

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **ECMC FOUNDATION**  
 Doing business as  
 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**

**D** Employer identification number  
**41-1990628**

**E** Telephone number  
**(651) 221-0566**

**F** Name and address of principal officer: **PETER J. TAYLOR**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **36,298,841**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ECMCFUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2000** **M** State of legal domicile: **DE**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ECMC FOUNDATION IS A GRANTMAKING FOUNDATION FOCUSED ON IMPROVING THE EDUCATIONAL OUTCOMES OF UNDERSERVED YOUTH THROUGH EVIDENCE-BASED INNOVATION.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>15,585</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)		<b>0</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>29,504,341</b>	<b>32,616,087</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>881,843</b>	<b>3,682,754</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>30,386,184</b>	<b>36,298,841</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>23,674,677</b>	<b>37,598,547</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,966,821</b>	<b>2,083,033</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,737,136</b>	<b>1,740,406</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>27,378,634</b>	<b>41,421,986</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>3,007,550</b>	<b>(5,123,145)</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>753,325,273</b>	<b>733,045,279</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>15,062,500</b>	<b>20,623,096</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>738,262,773</b>	<b>712,422,183</b>

**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  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** (2018)

**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 \$ 19,279,958 including grants of \$ 19,279,958 ) (Revenue \$ 3,076,284 )

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 \$ 9,394,160 including grants of \$ 9,394,160 ) (Revenue \$ 606,000 )

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 \$ 1,057,500 including grants of \$ 1,057,500 ) (Revenue \$ 0 )

EDUCATION INNOVATION VENTURES. DESIGNED TO PROVIDE FLEXIBLE, RISK CAPITAL TO EARLY-STAGE VENTURES  
AND ENTREPRENEURS WORKING TO INCREASE EDUCATIONAL OUTCOMES AND ECONOMIC MOBILITY AMONG UNDERSERVED  
LEARNERS. EDUCATION INNOVATION VENTURES USES FINANCIAL TOOLS, INCLUDING LOANS, DEPOSITS, EQUITY, AND  
GUARANTEES, TO MAKE BELOW-MARKET-RATE INVESTMENTS TO NONPROFIT AND FOR-PROFIT ENTERPRISES THAT SEEK  
TO GENERATE BOTH SOCIAL IMPACT AND FINANCIAL RETURNS. FINANCIAL RETURNS ARE REINVESTED INTO  
ADDITIONAL PROGRAM-RELATED INVESTMENTS, ALLOWING ECMC FOUNDATION TO RECYCLE INVESTMENT DOLLARS AND  
GENERATE FURTHER POSITIVE IMPACT ON LEARNERS' LIVES.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 9,433,168 including grants of \$ 7,866,929 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 39,164,786

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> . . . . .	<b>22</b>	✓
<b>23</b> 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> . . . . .	<b>23</b>	✓
<b>24a</b> 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>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	✓
<b>26</b> 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> . . . . .	<b>26</b>	✓
<b>27</b> 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> . . . . .	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	✓
<b>c</b> 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> . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	✓
<b>32</b> 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> . . . . .	<b>32</b>	✓
<b>33</b> 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> . . . . .	<b>33</b>	✓
<b>34</b> 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> . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</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> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	✓
<b>37</b> 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> . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	✓

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	10
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <span style="float: right;">17</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		✓

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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 & DIRECTOR, ECMC FOUNDATION	40.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				560,681	0	120,889
(2) JOHN F. DEPODESTA BOARD CHAIR NOT PAID BY FOUNDATION	1.0 16.0	<input checked="" type="checkbox"/>						0	180,500	0
(3) JULIA GOUW DIRECTOR NOT PAID BY FOUNDATION	1.0 6.0	<input checked="" type="checkbox"/>						0	128,000	0
(4) DIANA J. INGRAM DIRECTOR NOT PAID BY FOUNDATION	1.0 8.0	<input checked="" type="checkbox"/>						0	122,500	0
(5) I. KING JORDAN DIRECTOR NOT PAID BY FOUNDATION	1.0 6.0	<input checked="" type="checkbox"/>						0	117,500	0
(6) JAMES V. MCKEON DIRECTOR NOT PAID BY FOUNDATION	1.0 11.0	<input checked="" type="checkbox"/>						0	155,000	0
(7) JACK O'CONNELL DIRECTOR NOT PAID BY FOUNDATION	1.0 7.0	<input checked="" type="checkbox"/>						0	122,500	0
(8) MAURICE M. SALTER DIRECTOR NOT PAID BY FOUNDATION	1.0 11.0	<input checked="" type="checkbox"/>						0	140,000	0
(9) K. PAUL SINGH DIRECTOR NOT PAID BY FOUNDATION	1.0 10.0	<input checked="" type="checkbox"/>						0	124,000	0
(10) JEREMY J. WHEATON PRESIDENT & CEO ECMC GROUP, INC. NOT PAID BY FOUNDATION	0.0 40.0	<input checked="" type="checkbox"/>						0	746,904	89,228
(11) DANIEL S. FISHER GENERAL COUNSEL/CORP SECRETARY NOT PAID BY FOUNDATION	0.0 40.0			<input checked="" type="checkbox"/>				0	558,196	79,105
(12) MARTIN A. SCANLON CFO & TREASURER NOT PAID BY FOUNDATION	0.0 40.0			<input checked="" type="checkbox"/>				0	623,772	69,806
(13) SARAH BELNICK DIR, PROGRAM MANAGEMENT	40.0 0.0					<input checked="" type="checkbox"/>		111,881	0	22,897
(14) ALISSA SANTORO OFFICE MANAGER & EXECUTIVE ASSISTANT	40.0 0.0					<input checked="" type="checkbox"/>		106,144	0	21,845

