (612) 876-4500		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO INSPIRE AND TO FACILITATE IMPROVEMENTS THAT AFFECT EDUCATIONAL OUTCOMES, ESPECIALLY AMONG
UNDERSERVED POPULATIONS, THROUGH EVIDENCE-BASED INNOVATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,840,827 including grants of \$ 9,836,838) (Revenue \$ 881,843)
CAREER READINESS.
ESTABLISHED TO INVEST IN OPPORTUNITIES IN THE CAREER AND TECHNICAL EDUCATION AND TRAINING ARENA, FOCUSING ON THOSE STUDENTS WHO ARE NOT PLANNING TO ATTEND TRADITIONAL FOUR-YEAR OR TWO-YEAR COLLEGES. THE PROGRAM IS DESIGNED TO HELP STUDENTS WHO DESIRE THE TRAINING AND SKILL DEVELOPMENT THAT LEADS TO BETTER JOB PROSPECTS BY OBTAINING POSTSECONDARY CERTIFICATES WITH ECONOMIC AND EDUCATION VALUE. WHILE ECMC FOUNDATION IS PRIMARILY FOCUSING ON THE SCHOOLS THAT MAKE UP ZENITH EDUCATION GROUP, IT IS ALSO COMMITTED TO FUNDING PROJECTS THAT IMPROVE THE SECTOR OVERALL.

4b (Code:) (Expenses \$ 5,896,557 including grants of \$ 5,896,557) (Revenue \$ 0)
COLLEGE SUCCESS.
DESIGNED TO INCREASE THE NUMBER OF STUDENTS FROM TRADITIONALLY UNDERSERVED BACKGROUNDS, INCLUDING LOW-INCOME AND FIRST-GENERATION, WHO ARE PREPARED FOR, ADMITTED TO, AND GRADUATE FROM AN INSTITUTION OF HIGHER EDUCATION. THE PROGRAM FUNDS THE DEVELOPMENT OF TECHNIQUES AND TOOLS THAT ARE ADOPTED AND USED BY PROFESSIONALS IN THE FIELD TO IMPROVE THE COLLEGE-GOING RATE OF UNDERSERVED STUDENTS. ECMC FOUNDATION ALSO SUPPORTS INITIATIVES TO IMPROVE SIX-YEAR COLLEGE GRADUATION RATES AT FOUR-YEAR COLLEGES AND UNIVERSITIES, AND THREE-YEAR TRANSFER/COMPLETION RATES AT COMMUNITY COLLEGES AND SCHOOLS FOR STUDENTS FROM THESE UNDERSERVED POPULATIONS.

4c (Code:) (Expenses \$ 5,625,000 including grants of \$ 5,625,000) (Revenue \$ 0)
TEACHER AND LEADER DEVELOPMENT.
CREATED TO INVEST IN TEACHER AND LEADER DEVELOPMENT FOCUSED ON COMPLEX INTELLECTUAL STUDENT WORK, OFTEN REFERRED TO AS DEEPER LEARNING. THE PROGRAM ALSO FOCUSES ON INITIATIVES THAT BUILD THE DIVERSITY PIPELINES INTO THE TEACHING AND SCHOOL LEADER PROFESSIONS. THROUGH THESE INVESTMENTS, ECMC FOUNDATION INTENDS TO IMPROVE TEACHING AND STUDENT ACADEMIC OUTCOMES AS MEASURED BY THE NEXT GENERATION OF STANDARDS AND ASSESSMENTS.

IN DECEMBER 2017, ECMC FOUNDATION MADE THE DECISION TO CLOSE OUT THE TEACHER AND LEADER DEVELOPMENT PROGRAM. STARTING IN 2018, ECMC FOUNDATION WILL DIRECT FUNDING INTO THE COLLEGE SUCCESS AND THE CAREER READINESS PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,201,586 including grants of \$ 2,316,282) (Revenue \$ 0)

4e Total program service expenses 24,563,970

Part IV 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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sub-questions for various IRS forms and organizational requirements.

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

Section 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 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.	10	
b	Enter the number of voting members included in line 1a, above, who are independent	8	
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	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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?	✓	
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	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:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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?		
a	The organization's CEO, Executive Director, or top management official	✓	
b	Other officers or key employees of the organization	✓	
	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?		✓
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 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: ►
MARTIN A. SCANLON, 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401, (651) 221-0566

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER J. TAYLOR PRESIDENT & CEO ECMC FOUNDATION	40.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				564,927	0	96,886
(2) JOHN F. DEPODESTA BOARD CHAIR NOT PAID BY FOUNDATION	1.0 19.0	<input checked="" type="checkbox"/>						0	183,000	0
(3) ROBERTA COOPER RAMO DIRECTOR NOT PAID BY FOUNDATION	1.0 13.0	<input checked="" type="checkbox"/>						0	138,000	0
(4) JULIA GOUW DIRECTOR NOT PAID BY FOUNDATION	1.0 6.0	<input checked="" type="checkbox"/>						0	123,000	0
(5) I. KING JORDAN DIRECTOR NOT PAID BY FOUNDATION	1.0 6.0	<input checked="" type="checkbox"/>						0	110,000	0
(6) JAMES V. MCKEON DIRECTOR NOT PAID BY FOUNDATION	1.0 13.0	<input checked="" type="checkbox"/>						0	160,000	0
(7) JACK O'CONNELL DIRECTOR NOT PAID BY FOUNDATION	1.0 8.0	<input checked="" type="checkbox"/>						0	117,500	0
(8) MAURICE M. SALTER DIRECTOR NOT PAID BY FOUNDATION	1.0 9.0	<input checked="" type="checkbox"/>						0	140,000	0
(9) K. PAUL SINGH DIRECTOR NOT PAID BY FOUNDATION	1.0 7.0	<input checked="" type="checkbox"/>						0	101,250	0
(10) JEREMY J. WHEATON PRESIDENT & CEO ECMC GROUP, INC. NOT PAID BY FOUNDATION	0.0 40.0	<input checked="" type="checkbox"/>						0	363,102	36,780
(11) DANIEL S. FISHER GENERAL COUNSEL/CORP SECRETARY NOT PAID BY FOUNDATION	0.0 40.0			<input checked="" type="checkbox"/>				0	387,888	68,090
(12) GREGORY A. VAN GUILDER CFO (UNTIL 11-08-17) NOT PAID BY FOUNDATION	0.0 40.0			<input checked="" type="checkbox"/>				0	606,861	81,152
(13) MARTIN A. SCANLON SVP FINANCE & CFO (EFFECTIVE 11-09-17) NOT PAID BY FOUNDATION	0.0 40.0			<input checked="" type="checkbox"/>				0	400,852	68,161
(14) ALISSA BINNER OFFICE MANAGER & EXECUTIVE ASSISTANT	40.0 0.0					<input checked="" type="checkbox"/>		108,310	0	21,877

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KYLE A. MILLER SR PROGRAM DIRECTOR-TEACHER DEV & EVAL	40.0 0.0					<input checked="" type="checkbox"/>		242,488	0	17,690
(16) JENNIFER E. ZEISLER PROGRAM DIRECTOR-CAREER READINESS	40.0 0.0					<input checked="" type="checkbox"/>		128,603	0	22,406
(17) SARAH BELNICK DIR PROGRAM MANAGEMENT	40.0 0.0					<input checked="" type="checkbox"/>		109,255	0	22,251
(18) MARCH H. KESSLER FORMER EXECUTIVE DIRECTOR	0.0 40.0						<input checked="" type="checkbox"/>	0	258,565	14,908
(19) RICHARD J. BOYLE FORMER DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION	0.0 0.0						<input checked="" type="checkbox"/>	0	15,946	0
(20) ROBERT A. STEIN FORMER DIRECTOR NOT PAID BY FOUNDATION	0.0 0.0						<input checked="" type="checkbox"/>	0	60,000	0
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								1,153,583	3,165,964	450,201
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,153,583	3,165,964	450,201

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN INSTITUTES FOR RESEARCH, 1000 THOMAS JEFFERSON ST. NW, WASHINGTON, DC 20007	PROFESSIONAL SERVICES	163,259