**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) JENNIFER E. ZEISLER SR DIR, PROGRAM MANAGEMENT	40.0 0.0					✓	154,019	0	27,000	
(16) GREGORY A. VAN GUILDER FORMER CFO NOT PAID BY FOUNDATION	0.0 40.0					✓	0	898,580	92,322	
(17) ROBERTA COOPER RAMO FORMER DIRECTOR NOT PAID BY FOUNDATION	0.0 0.0					✓	0	75,000	0	
(18) ROBERT A. STEIN FORMER DIRECTOR NOT PAID BY FOUNDATION	0.0 0.0					✓	0	60,000	0	
(19) RICHARD J. BOYLE FORMER DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION	0.0 0.0					✓	0	16,075	0	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							932,725	4,068,527	523,092	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							932,725	4,068,527	523,092	

**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 **▶** 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>4</b> 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>	✓	
<b>5</b> 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>		✓

**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	CONSULTING SERVICES	443,897

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	0				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>	-----					
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	-----					
	<b>e</b>	-----					
	<b>f</b>	All other program service revenue . . . . .	0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	0					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	116,087			116,087	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>		(i) Real				
			(ii) Personal				
			Gross rents . . . . .				
			Less: rental expenses . . . . .				
	<b>c</b>	Rental income or (loss) . . . . .	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory . . . . .	32,500,000			
			Less: cost or other basis and sales expenses . . . . .	0			
	<b>c</b>	Gain or (loss) . . . . .	32,500,000	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶	32,500,000			32,500,000	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
		Less: cost of goods sold . . . . . <b>b</b>					
		Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	GRANTS AWARDED IN A PRIOR YEAR AND CANCELLED OR REFUNDED IN	813211	3,682,284	3,682,284			
<b>b</b>	INTERCOMPANY SERVICING REVENUE	900099	470		470		
<b>c</b>	-----						
<b>d</b>	All other revenue . . . . .		0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,682,754				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		36,298,841	3,682,284	0	32,616,557	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	37,598,547	37,598,547		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	681,569		681,569	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,068,195	970,642	97,553	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	95,464	86,746	8,718	
<b>9</b> Other employee benefits . . . . .	152,356	138,442	13,914	
<b>10</b> Payroll taxes . . . . .	85,449	77,645	7,804	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	19,768		19,768	
<b>c</b> Accounting . . . . .	34,794		34,794	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	451,109		451,109	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	492,730	0	492,730	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	128,972	25,307	103,665	
<b>14</b> Information technology . . . . .	6,106		6,106	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	211,120	172,735	38,385	
<b>17</b> Travel . . . . .	244,434		244,434	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	52,304	30,957	21,347	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	77,935	63,765	14,170	
<b>23</b> Insurance . . . . .	20,194		20,194	
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS EXPENSE . . . . .	940		940	
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	41,421,986	39,164,786	2,257,200	0
<b>26</b> <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	15,254,583	<b>1</b>	19,271,649
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	734	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,347	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 273,689		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 169,645	156,277	<b>10c</b> 104,044
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	733,787,031	<b>12</b>	713,069,586
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	600,000
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,120,301	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	753,325,273	<b>16</b>	733,045,279	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	330,744	<b>17</b>	425,426
	<b>18</b> Grants payable . . . . .	14,366,780	<b>18</b>	20,087,961
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	364,976	<b>25</b>	109,709
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,062,500	<b>26</b>	20,623,096
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	738,262,773	<b>27</b>	712,422,183
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	738,262,773	<b>33</b>	712,422,183	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	753,325,273	<b>34</b>	733,045,279	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,298,841
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	41,421,986
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(5,123,145)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	738,262,773
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(20,717,445)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	712,422,183

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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"/>	
<b>c</b> 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"/>	
<b>3a</b> 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>b</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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

<b>Name of the organization</b> ECMC FOUNDATION	<b>Employer identification number</b> 41-1990628
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**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 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>					41,421,986	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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
<b>1</b> 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"/>
<b>2</b> 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"/>
<b>3a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>4a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>5a</b> 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>b Type I or Type II only.</b> 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"/>
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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"/>
<b>8</b> 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"/>
<b>9a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		✓
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>b</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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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) 2018



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

(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		
EDUCATIONAL CREDIT MANAGEMENT CORPORATION	41-1778617	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		34,855,186	
ZENITH EDUCATION GROUP, INC.	47-2237488	2. SCHOOL. SECTION 170(B)(1)(A)(II).	✓		6,566,800	

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

2018

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. b 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		273,689	169,645	104,044
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 104,044

**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, INC. APPORTIONED INVESTMENT POOL	713,069,586	END OF YEAR MARKET VALUE
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	713,069,586	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.	57,050
(3) DUE TO EDUCATIONAL CREDIT MANAGEMENT CORPORATION	1,212
(4) DUE TO ECMC SHARED SERVICES COMPANY, LLC	32,653
(5) DUE TO ZENITH EDUCATION GROUP, INC.	315
(6) LEASE LIABILITIES	18,479
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	109,709

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 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	<b>(a) Description</b>	<b>(b) Amount</b>
	ROUNDING ADJUSTMENT BECAUSE DOLLARS ARE REPORTED IN THOUSANDS ON THE AUDITED FINANCIAL STATEMENTS	997
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	GRANTS AWARDED IN PRIOR YEARS TO ZENITH EDUCATION GROUP, INC. FOR ITS CAMPAIGN FOR INNOVATION AND TO UNAFFILIATED ENTITIES IN SUPPORT OF CAREER AND TECHNICAL EDUCATION AND TRAINING, AND CANCELLED OR REFUNDED IN 2018. THE AWARDS WERE CORRECTLY RECORDED IN PRIOR YEARS ON ECMC FOUNDATION'S BOOKS.	3,682,284
	INVESTMENT MANAGEMENT FEE	451,109
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	ROUNDING ADJUSTMENT BECAUSE DOLLARS ARE REPORTED IN THOUSANDS ON THE AUDITED FINANCIAL STATEMENTS	407
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	GRANTS AWARDED IN PRIOR YEARS TO ZENITH EDUCATION GROUP, INC. FOR ITS CAMPAIGN FOR INNOVATION AND TO UNAFFILIATED ENTITIES IN SUPPORT OF CAREER AND TECHNICAL EDUCATION AND TRAINING, AND CANCELLED OR REFUNDED IN 2018. THE AWARDS WERE CORRECTLY RECORDED IN PRIOR YEARS ON ECMC FOUNDATION'S BOOKS.	3,682,284
	INVESTMENT MANAGEMENT FEE	451,109

**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, 2018 OR 2017. 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 LOSS ON INVESTMENTS</p>	<p>NET UNREALIZED LOSS ON INVESTMENT IN THE ECMC GROUP, INC. APPORTIONED INVESTMENT POOL ARE \$20,717,445.</p>

**SCHEDULE I  
(Form 990)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ECMC FOUNDATION

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(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)	6,566,800				MISSION & CAREER READINESS
(2) (SEE STATEMENT)	41-1778617	501(C)(3)	2,597,584				SPECIAL OPPORTUNITIES
(3) (SEE STATEMENT)	95-3667812	501(C)(3)	500,000				COLLEGE SUCCESS
(4) (SEE STATEMENT)	47-2853959	501(C)(3)	10,000				PROGRAM SUPPORT
(5) A KID'S PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD, BRANDON, FL 33511	26-2757636	501(C)(3)	25,000				PROGRAM SUPPORT
(6) (SEE STATEMENT)	80-0683387	501(C)(3)	25,000				PROGRAM SUPPORT
(7) (SEE STATEMENT)	27-1635830	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(8) ACTIVE MINDS 2001 S ST NW, STE 630, WASHINGTON, DC 20009	20-0587172	501(C)(3)	455,000				(SEE STATEMENT)
(9) ADELANTE MUJERES 2030 MAIN ST, STE A, FOREST GROVE, OR 97116	03-0473181	501(C)(3)	10,000				PROGRAM SUPPORT
(10) (SEE STATEMENT)	88-0348811	501(C)(3)	10,000				PROGRAM SUPPORT
(11) ALBANY COUNTY SAFE PROJECT PO BOX 665, LARAMIE, WY 82070	74-2177133	501(C)(3)	10,000				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 192

**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) (2018)

**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)

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## 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) ALIVE CAMP 12 CYPRESS POINT CT, ORMOND BEACH, FL 32174	82-1408242	501(C)(3)	10,000				PROGRAM SUPPORT
(13) AMERICA ACHIEVES 100 W 33RD ST , STE 917, MAILBOX 900, NEW YORK, NY 10001	27-3238471	501(C)(3)	150,000				CAREER READINESS
(14) AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON ST NW, WASHINGTON, DC 20007	25-0965219	501(C)(3)	247,450				CAREER READINESS
(15) ANTIOCH HIGH SCHOOL 1900 HOBSON PIKE, ANTIOCH, TN 37013	62-0717138	PUBLIC SCHOOL	25,000				PROGRAM SUPPORT
(16) ASD HOPE, INC./TEXAS AUTISM ACADEMY 1009 PRUITT RD, THE WOODLANDS, TX 77380	47-5417326	501(C)(3)	10,000				PROGRAM SUPPORT
(17) ASPEN INSTITUTE 2300 N ST NW, STE 700, WASHINGTON, DC 20037	84-0399006	501(C)(3)	1,457,500				CAREER READINESS, COLLEGE SUCCESS & SPEC OPP
(18) ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION (ACTE) 1410 KING ST, ALEXANDRIA, VA 22314	52-0632865	501(C)(3)	1,056,000				LEADERSHIP COLLABORATIVE
(19) AUTISM SHIFTS 5215 W LAUREL ST, #100, TAMPA, FL 33607	26-0613034	501(C)(3)	25,000				PROGRAM SUPPORT
(20) AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE N, MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	25,000				PROGRAM SUPPORT
(21) BAKER UNIVERSITY 618 EIGHTH ST, BALDWIN CITY, KS 66006	48-0543766	501(C)(3)	20,000				GENERAL SUPPORT
(22) BETTER FUTURE FORWARD, INC. 400 N WASHINGTON ST, STE 203, FALLS CHURCH, VA 22046	81-4772781	501(C)(3)	400,000				EDUCATION INNOVATION VENTURES
(23) BEYOND12 2101 WEBSTER ST, STE 1850, OAKLAND, CA 94612	27-1275246	501(C)(3)	650,000				COLLEGE SUCCESS
(24) BIG BROTHERS BIG SISTERS 2502 N. ROCKY POINT DR, STE 550, TAMPA, FL 33607	23-1365190	501(C)(3)	75,000				SPECIAL OPPORTUNITIES
(25) BIG BROTHERS BIG SISTERS - TWIN CITIES 2550 UNIVERSITY AVE W , STE 410N, ST. PAUL, MN 55114	32-0017737	501(C)(3)	25,000				PROGRAM SUPPORT
(26) BIPARTISAN POLICY CENTER 1225 EYE ST NW, STE 1000, WASHINGTON, DC 20005	73-1628382	501(C)(3)	25,000				SPECIAL OPPORTUNITIES
(27) BOTTOM LINE 50 MILK ST, 16TH FL, BOSTON, MA 02109	04-3351427	501(C)(3)	750,000				COLLEGE SUCCESS
(28) BRIDGING FREEDOM PO BOX 18984, TAMPA, FL 33679	27-5467980	501(C)(3)	10,000				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
(29) BROOKE SCHOOL FOUNDATION, INC. 190 CUMMINS HIGHWAY, ROSLINDALE, MA 02131	30-0015324	501(C)(3)	15,000				GENERAL SUPPORT
(30) BUCK INSTITUTE FOR EDUCATION 3 HAMILTON LANDING, STE 220, NOVATO, CA 94949	68-0160429	501(C)(3)	1,219,745				TEACHER AND LEADER DEVELOPMENT
(31) BUY COBB, INC. PO BOX 3485, MARIETTA, GA 30061	58-5234027	501(C)(3)	10,000				PROGRAM SUPPORT
(32) CAL AERO PRESERVE ACADEMY 15850 MAIN ST, CHINO, CA 91708	45-4591853	501(C)(3)	25,000				PROGRAM SUPPORT
(33) CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST, STE 400, LOS ANGELES, CA 90012	95-3510055	501(C)(3)	55,000				COLLEGE SUCCESS & SPECIAL OPPORTUNITIES
(34) CALIFORNIA COMPETES 2323 BROADWAY, OAKLAND, CA 94612	95-4302067	501(C)(3)	150,000				COLLEGE SUCCESS
(35) CALIFORNIA COUNCIL ON ECONOMIC EDUCATION (CCEE) 23430 HAWTHORNE BLVD , STE 280, TORRANCE, CA 90505	33-0237320	501(C)(3)	50,000				SPECIAL OPPORTUNITIES
(36) CALIFORNIA STATE UNIVERSITY, CHANNEL ISLANDS 1 UNIVERSITY DR, CAMARILLO, CA 93012	77-0433230	501(C)(3)	75,000				COLLEGE SUCCESS
(37) CAREER DRESS 55 W. HURON, PONTIAC, MI 48342	47-3704980	501(C)(3)	10,000				PROGRAM SUPPORT
(38) CARING FOR KIDS 237 ELDORADO AVE, FIRCREST, WA 98466	27-3768791	501(C)(3)	10,000				PROGRAM SUPPORT
(39) CASA YOUTH ADVOCATES, INC. 26 EAST FOURTH ST, MEDIA, PA 19063	23-1901080	501(C)(3)	10,000				GENERAL SUPPORT
(40) CATHOLIC CHARITIES FORT WORTH 249 W THORNHILL DR, FORT WORTH, TX 76115	75-0808769	501(C)(3)	550,000				COLLEGE SUCCESS
(41) CENTER FOR WORK EDUCATION & EMPLOYMENT (CWEE) 1175 OSAGE ST, STE 300, DENVER, CO 80204	74-2202303	501(C)(3)	10,000				PROGRAM SUPPORT
(42) CENTRAL CAROLINA COMMUNITY FOUNDATION 2711 MIDDLEBURG DR, STE 213, COLUMBIA, SC 29204	57-0793960	501(C)(3)	25,000				SPECIAL OPPORTUNITIES
(43) CHARLES DREW UNIVERSITY OF MEDICINE AND SCIENCE 1731 EAST 120TH ST, LOS ANGELES, CA 90059	95-6151774	501(C)(3)	50,000				SPECIAL OPPORTUNITIES
(44) CHILD CARE ANSWERS 1776 N. MERIDIAN ST, STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)(3)	25,000				PROGRAM SUPPORT
(45) CHILDREN'S CASTLE THEATER 8442 17TH AVE S, BLOOMINGTON, MN 55425	41-1696284	501(C)(3)	25,000				PROGRAM SUPPORT
(46) CHILDREN'S MUSEUM OF HOUSTON 1500 BINZ ST, HOUSTON, TX 77004	74-2178563	501(C)(3)	10,000				PROGRAM SUPPORT