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 **▶** 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			0			
Program Service Revenue	Business Code						
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f			0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		29,504,341					
	b Less: cost or other basis and sales expenses		0				
	c Gain or (loss)	29,504,341	0				
	d Net gain or (loss)			29,504,341		29,504,341	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a GRANTS AWARDED AND ACCRUED IN 2016; CANCELLED IN 2017	813211		486,800	486,800			
b PROCEEDS FROM 2015 AND 2016 REFUNDABLE CANCELLED/OVERFUNDI	813211		395,043	395,043			
c _____							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			881,843				
12 Total revenue. See instructions.			30,386,184	881,843	0	29,504,341	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,674,677	23,674,677		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	661,813		661,813	
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	980,390	490,381	490,009	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,583	58,814	58,769	
9 Other employee benefits	135,971	68,011	67,960	
10 Payroll taxes	71,064	35,546	35,518	
11 Fees for services (non-employees):				
a Management				
b Legal	50		50	
c Accounting	31,427		31,427	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	520,275		520,275	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	427,625	0	427,625	0
12 Advertising and promotion				
13 Office expenses	78,320	15,368	62,952	
14 Information technology	1,206		1,206	
15 Royalties				
16 Occupancy	189,278	154,864	34,414	
17 Travel	365,406		365,406	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,705	1,898	27,807	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,849	60,422	13,427	
23 Insurance	10,021		10,021	
24 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.)				
a MISCELLANEOUS EXPENSE	9,974	3,989	5,985	
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	27,378,634	24,563,970	2,814,664	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	14,617,115	1	15,254,583
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	902	4	734
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,103	9	6,347
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 273,689		
	b Less: accumulated depreciation	10b 117,412	208,406	10c 156,277
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	637,358,216	12	733,787,031
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	136,681	15	4,120,301
16 Total assets. Add lines 1 through 15 (must equal line 34)	652,335,423	16	753,325,273	
Liabilities	17 Accounts payable and accrued expenses	219,981	17	330,744
	18 Grants payable	13,180,027	18	14,366,780
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 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 persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	109,007	25	364,976
	26 Total liabilities. Add lines 17 through 25	13,509,015	26	15,062,500
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	638,826,408	27	738,262,773
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	638,826,408	33	738,262,773
34 Total liabilities and net assets/fund balances	652,335,423	34	753,325,273	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,386,184
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,378,634
3	Revenue less expenses. Subtract line 2 from line 1	3	3,007,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	638,826,408
5	Net unrealized gains (losses) on investments	5	96,428,815
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	738,262,773

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization
ECMC FOUNDATION

Employer identification number
41-1990628

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 2
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					27,378,634	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and 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 supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2016. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c 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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9a 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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		✓
b A family member of a person described in (a) above?		✓
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		✓

Section 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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		✓

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part ILine 12g. **Information about the supported organization(s).** (continued)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
EDUCATIONAL CREDIT MANAGEMENT CORPORATION	41-1778617	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		22,680,175	
ZENITH EDUCATION GROUP, INC.	47-2237488	2. SCHOOL. SECTION 170(B)(1)(A)(II).	✓		4,698,459	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization

ECMC FOUNDATION

Employer identification number

41-1990628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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?, 6 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 impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 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)?, 9 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 conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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. 1b If the organization elected, as permitted under SFAS 116 (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, (ii) Assets included in Form 990, Part X. 2 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		273,689	117,412	156,277
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 156,277

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN ECMC GROUP INVESTMENT POOL	733,787,031	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	733,787,031	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ECMC GROUP, INC.	364,347
(3) DUE TO EDUCATIONAL CREDIT MANAGEMENT CORPORATION	629
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	364,976

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	125,933,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	96,428,815	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	(156)	
e	Add lines 2a through 2d	2e		96,428,659
3	Subtract line 2e from line 1	3		29,504,341
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.)	4b	881,843	
c	Add lines 4a and 4b	4c		881,843
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>	5		30,386,184

Part XII 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	26,497,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	209	
e	Add lines 2a through 2d	2e		209
3	Subtract line 2e from line 1	3		26,496,791
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	4a		
b	Other (Describe in Part XIII.)	4b	881,843	
c	Add lines 4a and 4b	4c		881,843
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>	5		27,378,634

Part XIII Supplemental Information.

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.

[SEE STATEMENT](#)

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Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	ROUNDING ADJUSTMENT BECAUSE DOLLARS ARE REPORTED IN THOUSANDS ON THE AUDITED FINANCIAL STATEMENTS	- 156
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	GRANTS AWARDED IN 2016 TO ZENITH EDUCATION GROUP, INC. FOR ITS CAMPAIGN FOR INNOVATION AND TO AN UNAFFILIATED ENTITY IN SUPPORT OF CAREER AND TECHNICAL EDUCATION AND TRAINING. THE GRANTS WERE NOT FUNDED AND SUBSEQUENTLY CANCELLED IN 2017. THE AWARDS WERE CORRECTLY RECORDED IN 2016 AS GRANT LIABILITIES ON ECMC FOUNDATION'S BOOKS.	486,800
	REFUNDABLE GRANT PROCEEDS FROM CANCELLED AND OVERFUNDED 2015 AND 2016 GRANTS TO ZENITH EDUCATION GROUP, INC. FOR ITS 2015 AND 2016 CAMPAIGNS FOR INNOVATION.	395,043
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	ROUNDING ADJUSTMENT BECAUSE DOLLARS ARE REPORTED IN THOUSANDS ON THE AUDITED FINANCIAL STATEMENTS	209
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	GRANTS AWARDED IN 2016 TO ZENITH EDUCATION GROUP, INC. FOR ITS CAMPAIGN FOR INNOVATION AND TO AN UNAFFILIATED ENTITY IN SUPPORT OF CAREER AND TECHNICAL EDUCATION AND TRAINING. THE GRANTS WERE NOT FUNDED AND SUBSEQUENTLY CANCELLED IN 2017. THE AWARDS WERE CORRECTLY RECORDED IN 2016 AS GRANT LIABILITIES ON ECMC FOUNDATION'S BOOKS.	486,800
	REFUNDABLE GRANT PROCEEDS FROM CANCELLED AND OVERFUNDED 2015 AND 2016 GRANTS TO ZENITH EDUCATION GROUP, INC. FOR ITS 2015 AND 2016 CAMPAIGNS FOR INNOVATION.	395,043

Part XIII

Supplemental Information. 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FIN 48 (ASC 470) DISCLOSURE IN THE ECMC FOUNDATION FINANCIAL STATEMENTS READS AS FOLLOWS:</p> <p>"THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT ECMC FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ECMC FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.</p> <p>ECMC FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY ECMC FOUNDATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2017 OR 2016. ECMC FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES."</p>
<p>SCHEDULE D, PART XI, LINE 2(A) - NET UNREALIZED GAIN ON INVESTMENTS</p>	<p>NET UNREALIZED GAIN ON INVESTMENT IN THE ECMC GROUP, INC. INVESTMENT POOL ARE \$96,428,815.</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ECMC FOUNDATION

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

41-1990628

Part I 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 organization or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	47-2237488	501(C)(3)	4,698,459				MISSION & CFI
(2) ABOUT KIDZ 11140 FAIR OAKS BLVD, #300, FAIR OAKS, CA 95628	80-0683387	501(C)(3)	25,000				EDUCATION SUPPORT
(3) (SEE STATEMENT)	27-1635830	501(C)(3)	10,000				SPONSORSHIP
(4) (SEE STATEMENT)	83-6000355	SCHOOL DISTRICT	25,000				PROGRAM SUPPORT
(5) ALPHA HOUSE OF TAMPA, INC. 201 S. TAMPANIA AVE, TAMPA, FL 33609	59-2655523	501(C)(3)	25,000				CAREER READINESS
(6) (SEE STATEMENT)	57-1192973	501(C)(3)	300,000				COLLEGE SUCCESS
(7) AUSTIN AREA URBAN LEAGUE INC. 8011-A CAMERON RD, SUITE 100, AUSTIN, TX 78754	74-1890518	501(C)(3)	25,000				PROGRAM SUPPORT
(8) AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE N, MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	25,000				EDUCATION SUPPORT
(9) (SEE STATEMENT)	47-3926384	501(C)(3)	25,000				PROGRAM SUPPORT
(10) BAKER UNIVERSITY P.O. BOX 65, BALDWIN CITY, KS 66006	48-0543766	501(C)(3)	15,000				GENERAL SUPPORT
(11) BATAVIA PLAYERS, INC. 56 HARVESTER AVE, #15, BATAVIA, NY 14020	16-6031626	501(C)(3)	25,000				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 140

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

Part III **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.