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(47) CITY OF LOS ANGELES 630 W. 5TH ST, LOS ANGELES, CA 90071	95-6000735	GOVERNMENT	25,000				PROGRAM SUPPORT
(48) CIVIC NATION 727 15TH ST NW, 3RD FL, WASHINGTON, DC 20005	47-3576918	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(49) CLAY YOUTH CONNECT VIA YOUTH CRISIS CENTER 3015 PARENTAL HOME RD, JACKSONVILLE, FL 32216	59-2176287	501(C)(3)	10,000				PROGRAM SUPPORT
(50) COLLEGE FORWARD 505 E. HUNTLAND DR, STE 315, AUSTIN, TX 78752	42-2003552	501(C)(3)	400,000				EDUCATION INNOVATION VENTURES
(51) COLLEGE UNBOUND 325 PUBLIC ST, PROVIDENCE, RI 02905	05-0485883	501(C)(3)	150,000				CAREER READINESS
(52) COMMUNITY FAMILY CENTERS 7524 AVENUE E, HOUSTON, TX 77012	74-1691632	501(C)(3)	10,000				PROGRAM SUPPORT
(53) COMMUNITY PARTNERS 1000 N. ALAMEDA ST, STE 240, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	60,000				SPECIAL OPPORTUNITIES
(54) COMO FRIENDS 1225 ESTABROOK DR, ST. PAUL, MN 55103	41-1943928	501(C)(3)	25,000				PROGRAM SUPPORT
(55) COMPLETE COLLEGE AMERICA 429 EAST VERMONT ST, STE 300, INDIANAPOLIS, IN 46202	26-4789471	501(C)(3)	600,000				COLLEGE SUCCESS
(56) CORO SOUTHERN CALIFORNIA 1000 N. ALAMEDA ST, STE 240, LOS ANGELES, CA 90012	95-4274561	501(C)(3)	21,000				SPECIAL OPPORTUNITIES
(57) COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING 55 E. MONROE ST, STE 2710, CHICAGO, IL 60603	13-2890752	501(C)(3)	840,703				CAREER READINESS & SPECIAL OPPORTUNITIES
(58) CREDENTIAL ENGINE, INC. 1730 RHODE ISLAND AVE NW, STE 212, WASHINGTON, DC 20036	81-3389623	501(C)(3)	97,650				CAREER READINESS
(59) CREDIT ABUSE RESISTANCE EDUCATION 66 CANAL CENTER PLAZA, STE 600, ALEXANDRIA, VA 22314	81-0788458	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(60) DAYSPRING CENTER 1537 CENTRAL AVE, INDIANAPOLIS, IN 46202	35-1618998	501(C)(3)	25,000				PROGRAM SUPPORT
(61) DIGITAL PROMISE 1001 CONNECTICUT AVE NW, STE 935, WASHINGTON, DC 20036	45-2708794	501(C)(3)	150,000				CAREER READINESS
(62) DISCOVERY CUBE LOS ANGELES 11800 FOOTHILL BLVD, LOS ANGELES, CA 91342	45-5191270	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(63) DOWNTOWN ON THE GO 950 PACIFIC AVE, STE 300, TACOMA, WA 98402	46-4368609	501(C)(3)	10,000				PROGRAM SUPPORT

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(64) EDUCATION DESIGN LAB 1200 18TH ST NW, #710, WASHINGTON, DC 20036	46-4248042	501(C)(3)	1,241,625				CAREER READINESS
(65) ELEVATE OREGON 12215 NE MARX ST, PORTLAND, OR 97230	27-2151955	501(C)(3)	10,000				PROGRAM SUPPORT
(66) EMERGING PRACTITIONERS IN PHILANTHROPY (EPIP) 601 WEST 26TH ST, #325-22, NEW YORK, NY 10001	94-3213100	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(67) EMMANUEL PENTECOSTAL CHURCH OF HOBOKEN 311 EAST 1ST AVE, ROSELLE, NJ 07203	22-2176713	501(C)(3)	10,000				PROGRAM SUPPORT
(68) ETHOS MUSIC CENTER 2 N. KILLINGSWORTH ST, PORTLAND, OR 97217	91-1954235	501(C)(3)	10,000				PROGRAM SUPPORT
(69) EXCELENCIA IN EDUCATION 1156 15TH ST NW, STE 1001, WASHINGTON, DC 20005	20-0927912	501(C)(3)	800,000				COLLEGE SUCCESS
(70) FAMILY PROMISE OF GWINNETT COUNTY, INC. 3495 B SUGARLOAF PKWY, LAWRENCEVILLE, GA 30044	14-1906067	501(C)(3)	10,000				PROGRAM SUPPORT
(71) FORT WORTH HOPE CENTER 3625 E LOOP 820 S, FORT WORTH, TX 76119	01-0801061	501(C)(3)	10,000				PROGRAM SUPPORT
(72) FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES 1102 Q ST, STE 4800, SACRAMENTO, CA 95811	68-0412350	501(C)(3)	574,978				CAREER READINESS & SPECIAL OPPORTUNITIES
(73) FUTURES, INC., DBA FUTURES FOUNDATION FOR VOLUSIA COUNTY SCHOOLS 3750 OLSON DR, DAYTONA BEACH, FL 32124	59-2560862	501(C)(3)	10,000				PROGRAM SUPPORT
(74) GEMSTARS 2637 WEYBURN RD, COLUMBUS, OH 43232	82-3070514	501(C)(3)	10,000				PROGRAM SUPPORT
(75) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION 30 COURTLAND ST SE, ATLANTA, GA 30303	58-1845423	501(C)(3)	400,000				COLLEGE SUCCESS
(76) GIRLS EMPOWERED MENTALLY FOR SUCCESS PO BOX 292814, TAMPA, FL 33687	20-2375049	501(C)(3)	10,000				PROGRAM SUPPORT
(77) GIRLSTART 1400 WEST ANDERSON LN, AUSTIN, TX 78757	31-1595414	501(C)(3)	10,000				PROGRAM SUPPORT
(78) GLOW MENTORING PROGRAM INC. PO BOX 1921, CHESAPEAKE, VA 23327	82-2447697	501(C)(3)	10,000				PROGRAM SUPPORT
(79) GOOD SAMARITAN HEALTH CENTER OF GWINNETT 5949 BUFORD HWY, NORCROSS, GA 30071	27-0080400	501(C)(3)	10,000				PROGRAM SUPPORT
(80) GRADGURU 1188 ARCH ST, BERKELEY, CA 94708	45-4898226	501(C)(3)	450,000				COLLEGE SUCCESS



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(81) GRAHAM ELEMENTARY AND MIDDLE SCHOOL 140 E. 16TH AVE, COLUMBUS, OH 43201	26-4350069	PUBLIC SCHOOL	10,000				PROGRAM SUPPORT
(82) GREATER WYOMING BIG BROTHERS BIG SISTERS 1010 S 6TH ST, LARAMIE, WY 82070	51-0188774	501(C)(3)	10,000				PROGRAM SUPPORT
(83) GREEN DOT PUBLIC SCHOOLS 1149 SOUTH HILL ST, #600, LOS ANGELES, CA 90015	95-4679811	SCHOOL DISTRICT	15,000				GENERAL SUPPORT
(84) GREENSBURG SALEM SCHOOL DISTRICT 65 MENNEL DR, GREENSBURG, PA 15601	25-1158334	SCHOOL DISTRICT	10,000				PROGRAM SUPPORT
(85) GSBA SCHOLARSHIP FUND 400 EAST PINE, STE 322, SEATTLE, WA 98122	94-3138514	501(C)(3)	10,000				PROGRAM SUPPORT
(86) HESPERIA UNIFIED SCHOOL DISTRICT 15576 MAIN ST, HESPERIA, CA 92345	93-0944528	SCHOOL DISTRICT	10,000				GENERAL SUPPORT
(87) HOLLY HILL BOYS & GIRLS CLUB 1044 DAYTONA AVE, HOLLY HILL, FL 32117	59-3158162	501(C)(3)	10,000				PROGRAM SUPPORT
(88) HOPE CENTER FOR COLLEGE, COMMUNITY, AND JUSTICE TEMPLE UNIVERSITY, 1801 N. BROAD ST, PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	525,000				COLLEGE SUCCESS
(89) HOPE HOUSE OF COLORADO 9088 MARSHALL CT, WESTMINSTER, CO 80031	84-1567838	501(C)(3)	10,000				PROGRAM SUPPORT
(90) HOPEWELL MUSIC COOPERATIVE NORTH 4350 FREMONT AVE N, MINNEAPOLIS, MN 55412	46-0547282	501(C)(3)	25,000				PROGRAM SUPPORT
(91) HORIZON OUTREACH 256 NORTH SAM HOUSTON PKWY E, STE 115, HOUSTON, TX 77060	01-0946633	501(C)(3)	10,000				PROGRAM SUPPORT
(92) HOUSE OF PRAISE INTERNATIONAL CHURCH 7406 ALBAN STATIONCOURT, B-206A, SPRINGFIELD, VA 22150	52-1238767	501(C)(3)	10,000				PROGRAM SUPPORT
(93) IMMIGRANTS RISING 1000 BROADWAY , STE 480, OAKLAND, CA 94607	94-3255070	501(C)(3)	75,000				SPECIAL OPPORTUNITIES
(94) INDIANA YOUTH GROUP 3733 N. MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1760451	501(C)(3)	25,000				PROGRAM SUPPORT
(95) INGLEWOOD EDUCATIONAL FOUNDATION 401 S INGLEWOOD AVE, INGLEWOOD, CA 90301	95-4722534	501(C)(3)	70,000				SPECIAL OPPORTUNITIES
(96) INSTITUTE FOR EDUCATIONAL LEADERSHIP 4301 CONNECTICUT AVE NW, STE 100, WASHINGTON, DC 20008	52-1198450	501(C)(3)	946,419				CAREER READINESS