(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
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BIG PICTURE LEARNING 325 PUBLIC ST, PROVIDENCE, RI 02905	05-0485883	501(C)(3)	1,085,391				TEACHER AND LEADER DEVELOPMENT
(13) BIPARTISAN POLICY CENTER 1225 I ST NW, STE 1000, WASHINGTON, DC 20005	73-1628382	501(C)(3)	25,000				GENERAL SUPPORT
(14) BLAIRSVILLE SUPPORT GROUP AGAINST DRUGS P.O. BOX 293, 456 S LIBERTY ST, BLAIRSVILLE, PA 15717	46-5068559	501(C)(3)	10,000				PROGRAM SUPPORT
(15) BOYS & GIRLS CLUBS OF GREATER DALLAS 4816 WORTH ST, DALLAS, TX 75246	75-1152657	501(C)(3)	25,000				COLLEGE SUCCESS & CAREER READINESS
(16) BOYS & GIRLS CLUBS OF VOLUISIA/FLAGLER COUNTIES 101 NORTH WOODLAND BLVD, SUITE 400, DELAND, FL 32720	59-3158162	501(C)(3)	15,000				PROGRAM SUPPORT
(17) BOYS II MEN, INC. 4850 GUION RD, INDIANAPOLIS, IN 46254	35-2133391	501(C)(3)	25,000				EDUCATION SUPPORT
(18) BUCK INSTITUTE FOR EDUCATION 3 HAMILTON LANDING, SUITE 220, NOVATO, CA 94949	68-0160429	501(C)(3)	724,159				TEACHER AND LEADER DEVELOPMENT
(19) BURWEN EDUCATION FOUNDATION 431 CALDERON AVE, MOUNTAIN VIEW, CA 94041	77-0560492	501(C)(3)	10,000				GENERAL SUPPORT
(20) CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST, SUITE 400, LOS ANGELES, CA 90012	95-3510055	501(C)(3)	325,000				COLLEGE SUCCESS
(21) CALIFORNIA EDUCATION ROUND TABLE 1430 N ST, ROOM 3705, SACRAMENTO, CA 95814	68-0251110	501(C)(3)	15,000				PROGRAM SUPPORT
(22) CARING FOR KIDS 237 ELDORADO AVE, FIRCREST, WA 98466	27-3768791	501(C)(3)	10,000				PROGRAM SUPPORT
(23) CARVER HIGH SCHOOL HEALTH SCIENCES PROGRAM - CTAE 55 MCDONOUGH BLVD SE, ALANTA, GA 30318	58-6000134	SCHOOL DISTRICT	10,000				EDUCATION SUPPORT
(24) CENTREVILLE LAYTON SCHOOL 6201 KENNETT PIKE, CENTREVILLE, DE 19807	51-0232858	501(C)(3)	15,000				GENERAL SUPPORT
(25) CESAR CHAVEZ COMMITTEE OF TARRANT COUNTY 2203 W GREENSPOINT CT, ARLINGTON, TX 76001	47-2577166	501(C)(3)	25,000				PROGRAM SUPPORT
(26) CITY YEAR 287 COLUMBUS AVE, BOSTON, MA 02116	22-2882549	501(C)(3)	25,000				GENERAL SUPPORT
(27) CIVIC NATION 1120 G ST NW, SUITE 990, WASHINGTON, DC 20009	47-3576918	501(C)(3)	300,000				COLLEGE SUCCESS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) COCOON HOUSE 2929 PINE ST, EVERETT, WA 98201	47-2577166	501(C)(3)	25,000				PROGRAM SUPPORT
(29) COLLEGE MENTORS FOR KIDS, INC. 212 WEST 10TH ST, SUITE B260, INDIANAPOLIS, IN 46202	35-2002052	501(C)(3)	25,000				PROGRAM SUPPORT
(30) COLLEGESPRING 800 S FIGUEROA ST, STE 760, LOS ANGELES, CA 90017	27-0920698	501(C)(3)	75,000				COLLEGE SUCCESS
(31) COLORADO YOUTH FOR A CHANGE 2490 W 26TH AVE, SUITE 110-A, DENVER, CO 80211	20-2501002	501(C)(3)	15,000				PROGRAM SUPPORT
(32) COMMUNITIES IN SCHOOLS OF TACOMA 2141 S J ST, TACOMA, WA 98405	91-2138848	501(C)(3)	10,000				PROGRAM SUPPORT
(33) COMMUNITY LIFE LINE CHRISTIAN CHURCH 3929 MILLERSVILLE RD, INDIANAPOLIS, IN 46205	35-1489090	501(C)(3)	25,000				PROGRAM SUPPORT
(34) COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST, SUITE 240, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	55,000				RESEARCH
(35) CORO SOUTHERN CALIFORNIA 1000 N ALAMEDA ST, SUITE 240, LOS ANGELES, CA 90012	95-4274561	501(C)(3)	10,000				SPONSORSHIP
(36) CREDIT ABUSE RESISTANCE EDUCATION (CARE) 66 CANAL CENTER PLAZA, SUITE 600, ALEXANDRIA, VA 22314	81-0788458	501(C)(3)	10,000				PROGRAM SUPPORT
(37) DA VINCI SCHOOLS 201 N DOUGLAS ST, EL SEGUNDO, CA 90245	26-3405843	501(C)(3)	356,457				TEACHER AND LEADER DEVELOPMENT
(38) DAVID STARR JORDAN HIGH SCHOOL 6500 ATLANTIC AVE, LONG BEACH, CA 90805	95-6001886	SCHOOL	25,000				PROGRAM SUPPORT
(39) DAYSRING CENTER FAMILY EMERGENCY SHELTER P.O. BOX 44105, 1537 CENTRAL AVE, INDIANAPOLIS, IN 46244	35-1618998	501(C)(3)	25,000				PROGRAM SUPPORT
(40) DETROIT RECOVERY PROJECT INC. 1121 E MCNICHOLS, DETROIT, MI 48203	43-2078767	501(C)(3)	25,000				PROGRAM SUPPORT
(41) DMP MINISTRIES, INC. 40 CYPRESS CREEK PARKWAY, BOX 442, HOUSTON, TX 77090	90-0138181	501(C)(3)	20,000				PROGRAM SUPPORT
(42) DUVAL MYCROSCHOOL 1584 NORMANDY VILLAGE PARKWAY, SUITE 25, JACKSONVILLE, FL 32221	27-3625492	501(C)(3)	10,000				PROGRAM SUPPORT
(43) EACH ONE TEACH ONE 815 EL MONTE BOULEVARD, SAN ANTONIO, TX 78201	38-3813982	501(C)(3)	25,000				PROGRAM SUPPORT
(44) ED SOURCE 436 14TH ST, STE 1005, OAKLAND, CA 94612	94-2434900	501(C)(3)	50,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) EDUCATIONAL OPPORTUNITY CENTER 2801 TURNPIKE RD, PORTSMOUTH, VA 23707	54-6001517	SCHOOL	25,000				PROGRAM SUPPORT
(46) EDVISIONS SCHOOLS, INC. 1667 SNELLING AVE N, ST. PAUL, MN 55108	41-1983677	501(C)(3)	730,000				TEACHER AND LEADER DEVELOPMENT
(47) EMBRACING LEGACY, INC. 5201 N. ARMENIA AVE, TAMPA, FL 33603	45-3354344	501(C)(3)	25,000				PROGRAM SUPPORT
(48) EMERGING PRACTITIONERS IN PHILANTHROPY (EPIP) 601 WEST 26TH ST, #325-22, NEW YORK, NY 10001	94-3213100	501(C)(3)	10,000				EDUCATION SUPPORT
(49) ESCOFFIER SCHOOL OF CULINARY ARTS 2800 WEST HIGGINS RD, STE 835, HOFFMAN ESTATES, IL 60169	81-1104965	501(C)(3)	30,000				RESEARCH
(50) EXCELENCIA IN EDUCATION 1156 15TH ST, NW, SUITE 1001, WASHINGTON, DC 20005	20-0927912	501(C)(3)	144,145				COLLEGE SUCCESS
(51) FAIRYTALE TOWN 3901 LAND PARK DR, SACRAMENTO, CA 95822	94-1669088	501(C)(3)	25,000				PROGRAM SUPPORT
(52) FATHERS AND FAMILIES RESEARCH RESOURCE CENTER DBA FATHERS AND FAMILIES CENTER 2835 NORTH ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)(3)	25,000				PROGRAM SUPPORT
(53) FL LIONS CONKLIN CENTER FOR THE BLIND 405 WHITE ST, DAYTONA BEACH, FL 32114	23-7377066	501(C)(3)	25,000				PROGRAM SUPPORT
(54) FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES 1102 Q ST, SUITE 4800, SACRAMENTO, CA 95811	68-0412350	501(C)(3)	249,912				COLLEGE SUCCESS
(55) FOUNDATION FOR FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE RD, STE 5101, FALLS CHURCH, VA 22042	36-4674229	501(C)(3)	30,000				GENERAL SUPPORT
(56) FRIENDS OF JOSHUA HOUSE FOUNDATION, INC. P.O. BOX 26333, TAMPA, FL 33623	20-0597719	501(C)(3)	25,000				PROGRAM SUPPORT
(57) FUTURES, INC. D/B/A FUTURES FOUNDATION FOR VOLUSIA COUNTY SCHOOLS 3750 OLSON DR, DAYTONA BEACH, FL 32124	59-2560862	501(C)(3)	10,000				EDUCATION SUPPORT
(58) GENESYS WORKS 14400 MEMORIAL DR, SUITE 200, HOUSTON, TX 77079	03-0440761	501(C)(3)	405,000				COLLEGE SUCCESS & PROGRAM SUPPORT
(59) GIRLS EMPOWERED MENTALLY FOR SUCCESS P.O. BOX 292814, 13, TAMPA, FL 33687	20-2375049	501(C)(3)	25,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(60) GIRLS INC. OF THE PACIFIC NORTHWEST 4800 SW MACADAM, SUITE 309, PORTLAND, OR 97239	54-2073930	501(C)(3)	25,000				COLLEGE SUCCESS & CAREER READINESS
(61) GOLDEN GENERATIONS, INC. 2900 PALLANZA DR SOUTH, ST. PETERSBURG, FL 33705	23-2624207	501(C)(3)	25,000				PROGRAM SUPPORT
(62) GRADUATE NYC 16 COURT ST, 4TH FLOOR, BROOKLYN, NY 11241	13-1988190	501(C)(3)	275,000				COLLEGE SUCCESS
(63) GRAHAM EXPEDITIONARY MIDDLE SCHOOL 140 E 16TH AVE, COLUMBUS, OH 43201	26-4350069	SCHOOL	25,000				EDUCATION SUPPORT
(64) GRANTMAKERS FOR EDUCATION 851 SW 6TH AVE, SUITE 350, PORTLAND, OR 97239	33-0919329	501(C)(3)	10,000				GENERAL SUPPORT
(65) GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DR, SUITE 6000, HOUSTON, TX 77056	23-7160400	501(C)(3)	10,000				PROGRAM SUPPORT
(66) GREENBRIER HIGH SCHOOL CUNNIFF DR, GREENBRIER, TN 37073	62-6000810	SCHOOL	25,000				EDUCATION SUPPORT
(67) GUILFORD COLLEGE 5800 WEST FRIENDLY AVE, GREENSBORO, NC 27410	56-0529982	501(C)(3)	15,000				GENERAL SUPPORT
(68) HEALING WOMEN OF ATLANTA, INC. 1755 THE EXCHANGE SE, SUITE 150, ATLANTA, GA 30339	46-2626164	501(C)(3)	25,000				ORGANIZATIONAL CAPACITY BUILDING
(69) HEMPFIELD AREA SCHOOL DISTRICT HEMPFIELD AREA SCHOOL DISTRICT, 4347 ROUTE 136, GREENSBURG, PA 15601	25-6003843	SCHOOL DISTRICT	10,000				EDUCATION SUPPORT
(70) HIGH SCHOOL INC. ACADEMIES FOUNDATION 365 CLINTON ST, SUITE B, COSTA MESA, CA 92626	45-3003419	501(C)(3)	25,000				PROGRAM SUPPORT
(71) HMONG MUSEUM 1126 CUMBERLAND ST, ST. PAUL, MN 55117	47-1620897	501(C)(3)	25,000				ORGANIZATIONAL CAPACITY BUILDING
(72) HOPE CHILDREN'S HOME 11415 HOPE INTERNATIONAL DR, TAMPA, FL 33625	62-0879012	501(C)(3)	20,000				PROGRAM SUPPORT
(73) HOUSTON FOOD BANK 535 PORTWALL, HOUSTON, TX 77029	74-2181456	501(C)(3)	10,000				PROGRAM SUPPORT
(74) I HAVE A DREAM FOUNDATION, LA 3580 WILSHIRE BLVD, STE 720, LOS ANGELES, CA 90010	95-4089758	501(C)(3)	30,000				PROGRAM SUPPORT
(75) ILISAGVIK COLLEGE 100 STEVENSON ST, BARROW, AK 99723	92-0158414	501(C)(3)	120,000				CAREER READINESS
(76) IMPACT TEEN DRIVERS 2210 21ST ST, SACRAMENTO, CA 95818	26-0595165	501(C)(3)	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(77) INDIANA UNIVERSITY - LILLY FAMILY SCHOOL OF PHILANTHROPY UNIVERSITY HALL, 301 N UNIVERSITY BLVD, STE 3000, INDIANAPOLIS, IN 46202-5146	35-6001673	STATE SCHOOL	10,000				GENERAL SUPPORT
(78) INDIANA YOUTH GROUP P.O. BOX 20716, INDIANAPOLIS, IN 46220-0716	35-1760451	501(C)(3)	25,000				PROGRAM SUPPORT
(79) INDIANAPOLIS PUBLIC SCHOOLS/MARION COUNTY JAIL SCHOOL 120 EAST WALNUT ST, 40 SOUTH ALABAMA ST, INDIANAPOLIS, IN 46204	35-6002486	SCHOOL DISTRICT	25,000				PROGRAM SUPPORT
(80) INNOVATE + EDUCATE 422 OLD SANTA FE TRAIL, SANTA FE, NM 87501	26-3205739	501(C)(3)	615,000				CAREER READINESS
(81) INSTITUTE FOR HIGHER EDUCATION POLICY 1825 K ST, NW, SUITE 720, WASHINGTON, DC 20006	52-1818907	501(C)(3)	715,000				CAREER READINESS
(82) JEREMIAH PROGRAM 615 1ST AVE NE, SUITE 210, MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	525,000				CAREER READINESS & PROGRAM SUPPORT
(83) JOBS FOR AMERICA'S GRADUATES 1729 KING ST, SUITE 100, ALEXANDRIA, VA 22314	52-1194546	501(C)(3)	10,000				SPONSORSHIP
(84) JOBS FOR THE FUTURE 88 BROAD ST, 8TH FLOOR, BOSTON, MA 02110	06-1164568	501(C)(3)	500,000				COLLEGE SUCCESS
(85) JUST US GIRLS, INC. 1693 WASHINGTON RD, EAST POINT, GA 30344	26-0444388	501(C)(3)	10,000				GENERAL SUPPORT
(86) LEADERSUP 830 TRACTION AVE, #3A HUB, LOS ANGELES, CA 90013	46-2606773	501(C)(3)	75,000				CAREER READINESS
(87) LEARNING ALLIANCE NEW MEXICO 722 ISLETA BLVD SW, ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	150,000				TEACHER AND LEADER DEVELOPMENT
(88) LIEN DOAN HUONG VIET 3521 ALMOND ST, IRVINE, CA 92606	26-2696258	501(C)(3)	25,000				PROGRAM SUPPORT
(89) LUCY LANNEY SCHOOL 1250 WEST BROADWAY, MINNEAPOLIS, MN 55411	41-0851980	SCHOOL	25,000				PROGRAM SUPPORT
(90) MATHEMATICS ENGINEERING SCIENCE ACHIEVEMENT 300 LAKESIDE DR, 7TH FLOOR, OAKLAND, CA 94612	94-3067788	501(C)(3)	10,000				SPONSORSHIP
(91) METROPOLITAN MINISTRIES 2002 N FLORIDA AVE, TAMPA, FL 33602	59-1477007	501(C)(3)	25,000				PROGRAM SUPPORT
(92) MINDS MATTER OF THE TWIN CITIES, INC. 4912 WASHBURN AVE S, MINNEAPOLIS, MN 55410	45-5415388	501(C)(3)	25,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(93) MN ADULT & TEEN CHALLENGE 740 E 24TH ST, MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	25,000				PROGRAM SUPPORT
(94) NATIONAL ACADEMIES OF SCIENCE, ENGINEERING AND MEDICINE (NAS) 500 FIFTH ST NW, KECK 543, WASHINGTON, DC 20001	53-0196932	501(C)(3)	250,000				COLLEGE SUCCESS
(95) NEW MEXICO WILDLIFE CENTER, INC. 19 WHEAT ST, ESPANOLA, NM 87532	85-0346210	501(C)(3)	50,000				GENERAL SUPPORT
(96) NEW TECH NETWORK 1250 MAIN ST, SUITE 100, NAPA, CA 94559	27-0845123	501(C)(3)	2,578,993				TEACHER AND LEADER DEVELOPMENT
(97) NOTRE DAME HIGH SCHOOL ONE NORTE DAME WAY, WEST HAVEN, CT 06516	06-0646748	SCHOOL	25,000				PROGRAM SUPPORT
(98) ONE MILLION DEGREES 226 W JACKSON, #528, CHICAGO, IL 60606	42-1710230	501(C)(3)	542,000				COLLEGE SUCCESS & CAREER READINESS
(99) OPPORTUNITY NETWORK 85 BROAD ST, 6TH FLOOR, NEW YORK, NY 10004	43-1984494	501(C)(3)	400,000				COLLEGE SUCCESS
(100) PACE CENTER FOR GIRLS CLAY 1241 BLANDING BLVD., ORANGE PARK, FL 32065	59-2414492	501(C)(3)	15,000				PROGRAM SUPPORT
(101) PAT BROWN INSTITUTE FOR PUBLIC AFFAIRS 5151 STATE UNIVERSITY DR, GE ROOM 314, LOS ANGELES, CA 90032	95-4016653	501(C)(3)	15,000				SPONSORSHIP
(102) PEOPLE SERVING PEOPLE 614 THIRD ST SOUTH, MINNEAPOLIS, MN 55415	41-1965067	501(C)(3)	25,000				PROGRAM SUPPORT
(103) PG HS NASA FIRST ROBOTICS TEAM 9531 BRADSHAW RD, ELK GROVE, CA 95624	20-8381135	SCHOOL	25,000				EDUCATION SUPPORT
(104) PIKES PEAK LIBRARY DISTRICT FOUNDATION 1175 CHAPEL HILLS DR, COLORADO SPRINGS, CO 80920	11-3690724	501(C)(3)	10,000				EDUCATION SUPPORT