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(97) INSTITUTE FOR WOMEN'S POLICY RESEARCH 1200 18TH ST NW, STE 301, WASHINGTON, DC 20036	52-1549572	501(C)(3)	440,000				CAREER READINESS & SPECIAL OPPORTUNITIES
(98) INTERFAITH-GOOD SAMARITAN 710 E. GARFIELD ST, RM 127, LARAMIE, WY 82070	83-0288049	501(C)(3)	10,000				PROGRAM SUPPORT
(99) JACKSONVILLE ADVENTIST ACADEMY 4298 LIVINGSTON RD, JACKSONVILLE, FL 32257	59-3381699	501(C)(3)	10,000				PROGRAM SUPPORT
(100) JEREMIAH PROGRAM 615 1ST AVE NE, STE 210, MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	32,500				CAREER READINESS, PROGRAM SUPPORT & SPEC OPP
(101) JEREMIAH PROGRAM 615 1ST AVE NE, STE 210, MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	25,000				PROGRAM SUPPORT
(102) JEWISH COMMUNITY CENTER OF GREATER ALBUQUERQUE 5520 WYOMING BLVD NE, ALBUQUERQUE, NM 87109	85-0457178	501(C)(3)	10,000				GENERAL SUPPORT
(103) JOBS FOR AMERICA'S GRADUATES 1729 KING ST, STE 100, ALEXANDRIA, VA 22314	52-1194546	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(104) JOHN JAY COLLEGE OF CRIMINAL JUSTICE PRISONER REENTRY INSTITUTE 524 W. 59TH ST, 609B BMW, NEW YORK, NY 10019	13-1988190	501(C)(3)	350,029				CAREER READINESS
(105) JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS 160 NEWTOWN RD, STE 102, VIRGINIA BEACH, VA 23462	54-0799839	501(C)(3)	10,000				PROGRAM SUPPORT
(106) JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST, INC. 1800 WHITE BEAR AVE N, MAPLEWOOD, MN 55109	41-1424988	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(107) JUST-A-START CORPORATION 1035 CAMBRIDGE ST, #12, CAMBRIDGE, MA 02141	23-7121174	501(C)(3)	501,053				CAREER READINESS
(108) KNOWLEDGEWORKS 1 WEST FOURTH ST, STE 200, CINCINNATI, OH 45202	31-1321973	501(C)(3)	400,000				COLLEGE SUCCESS
(109) LASA 8956 GRAVELLY LAKE DR SW, LAKEWOOD, WA 98499	91-1470619	501(C)(3)	10,000				PROGRAM SUPPORT
(110) LATINO YOUTH LEADERSHIP OF ORANGE COUNTY 2130 EAST 4TH ST, STE 160, SANTA ANA, CA 92705	81-5485773	501(C)(3)	10,000				GENERAL SUPPORT
(111) LEARNING COLLECTION FOUNDATION 3900 CROWN RD SW 16709, ATLANTA, GA 30304	82-2629892	501(C)(3)	10,000				PROGRAM SUPPORT
(112) LENNOX SCHOOL DISTRICT 10319 FIRMONA AVE, LENNOX, CA 90304	95-6001848	501(C)(3)	10,000				GENERAL SUPPORT

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(113) LINKED LEARNING ALLIANCE 1107 9TH ST, STE 500, SACRAMENTO, CA 95814	47-3798868	501(C)(3)	75,000				SPECIAL OPPORTUNITIES
(114) LIVE OAK JAGUARS PO BOX 73, UNIVERSAL CITY, TX 78148	74-2919490	501(C)(3)	10,000				PROGRAM SUPPORT
(115) LUTHERAN METROPOLITAN MINISTRY 4515 SUPERIOR AVE, CLEVELAND, OH 44103	34-1043756	501(C)(3)	750,000				CAREER READINESS
(116) MANAGEMENT LEADERSHIP FOR TOMORROW 7201 WISCONSIN AVE, STE 400, BETHESDA, MD 20814	52-1795164	501(C)(3)	75,000				COLLEGE SUCCESS
(117) MDRC 200 VESEY ST, 23RD FL, NEW YORK, NY 10281	23-7379473	501(C)(3)	375,000				CAREER READINESS
(118) MINDS MATTER TWIN CITIES 4912 WASHBURN AVE S, MINNEAPOLIS, MN 55410	45-5415388	501(C)(3)	25,000				PROGRAM SUPPORT
(119) MN ADULT & TEEN CHALLENGE 740 E. 24TH ST, MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	25,000				PROGRAM SUPPORT
(120) MULTICULTURAL CLINICAL CENTER 7424 EVANSTON RD, SPRINGFIELD, WA 22150	45-3365333	501(C)(3)	10,000				PROGRAM SUPPORT
(121) NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVE S, STE 202, NASHVILLE, TN 37212	48-1266314	501(C)(3)	25,000				PROGRAM SUPPORT
(122) NATIONAL COUNCIL FOR WORKFORCE EDUCATION 2840 W BAY DR, #257, BELLEAIR BLUFFS, FL 33770	31-1449995	501(C)(3)	126,720				CAREER READINESS
(123) NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST NE, WASHINGTON, DC 20002	52-0907625	501(C)(3)	350,000				SPECIAL OPPORTUNITIES
(124) NEW VENTURE FUND 1201 CONNECTICUT AVE NW, STE 300, WASHINGTON, DC 20036	20-5806345	501(C)(3)	1,000,000				EDUCATION INNOVATION VENTURES
(125) NORC AT THE UNIVERSITY OF CHICAGO 55 E. MONROE ST, STE 2000, CHICAGO, IL 60603	36-2167808	501(C)(3)	493,560				CAREER READINESS
(126) NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR, STE 240, CAMPUS BOX 7214, RALEIGH, NC 27695	56-6000756	STATE SCHOOL	2,034,053				LEADERSHIP COLLABORATIVE
(127) NORTH COLUMBUS JAYCEES BUCKEYE JAYCEE FOUNDATION, 5905 BEECHCROFT RD, COLUMBUS, OH 43229	47-4318879	501(C)(3)	10,000				PROGRAM SUPPORT
(128) NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST, STE 260, CHICO, CA 95928	68-0161455	501(C)(3)	25,000				SPECIAL OPPORTUNITIES
(129) NOTRE DAME HIGH SCHOOL - BATAVIA 73 UNION ST, BATAVIA, NY 14020	51-0201919	SCHOOL DISTRICT	25,000				SPECIAL OPPORTUNITIES