(105) POLICYWORKS, INC. 4220 NATURAL BRIDGE RD, TALLAHASSEE, FL 32305	80-0637699	501(C)(3)	10,000				CAREER READINESS
(106) PROJECT 150 3600 N RANCHO DR, LAS VEGAS, NV 89130	45-6645161	501(C)(3)	20,000				EDUCATION SUPPORT
(107) PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON ST, SUITE 600, SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	636,456				CAREER READINESS & SPONSORSHIP
(108) READY TO WORK BUSINESS COLLABORATIVE 6 W. 48TH ST, 10TH FLOOR, NEW YORK, NY 10036	13-3615533	501(C)(3)	80,000				CAREER READINESS
(109) SACRAMENTO CHILDREN'S MUSEUM 2701 PROSPECT PARK DR, #120, RANCHO CORDOVA, CA 95670	20-2673935	501(C)(3)	25,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(110) SAN BERNARDINO UNIFIED SCHOOL DISTRICT MAKING HOPE HAPPEN FOUNDATION, 777 NORTH F ST, SAN BERNARDINO, CA 92410	33-0122847	SCHOOL DISTRICT	10,000				PROGRAM SUPPORT
(111) SANTA ANA UNIFIED SCHOOL DISTRICT 1601 EAST CHESTNUT AVE, SANTA ANA, CA 92701	95-6002823	SCHOOL DISTRICT	10,000				EDUCATION SUPPORT
(112) SCHOOLS ON WHEELS (CA) P.O. BOX 23371, VENTURA, CA 93002	95-4422640	501(C)(3)	25,000				GENERAL SUPPORT
(113) SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 100, SACRAMENTO, CA 95826	68-0002878	501(C)(3)	25,000				PROGRAM SUPPORT
(114) SINGLE MOM STRONG, INC. 4786 BUCKNELL CT, SACRAMENTO, CA 95841	81-0917372	501(C)(3)	25,000				PROGRAM SUPPORT
(115) SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR, SUITE 1150, CHICAGO, IL 60606	45-1287418	501(C)(3)	50,000				CAREER READINESS
(116) SMART BEGINNINGS GREATER PRINCE WILLIAM (SBGPW) P.O. BOX 389, MANASSAS, VA 20108	54-1498824	501(C)(3)	25,000				PROGRAM SUPPORT
(117) SO OTHERS MIGHT EAT (SOME), INC. 71 O ST, NW, WASHINGTON, DC 20001	23-7098123	501(C)(3)	100,000				CAREER READINESS
(118) SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA ST, SUITE 230, LOS ANGELES, CA 90012	95-2831058	501(C)(3)	25,000				EDUCATION SUPPORT
(119) ST. JOAN ANTIDA HIGH SCHOOL 1341 NORTH CASS ST, MILWAUKEE, WI 53202	39-1570748	SCHOOL	10,000				EDUCATION SUPPORT
(120) THE CAMPAIGN FOR COLLEGE OPPORTUNITY 1149 S HILL ST, SUITE 925, LOS ANGELES, CA 90015	20-0427622	501(C)(3)	10,000				PROGRAM SUPPORT
(121) THE CENTER FOR OCCUPATIONAL RESEARCH AND DEVELOPMENT (CORD) 4901 BOSQUE BLVD, SUITE 200, WACO, TX 76710	74-2077794	501(C)(3)	959,993				CAREER READINESS
(122) THE COLLEGE AND COMMUNITY FELLOWSHIP 475 RIVERSIDE DR, #1626, NEW YORK, NY 10115	31-1720017	501(C)(3)	150,000				CAREER READINESS
(123) THE LIFT COMMUNITY DEVELOPMENT CORPORATION 925 PAYNE AVE, SUITE 204, ST. PAUL, MN 55130	20-4130979	501(C)(3)	25,000				CAREER READINESS
(124) THE UNIVERSITY INNOVATION ALLIANCE FOR A NEW AMERICAN UNIVERSITY, 300 E UNIVERSITY DR, 6TH FLOOR, TEMPE, AZ 85281	86-6051042	501(C)(3)	600,000				COLLEGE SUCCESS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(125) THE VERA INSTITUTE OF JUSTICE 233 BROADWAY, 12TH FLOOR, NEW YORK, NY 10279	13-1941627	501(C)(3)	750,000				CAREER READINESS
(126) UASPIRE 39 MILK ST, SUITE 900, BOSTON, MA 02109	46-1314848	501(C)(3)	450,000				COLLEGE SUCCESS
(127) UCLA FOUNDATION 10920 WILSHIRE BLVD, 9TH FLOOR, LOS ANGELES, CA 90024	95-2250801	501(C)(3)	30,000				PROGRAM SUPPORT
(128) UNITED STATES VETERANS INITIATIVE (U.S. VETS) 800 WEST 6TH ST, SUITE 1505, LOS ANGELES, CA 90017	95-4382752	501(C)(3)	10,000				PROGRAM SUPPORT
(129) UNIVERSITY OF ALASKA 3211 PROVIDENCE DR, ANCHORAGE, AK 99508	23-7394620	STATE SCHOOL	600,000				COLLEGE SUCCESS
(130) UNIVERSITY OF SOUTHERN CALIFORNIA PULLIAS CENTER FOR HIGHER EDUCATION 3720 S FLOWER ST, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	300,000				COLLEGE SUCCESS
(131) USC ROSSIER SCHOOL OF EDUCATION 3470 TROUSDALE PKWY, WAITE PHILLIPS HALL, SUITE 1100, LOS ANGELES, CA 90089-0031	95-1642394	501(C)(3)	75,000				PROGRAM SUPPORT
(132) WESTED (FORMERLY CARNEGIE FOUNDATION) 4665 LAMPSON AVE, LOS ALAMITOS, CA 90720	13-1623924	501(C)(3)	500,000				COLLEGE SUCCESS
(133) WEUAS 710 S MYRTLE AVE, #624, MONROVIA, CA 91016	47-1011157	501(C)(3)	10,000				EDUCATION SUPPORT
(134) WHEELER AVENUE CHRISTIAN ACADEMY 3810 RUTH ST, HOUSTON, TX 77004	30-0399943	501(C)(3)	25,000				PROGRAM SUPPORT
(135) WILDER CHILD DEVELOPMENT CENTER/AMHERST H. WILDER FOUNDATION 451 N LEXINGTON PARKWAY N, ST. PAUL, MN 55104	41-0693889	501(C)(3)	25,000				GENERAL SUPPORT
(136) WOMEN'S RESOURCE AGENCY 750 CITADEL DR E, STE 3128, COLORADO SPRINGS, CO 80909	84-0747154	501(C)(3)	15,000				CAREER READINESS
(137) WORLD EDUCATION, INC. 44 FARNSWORTH ST, BOSTON, MA 02210	13-1804349	501(C)(3)	149,930				CAREER READINESS
(138) YOUNG LIFE - BROOMFIELD/ADAMS COUNTY 13125 SHOSHONE ST, WESTMINSTER, CO 80234	84-0385934	501(C)(3)	10,000				PROGRAM SUPPORT
(139) YOUTHBUILD NEWARK 571 CENTRAL AVE, 2ND FLOOR, NEWARK, NJ 07107	75-3187358	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
⁽¹⁴⁰⁾ ZOI WHOLENESS P.O. BOX 5506, SOMERSET, NJ 08875	47-3489994	501(C)(3)	10,000				PROGRAM SUPPORT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HELPING LOW-INCOME STUDENTS PURSUE HIGHER EDUCATION IS CORE TO ECMC FOUNDATION'S MISSION. ECMC FOUNDATION CLOSELY MONITORS THE USE OF THE CASH GRANTS TO ZENITH EDUCATION GROUP, INC. THROUGH REPORTS TO MANAGEMENT AND THE BOARD OF DIRECTORS ON A REGULAR BASIS. THE REMAINING GRANTS AND ASSISTANCE TO THE ORGANIZATIONS LISTED IN PART II FURTHER ECMC FOUNDATION'S MISSION AND PROGRAM EVALUATIONS ARE PART OF ALL GRANT PROJECTS FUNDED.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ZENITH EDUCATION GROUP, INC. 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACHIEVING THE DREAM 8403 COLESVILLE RD, #450, SILVER SPRING, MD 20910
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALBANY COUNTY SCHOOL DISTRICT BACKPACK PROGRAM 3628 FORT BUFORD LANE, LARAMIE, WY 82070
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASIAN AND PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND (APIASF) 2025 M ST NW, SUITE 610, WASHINGTON, DC 20036
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BABIES NEED BOXES 2233 49TH AVE N, STE 180, MINNEAPOLIS, MN 55430

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ECMC FOUNDATION

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

41-1990628

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|-------------------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|-------------------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|-------------------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

Part II 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 aren't 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	PETER J. TAYLOR	(i)	560,403	0	4,524	88,246	8,640	661,813	0
	PRESIDENT & CEO ECMC FOUNDATION	(ii)	0	0	0	0	0	0	0
2	RICHARD J. BOYLE	(i)	0	0	0	0	0	0	0
	FORMER DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION	(ii)	0	0	15,946	0	0	15,946	0
3	ROBERT A. STEIN	(i)	0	0	0	0	0	0	0
	FORMER DIRECTOR NOT PAID BY FOUNDATION	(ii)	60,000	0	0	0	0	60,000	0
4	JOHN F. DEPODESTA	(i)	0	0	0	0	0	0	0
	BOARD CHAIR NOT PAID BY FOUNDATION	(ii)	183,000	0	0	0	0	183,000	0
5	JAMES V. MCKEON	(i)	0	0	0	0	0	0	0
	DIRECTOR NOT PAID BY FOUNDATION	(ii)	160,000	0	0	0	0	160,000	0
6	JEREMY J. WHEATON	(i)	0	0	0	0	0	0	0
	PRESIDENT & CEO ECMC GROUP, INC. NOT PAID BY FOUNDATION	(ii)	167,451	100,000	95,651	24,869	11,911	399,882	0
7	DANIEL S. FISHER	(i)	0	0	0	0	0	0	0
	GENERAL COUNSEL/CORP SECRETARY NOT PAID BY FOUNDATION	(ii)	310,966	75,000	1,922	38,013	30,077	455,978	0
8	GREGORY A. VAN GUILDER	(i)	0	0	0	0	0	0	0
	CFO (UNTIL 11-08-17) NOT PAID BY FOUNDATION	(ii)	453,964	150,000	2,897	52,623	28,529	688,013	0
9	MARTIN A. SCANLON	(i)	0	0	0	0	0	0	0
	SVP FINANCE & CFO (EFFECTIVE 11-09-17) NOT PAID BY FOUNDATION	(ii)	250,606	148,750	1,496	38,775	29,386	469,013	0
10	MARCH H. KESSLER	(i)	0	0	0	0	0	0	0
	FORMER EXECUTIVE DIRECTOR	(ii)	102,254	46,233	110,078	8,968	5,940	273,473	0
11	KYLE A. MILLER	(i)	153,391	1,663	87,434	9,369	8,321	260,178	0
	SR PROGRAM DIRECTOR-TEACHER DEV & EVAL	(ii)	0	0	0	0	0	0	0
12	JENNIFER E. ZEISLER	(i)	121,294	0	7,309	13,545	8,861	151,009	0
	PROGRAM DIRECTOR-CAREER READINESS	(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	CERTAIN TAXABLE BENEFITS ARE GROSSED UP TO MAKE THE EMPLOYEE WHOLE. THIS HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, PETER J. TAYLOR. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING RECEIVED A SEVERANCE PAYMENT IN 2017: MARCH H. KESSLER - \$107,475. KYLE A. MILLER - \$85,860.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ECMC - ECMC GROUP, INC. MAINTAINS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F), AND A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP), TO ATTRACT AND RETAIN EMPLOYEES, TYPICALLY IN MANAGEMENT POSITIONS. IN 2017, GREGORY A. VAN GUILDER PARTICIPATED IN THE 457(F) PLAN, AND RECEIVED EMPLOYER CONTRIBUTIONS OF \$2,400, AND PETER J. TAYLOR PARTICIPATED IN THE SERP PLAN, AND RECEIVED AN EMPLOYER CONTRIBUTION OF \$50,746. ECMC HOLDINGS CORPORATION, A WHOLLY OWNED SUBSIDIARY OF ECMC GROUP, INC., A RELATED ORGANIZATION, MAINTAINS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F) TO ATTRACT AND RETAIN EMPLOYEES, TYPICALLY IN MANAGEMENT POSITIONS. IN 2017, MARTIN A. SCANLON PARTICIPATED IN THE 457(F) PLAN, AND RECEIVED AN EMPLOYER CONTRIBUTION OF \$8,175.
SCHEDULE J, PART I, LINE 5B - COMPENSATION CONTINGENT ON REVENUES OF A RELATED ORGANIZATION	AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, PETER J. TAYLOR. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS. ECMC GROUP, INC.'S ANNUAL OFFICER INCENTIVE PLAN REQUIRES ACHIEVEMENT OF STATED PRIMARY FINANCIAL GOALS, WHICH INCLUDES REVENUES, BEFORE ANY PAYMENT TO ANY OFFICER IS MADE.
SCHEDULE J, PART I, LINE 6B - COMPENSATION CONTINGENT ON NET EARNINGS OF A RELATED ORGANIZATION	AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, PETER J. TAYLOR. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS. ECMC GROUP, INC.'S ANNUAL OFFICER INCENTIVE PLAN REQUIRES ACHIEVEMENT OF STATED PERFORMANCE METRICS, WHICH INCLUDES NET EARNINGS BEFORE ANY PAYMENT TO ANY OFFICER IS MADE.

**SCHEDULE L
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization

ECMC FOUNDATION

Employer identification number

41-1990628

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHARD J. BOYLE	MR. BOYLE IS A DIRECTOR AND PRESIDENT OF A COMPANY CONTRACTED WITH ECMC GROUP, INC., A RELATED ORG.	\$155,000	SEE DESCRIPTION OF TRANSACTION IN PART V		✓

Part V

Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE L, PART IV, COLUMN (D) - DESCRIPTION OF TRANSACTION</p>	<p>ECMC GROUP, INC., A RELATED ORGANIZATION, HAS A CONSULTING CONTRACT WITH A COMPANY OWNED BY A FORMER DIRECTOR AND PRESIDENT. FOR TRANSPARENCY OF OPERATION, THE CONTRACT IS REPORTED IN THIS FORM 990 FILING AS ECMC GROUP, INC. IS THE PARENT AND SUPPORTING ENTITY OF EDUCATIONAL CREDIT MANAGEMENT CORPORATION AND ZENITH EDUCATION GROUP, INC. AND THE PARENT ORGANIZATION OF ECMC FOUNDATION. THE CONTRACT IS FOR ADVISORY SERVICES TO ECMC GROUP, INC. AND BEGAN AFTER THE OFFICER RETIRED FROM THE ORGANIZATION ON FEBRUARY 1, 2014. THE PROPOSED TERMS OF THE CONTRACT WERE REVIEWED BY THE GOVERNANCE & COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS WHICH IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. THE COMMITTEE REVIEWED THE BUSINESS TERMS, TASKS, DURATION OF THE PROPOSED AGREEMENT AND COMPARABILITY DATA. THEY ALSO HEARD FROM COMPENSATION CONSULTANTS AND OUTSIDE COUNSEL. THE COMMITTEE MADE A RECOMMENDATION THAT WAS THEN APPROVED BY THE FULL ECMC GROUP, INC. BOARD OF DIRECTORS.</p>

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

Department of Treasury Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the Organization
ECMC FOUNDATION