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(130) NOTRE DAME HIGH SCHOOL OF WEST HAVEN, INC. ONE NOTRE DAME WAY, WEST HAVEN, CT 06516	06-0646748	SCHOOL	25,000				PROGRAM SUPPORT
(131) ON POINT FOR COLLEGE 488 W. ONONDAGA ST, SYRACUSE, NY 13202	16-1569356	501(C)(3)	100,000				COLLEGE SUCCESS
(132) ORONO MIDDLE SCHOOL 685 NORTH OLD CRYSTAL BAY RD, LONG LAKE, MN 55356	41-6001403	PUBLIC SCHOOL	10,000				GENERAL SUPPORT
(133) OUTSIDE THE BOX 3940 EAST 56TH ST, INDIANAPOLIS, IN 46220	41-2261668	501(C)(3)	25,000				PROGRAM SUPPORT
(134) PAUL QUINN COLLEGE 3837 SIMPSON STUART RD, DALLAS, TX 75241	74-1238438	SCHOOL	75,000				COLLEGE SUCCESS
(135) PEERFORWARD 1140 3RD ST, NE , STE 320, WASHINGTON, DC 20002	52-2007028	501(C)(3)	150,000				COLLEGE SUCCESS
(136) PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD, ST. PAUL, MN 55120	41-0962296	501(C)(3)	25,000				PROGRAM SUPPORT
(137) PEOPLE SERVING PEOPLE 614 THIRD ST SO, MINNEAPOLIS, MN 55415	41-1965067	501(C)(3)	25,000				PROGRAM SUPPORT
(138) PIKES PEAK COMMUNITY COLLEGE 5675 SOUTH ACADEMY BLVD, C-68, COLORADO SPRINGS, CO 80906	74-2182257	501(C)(3)	10,000				PROGRAM SUPPORT
(139) POSSE FOUNDATION 515 SOUTH FIGUEROA ST, STE 300, LOS ANGELES, CA 90071	13-3840394	501(C)(3)	50,000				SPECIAL OPPORTUNITIES
(140) PROJECT 150 3600 N. RANCHO DR, LAS VEGAS, NV 89130	45-6645161	501(C)(3)	10,000				PROGRAM SUPPORT
(141) PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON ST, STE 600, SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(142) RAND CORPORATION 1776 MAIN ST, SANTA MONICA, CA 90401	95-1958142	501(C)(3)	278,908				CAREER READINESS
(143) RAYZOR SHARP COMMUNITY DEVELOPMENT FOUNDATION 17802 WEST LITTLE YORK RD, STE 100, HOUSTON, TX 77084	82-1977187	501(C)(3)	10,000				PROGRAM SUPPORT
(144) REGENTS OF THE UNIVERSITY OF MINNESOTA 321 19TH AVE SO, CARLSON SCHOOL OF MANAGEMENT, STE 2-212, MINNEAPOLIS, MN 55455	41-6007513	STATE SCHOOL	100,000				SPECIAL OPPORTUNITIES
(145) RENAISSANCE ACADEMY 5100 CLEVELAND ST, VIRGINIA BEACH, VA 23462	54-0722075	PUBLIC SCHOOL	10,000				PROGRAM SUPPORT
(146) RESTORE EDUCATION 1202 N FLORES, STE 101, SAN ANTONIO, TX 78212	26-2966263	501(C)(3)	10,000				PROGRAM SUPPORT