Employer Identification Number
41-1990628

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	IN DECEMBER 2017, ECMC FOUNDATION MADE THE DECISION TO CLOSE OUT THE TEACHER AND LEADER DEVELOPMENT PROGRAM. STARTING IN 2018, ECMC FOUNDATION WILL DIRECT FUNDING INTO THE COLLEGE SUCCESS AND THE CAREER READINESS PROGRAMS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,751,586 INCLUDING GRANTS OF \$866,282)(REVENUE \$0) OTHER PROGRAMS. MISCELLANEOUS PROGRAMS AND ACTIVITIES FOR THE FURTHERANCE OF EDUCATIONAL OPPORTUNITIES THROUGH GRANTS, AWARDS AND RESEARCH ON THE MANAGEMENT OF EDUCATIONAL DEBT.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,450,000 INCLUDING GRANTS OF \$1,450,000)(REVENUE \$0) GO! PROGRAM. ECMC FOUNDATION AWARDS GRANTS TO THE GENERATING OUTCOMES (GO!) PROGRAM, A CORPORATE INITIATIVE TO FUND EDUCATION INNOVATION BY FUNDING IDEAS AND PARTNERSHIPS THAT CAN BE EXAMINED FOR EFFECTIVENESS IN THE LOCAL COMMUNITIES OF THE ECMC GROUP, INC. EMPLOYEES. TO QUALIFY FOR PAYMENT OF A GO! PROGRAM GRANT, THE AWARDED RECIPIENT MUST BE A THIRD-PARTY NONPROFIT ENTITY AND EXPEND THE GRANT AWARD FOR THE PURPOSE DESIGNATED IN THE RECIPIENT'S GRANT PROPOSAL. RECIPIENTS ARE ELIGIBLE TO RECEIVE AWARDS RANGING FROM \$10,000 TO \$100,000. IN 2017, ECMC FOUNDATION AWARDED 72 GRANTS UNDER THE GO! PROGRAM.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ECMC FOUNDATION HAS ONE MEMBER. THE MEMBER IS ECMC GROUP, INC. A DELAWARE, NON-STOCK, NONPROFIT CORPORATION EXEMPT UNDER SECTION 501(C)(3). THERE ARE NO STOCKHOLDERS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ECMC GROUP, INC. HAS THE RIGHT TO ELECT AND/OR APPROVE ALL THE DIRECTORS OF THE ECMC FOUNDATION BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ECMC GROUP, INC., THE SOLE MEMBER OF ECMC FOUNDATION, RETAINS THE FOLLOWING AUTHORITY OVER ECMC FOUNDATION: 1. TO AUTHORIZE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS. 2. TO APPROVE THE STRATEGIC AND FINANCIAL PLANS. 3. TO ELECT AND/OR APPROVE THE MEMBERS OF THE BOARD OF DIRECTORS. 4. TO OVERSEE COORDINATION OF PROGRAMS AND SERVICES OFFERED. 5. TO AUTHORIZE FORMATION, GOVERNANCE AND DISSOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	ALL MEMBERS OF THE BOARD OF DIRECTORS AND EXECUTIVE MANAGEMENT ARE PROVIDED A COPY OF FORM 990 TO REVIEW AND PROVIDE COMMENTS PRIOR TO FILING. ALL MEMBERS OF THE BOARD OF DIRECTORS AND EXECUTIVE MANAGEMENT ARE PROVIDED WITH A COPY OF THE FINAL VERSION OF FORM 990 BEFORE IT HAS BEEN FILED.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO REAFFIRM ON AN ANNUAL BASIS THEIR UNDERSTANDING OF THE COMPANY'S CODE OF ETHICS AND BUSINESS CONDUCT. THE AFFIRMATION SPECIFICALLY REFERENCES THAT THE INDIVIDUAL WILL COMPLY WITH THE DIRECTIVES OF THE CODE OF ETHICS AND BUSINESS CONDUCT. CONFLICTS OF INTEREST AND DISCLOSURE OF POTENTIAL CONFLICTS ARE INCLUDED IN THE CODE OF ETHICS AND BUSINESS CONDUCT. MONITORING AND ENFORCEMENT OF THE POLICY ARE ACCOMPLISHED THROUGH THE REAFFIRMATION PROCESS. IN CASES WHERE A POTENTIAL CONFLICT EXISTS AT THE OFFICER AND KEY EMPLOYEE LEVELS, THE ISSUE IS DISCLOSED TO THE CEO AND DIRECTOR OF CORPORATE COMPLIANCE. FOR POTENTIAL OR REAL CONFLICTS INVOLVING THE CEO OR A MEMBER OF THE BOARD OF DIRECTORS, THE DISCLOSURE IS MADE TO THE BOARD CHAIR. THE BOARD MEMBER OR CEO WILL BE REQUIRED TO EXCUSE THEMSELVES FROM DELIBERATION AND VOTING ON MATTERS WHERE THEY MAY HAVE A CONFLICT OF INTEREST.
FORM 990, PART VI, LINE 13 - WHISTLEBLOWER POLICY	ECMC GROUP, INC. HAS A CODE OF ETHICS AND BUSINESS CONDUCT POLICY THAT IS AFFIRMED ANNUALLY BY ALL ECMC GROUP, INC. AND AFFILIATED COMPANIES' OFFICERS AND EMPLOYEES. WHILE THERE IS NOT A SPECIFIC WHISTLEBLOWER POLICY, THERE IS A PROVISION INCORPORATED INTO THE CODE OF ETHICS AND BUSINESS CONDUCT POLICY THAT BINDS ALL EMPLOYEES THAT STATES THERE CAN BE NO REPERCUSSIONS FOR GOOD FAITH REPORTING OF POTENTIAL ILLEGAL PRACTICES OR VIOLATIONS OF CORPORATE POLICIES. ECMC GROUP, INC. HAS ESTABLISHED AN ANONYMOUS WHISTLEBLOWER TELEPHONE HOTLINE AND WEBSITE ADMINISTERED BY AN OUTSIDE VENDOR. THE HOTLINE AND WEBSITE ARE AVAILABLE AND ACCESSIBLE TO ECMC FOUNDATION DIRECTORS, OFFICERS, EMPLOYEES AND VENDORS.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, PETER J. TAYLOR. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.</p> <p>THE GOVERNANCE & COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2017, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD & PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD & PORTER LLP PROVIDED A WRITTEN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD & PORTER LLP INCLUDES SALARY AND INCENTIVE DATA FROM AN APPROPRIATE PEER GROUP UNDER IRS REGULATIONS AND INCLUDES BOTH NONPROFIT AND FOR-PROFIT ENTITIES.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, PETER J. TAYLOR. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.</p> <p>THE GOVERNANCE & COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2017, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD & PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD & PORTER LLP PROVIDED A WRITTEN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD & PORTER LLP INCLUDES SALARY AND INCENTIVE DATA FROM AN APPROPRIATE PEER GROUP UNDER IRS REGULATIONS AND INCLUDES BOTH NONPROFIT AND FOR-PROFIT ENTITIES.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON ECMC FOUNDATION'S WEBSITE. NO OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.
FORM 990, PART VII, SECTION A - DIRECTORS' COMPENSATION	<p>ECMC FOUNDATION DIRECTORS DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ASSOCIATED WITH ECMC FOUNDATION, BUT DO RECEIVE COMPENSATION FOR THEIR SERVICE PROVIDED TO RELATED ORGANIZATIONS-ECMC AND ECMC GROUP, INC.</p> <p>WITH THE EXCEPTION OF THE PRESIDENT, PETER J. TAYLOR, THE EXECUTIVE OFFICERS OF ECMC FOUNDATION DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ASSOCIATED WITH ECMC FOUNDATION, BUT DO RECEIVE COMPENSATION FOR THEIR SERVICE PROVIDED TO RELATED ORGANIZATIONS-ECMC AND ECMC GROUP, INC.</p> <p>ROBERT STEIN, A FORMER DIRECTOR, HAD A CONSULTING AGREEMENT IN 2017.</p>
FORM 990, PART X, LINE 12 - INVESTMENTS-OTHER SECURITIES	INVESTMENTS-OTHER SECURITIES OF \$733,787,031 ARE HELD IN THE ECMC GROUP, INC. INVESTMENT POOL. INVESTMENTS IN ECMC GROUP, INC. INVESTMENT POOL REPRESENT AN OWNERSHIP INTEREST IN THE INVESTMENT POOL MANAGED BY ECMC GROUP, NOT IN THE UNDERLYING ASSETS THEMSELVES. THE OWNERSHIP INTERESTS IN THIS POOL ARE NOT THEMSELVES PUBLICLY TRADED, NOR CAN THEY BE VALUED BASED ON DIRECT OR INDIRECT INPUTS AS DEFINED BY FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION 820. ECMC FOUNDATION'S INVESTMENTS CONSIST OF POOLED FUNDS INVESTED WITH ECMC GROUP, INC. THAT ARE GENERALLY REDEEMABLE UPON REQUEST. THE POOLED INVESTMENT IS, UNDER FAIR VALUE HIERARCHY, A LEVEL 2 INVESTMENT. THE INVESTMENT STRATEGY OF THE POOLED FUNDS OF ECMC GROUP, INC. IS TO DIVERSIFY RISK AND PROVIDE A RETURN THAT SATISFIES THE SHORT- AND LONG-TERM OBJECTIVES OF ECMC FOUNDATION. THE INVESTMENT POOL HAS UNFUNDED COMMITMENTS OF \$110,884,996 IN ALTERNATIVE INVESTMENTS AND \$9,175,372 IN MISSION RELATED DIRECT INVESTMENTS. ECMC FOUNDATION HAS NO UNFUNDED COMMITMENTS TO THE POOL AT DECEMBER 31, 2017.
FORM 990, PART XI, LINE 5 - NET UNREALIZED GAINS ON INVESTMENTS	NET UNREALIZED GAINS ON INVESTMENT IN THE ECMC GROUP, INC. INVESTMENT POOL ARE \$96,428,815.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
ECMC FOUNDATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number
41-1990628

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EDUCATIONAL CREDIT MANAGEMENT CORPORATION (41-1778617) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	GUARANTOR	MN	501(C)(3)	10	ECMC GROUP, INC.		✓
(2) ECMC GROUP, INC. (41-1991995) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	EDUCATION FINANCE	DE	501(C)(3)	12 TYPE II	N/A		✓
(3) ZENITH EDUCATION GROUP, INC. (47-2237488) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	CAREER COLLEGES	DE	501(C)(3)	2	ECMC GROUP, INC.		✓
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OAKDALE INVESTMENT MANAGEMENT CORPORATION (35-2085743) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	HOLDING INVESTMENTS	DE	ECMC GROUP, INC.	C CORPORATION					✓
(2) ECMC HOLDINGS CORPORATION (41-1991992) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	STRATEGIC OVERSIGHT	DE	ECMC GROUP, INC.	C CORPORATION					✓
(3) EDUCATIONAL CREDIT SERVICES CO (41-1992001) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	PRIVATE LOANS	DE	N/A	C CORPORATION					✓
(4) ECMC RECORDS & REC MGMT CORPORATION (41-1989959) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	DOCUMENT MANAGEMENT	DE	N/A	C CORPORATION					✓
(5) ECMC MANAGEMENT SERVICES CORPORATION (41-1989960) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	MANAGEMENT SERVICES	DE	N/A	C CORPORATION					✓
(6) ECMC TECHNOLOGY SERVICES CORPORATION (41-1989958) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	TECHNOLOGY SERVICES	DE	N/A	C CORPORATION					✓
(7) ECMC SERVICING CORPORATION (47-1154366) 10370 PETER A MCCUEN BLVD, MATHER, CA 95655	LOAN SERVICING	DE	N/A	C CORPORATION					✓

Return Reference - Identifier	Explanation
SCHEDULE R, PART I - DISREGARDED ENTITIES OF RELATED ORGANIZATIONS	<p>1(A)-NAME. OAKDALE STUDENT LOAN FUNDING, LLC (27-1914648), 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401. 1(B)-PRIMARY ACTIVITY. HOLDING FFELP LOANS. 1(C)-LEGAL DOMICILE. DE. 1(F)-DIRECT CONTROLLING ENTITY. ECMC GROUP, INC.</p> <p>2(A)-NAME. ECMC SHARED SERVICES COMPANY, LLC (81-0690960), 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401. 2(B)-PRIMARY ACTIVITY. SUPPORT SERVICES FUNCTIONS. 2(C)-LEGAL DOMICILE. DE. 2(F)-DIRECT CONTROLLING ENTITY. ECMC GROUP, INC.</p> <p>3(A)-NAME. PATRIOT STUDENT LOAN CAPITAL, LLC (81-3501777), 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401. 3(B)-PRIMARY ACTIVITY. TRUST STUDENT LOANS. 3(C)-LEGAL DOMICILE. DE. 3(F)-DIRECT CONTROLLING ENTITY. ECMC GROUP, INC.</p> <p>4(A)-NAME. PREMIERE CREDIT OF NORTH AMERICA, LLC (35-2085743), 2002 WELLESLEY BLVD, #100, INDIANAPOLIS, IN 46219. 4(B)-PRIMARY ACTIVITY. ACCOUNTS RECEIVABLE MANAGEMENT. 4(C)-LEGAL DOMICILE. IN. 4(F)-DIRECT CONTROLLING ENTITY. ECMC HOLDINGS CORPORATION.</p> <p>5(A)-NAME. HEALTHCARE BILLING ADMINISTRATORS, LLC (81-4038009), 2002 WELLESLEY BLVD, #100, INDIANAPOLIS, IN 46219. 5(B)-PRIMARY ACTIVITY. PROVIDER OF CONTINGENT COLLECTIONS IN THE HEALTHCARE PROVIDER MARKET. 5(C)-LEGAL DOMICILE. IN. 5(F)-DIRECT CONTROLLING ENTITY. PREMIERE CREDIT OF NORTH AMERICA, LLC.</p>
SCHEDULE R, PART V, LINE 1B - GIFT, GRANT, OR CAPITAL CONTRIBUTION TO RELATED ORGANIZATION(S)	\$4,698,459 GRANTS AWARDED BY ECMC FOUNDATION TO ZENITH EDUCATION GROUP, INC. TO PROVIDE \$247,502 FOR THE ZENITH CAMPAIGN FOR INNOVATION WHICH IS DESIGNED TO ELICIT CREATIVE IDEAS ABOUT HOW TO SUPPORT STUDENTS' SUCCESS AND \$4,450,957 FOR OTHER PROGRAMS WHICH FURTHER ITS MISSION TO HELP STUDENTS SUCCEED IN THEIR PURSUIT OF AN EDUCATIONAL EXPERIENCE THAT PREPARES THEM FOR THE WORKFORCE.
SCHEDULE R, PART V, LINE 1N - SHARING OF FACILITIES, EQUIPMENT, OR OTHER ASSETS WITH RELATED ORG(S)	\$194,793 ALLOCATED EXPENSES FOR FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS SHARED WITH ECMC GROUP, INC.
SCHEDULE R, PART V, LINE 1O - SHARING OF PAID EMPLOYEES WITH RELATED ORGANIZATION(S)	\$56,863 ALLOCATED EXPENSES FOR PAID EMPLOYEES SHARED WITH ECMC SHARED SERVICES COMPANY, LLC, A WHOLLY OWNED SUBSIDIARY OF ECMC GROUP, INC., A RELATED ORGANIZATION.
SCHEDULE R, PART V, LINE 1P - REIMBURSEMENT PAID TO RELATED ORGANIZATION(S) FOR EXPENSES	\$256,326 REIMBURSEMENT PAID TO ECMC GROUP, INC. FOR EXPENSES.
SCHEDULE R, PART V, LINE 1Q - REIMBURSEMENT PAID BY RELATED ORGANIZATION(S) FOR EXPENSES	\$236,516 REIMBURSEMENT PAID BY ZENITH EDUCATION GROUP, INC. FOR EXPENSES.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2017
Notice date	June 4, 2018
Employer ID number	41-1990628
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

254883.713572.273028.11725 1 SP 0.510 373



ECMC FOUNDATION
% RICHARD BOYLE
111 WASHINGTON AVE S1400
MINNEAPOLIS MN 55401



254883

Page 1 of 1

Important information about your December 31, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2017 Form 990.

Your new due date is November 15, 2018.

What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20_____

2017

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

ECMC FOUNDATION

41-1990628

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

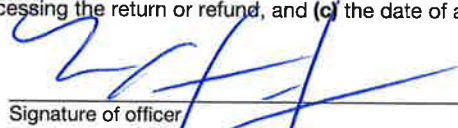
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 30,386,184
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 11/13/18 ▶ CFO & TREASURER
Signature of officer | Date | Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u></u>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name LAWRENCE H. MOHR, CPA	Preparer's signature <u></u>	Date 11/13/18	Check if self-employed <input type="checkbox"/>	PTIN P00447603
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP			Firm's EIN ▶ 39-0859910	
	Firm's address ▶ 225 SOUTH 6TH STREET SUITE 2300, MINNEAPOLIS, MN 55402			Phone no. (612) 876-4500	