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(147) RVCC 118 LAMINGTON RD, BRANCBURG, NJ 08876	22-1815636	501(C)(3)	10,000				PROGRAM SUPPORT
(148) SACRAMENTO CHILDREN'S MUSEUM 2701 PROSPECT PARK DR , #120, RANCHO CORDOVA, CA 95670	20-2673935	501(C)(3)	25,000				PROGRAM SUPPORT
(149) SACRAMENTO LOAVES & FISHES 1351 NORTH C ST, SACRAMENTO, CA 95811	68-0189897	501(C)(3)	25,000				PROGRAM SUPPORT
(150) SAINT ANNE SCHOOL 1324 S MAIN ST, SANTA ANA, CA 92707	95-1968886	501(C)(3)	25,000				PROGRAM SUPPORT
(151) SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT MAKING HOPE HAPPEN FOUNDATION, 777 NORTH F ST, SAN BERNARDINO, CA 92410	33-0122847	SCHOOL DISTRICT	10,000				SPECIAL OPPORTUNITIES
(152) SANKOFA FOUNDATION PO BOX 743693, DALLAS, TX 75374	75-2684092	501(C)(3)	10,000				PROGRAM SUPPORT
(153) SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PL S, SEATTLE, WA 98144	91-0568708	501(C)(3)	10,000				PROGRAM SUPPORT
(154) SIERRA FOREVER FAMILIES 8928 VOLUNTEER LN, STE 100, SACRAMENTO, CA 95826	68-0002878	501(C)(3)	25,000				PROGRAM SUPPORT
(155) SINGLE MOM STRONG 7525 AUBURN BLVD, STE 5, CITRUS HEIGHTS, CA 95610	81-0917372	501(C)(3)	25,000				PROGRAM SUPPORT
(156) SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR, STE 1150, CHICAGO, IL 60606	45-1287418	501(C)(3)	385,000				CAREER READINESS
(157) SOUTH HIGH FOUNDATION 3131 19TH AVE S, MINNEAPOLIS, MN 55407	41-1506266	501(C)(3)	30,000				GENERAL SUPPORT
(158) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA ST, STE 230, LOS ANGELES, CA 90012	95-2831058	501(C)(3)	35,000				SPECIAL OPPORTUNITIES
(159) SOUTHERN SCHOLARSHIP FOUNDATION 322 STADIUM DR, TALLAHASSEE, FL 32304	59-0939481	501(C)(3)	499,160				COLLEGE SUCCESS
(160) SPECIAL OLYMPICS INDIANA 6200 TECHNOLOGY CENTER DR, STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	25,000				PROGRAM SUPPORT
(161) STATION1 89 SOUTH ST , #700, BOSTON, MA 02111	04-2261109	501(C)(3)	25,000				SPECIAL OPPORTUNITIES
(162) STONY POINT HIGH SCHOOL SPECIAL EDUCATION FLC, FAC DEPT 1801 TIGER TRAIL, ROUND ROCK, TX 78664	74-6002018	501(C)(3)	10,000				PROGRAM SUPPORT
(163) STUDENT-CENTERED DEEPER LEARNING COLLABORATIVE 1201 CONNECTICUT AVE NW, STE 300, WASHINGTON, DC 20036	47-3681860	501(C)(3)	727,600				TEACHER AND LEADER DEVELOPMENT
(164) SURVIVORS ON PURPOSE PO BOX 120992, ARLINGTON, TX 76012	48-4344771	501(C)(3)	10,000				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
(165) TENNESSEE COLLEGE ACCESS AND SUCCESS NETWORK 1704 CHARLOTTE AVE, #200, NASHVILLE, TN 37203	45-4475679	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(166) TESSA 435 GOLD PASS HEIGHT, COLORADO SPRINGS, CO 80906	84-0746803	501(C)(3)	10,000				PROGRAM SUPPORT
(167) THE ANDREW MCDONOUGH B+ FOUNDATION 101 ROCKLAND CIRCLE, WILMINGTON, DE 19803	42-1741037	501(C)(3)	10,000				GENERAL SUPPORT
(168) THE ARC GREATER PRINCE WILLIAM 13505 HILLENDALE DR, WOODBRIDGE, VA 22193	54-0743298	501(C)(3)	10,000				PROGRAM SUPPORT
(169) THE CATOCTIN FOUNDATION, DBA LOUDOUN FREE CLINIC 224A CORNWALL ST NW, LEESBURG, VA 20176	54-1921059	501(C)(3)	30,000				GENERAL SUPPORT
(170) THE CENTER FOR OCCUPATIONAL RESEARCH AND DEVELOPMENT (CORD) 4901 BOSQUE BLVD, STE 200, WACO, TX 76710	74-2077794	501(C)(3)	150,000				CAREER READINESS
(171) THE COUNCIL ON ALCOHOL & DRUG ABUSE 1249 EMPIRE CENTRAL DR, STE 800, DALLAS, TX 75247	75-0808776	501(C)(3)	10,000				PROGRAM SUPPORT
(172) THE FATHERS FOUNDATION INC. 3333 N. ILLINOIS, INDIANAPOLIS, IN 46208	46-2140400	501(C)(3)	25,000				PROGRAM SUPPORT
(173) THE FORGE FOR FAMILIES 3435 DIXIE DR, HOUSTON, TX 77021	76-0485959	501(C)(3)	10,000				PROGRAM SUPPORT
(174) THE GREATER BRANDON COMMUNITY FOUNDATION 1210 MILLENNIUM PKWY, STE 2010, BRANDON, FL 33511	90-0073721	501(C)(3)	10,000				PROGRAM SUPPORT
(175) THE LEARNING CENTERS AT FAIRPLEX 1101 W MCKINLEY AVE, POMONA, CA 91768	95-4686764	501(C)(3)	50,000				SPECIAL OPPORTUNITIES
(176) THE POURHOUSE, INC. 39 W. JACKSON PLACE, IMPD DOWNTOWN, INDIANAPOLIS, IN 46204	11-3760897	501(C)(3)	25,000				PROGRAM SUPPORT
(177) THE TAYLOR HOUSE PO BOX 853, ROSEVILLE, CA 95678	46-0748514	501(C)(3)	25,000				PROGRAM SUPPORT
(178) TRITON COLLEGE 2000 FIFTH AVE, RM G-220, RIVER GROVE, IL 60171	36-2537114	STATE SCHOOL	500,000				COLLEGE SUCCESS
(179) TURNING POINT OF THE CITY 4926 S. MILLER WAY, LITTLETON, CO 80217	47-4084957	501(C)(3)	10,000				PROGRAM SUPPORT
(180) UCLA ALUMNI AFFAIRS 10920 WILSHIRE BLVD, STE 900, LOS ANGELES, CA 90024	95-2250801	501(C)(3)	75,000				SPECIAL OPPORTUNITIES

(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
(181) UCLA FOUNDATION UCLA EXTERNAL AFFAIRS, BOX 951590, WILSHIRE CENTER, STE 900, LOS ANGELES, CA 90095	95-2250800	501(C)(3)	90,000				PROGRAM SUPPORT & SPECIAL OPPORTUNITIES
(182) UCSF BRAIN TUMOR CENTER 220 MONTGOMERY ST, 5TH FL, SAN FRANCISCO, CA 94101	94-6036393	501(C)(3)	20,000				GENERAL SUPPORT & SPECIAL OPPORTUNITIES
(183) UNIVERSITY OF NORTH CAROLINA (UNC) 910 RALEIGH RD, GENERAL ADMINISTRATION, CHAPEL HILL, NC 27515	56-2180508	SCHOOL	500,000				COLLEGE SUCCESS
(184) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 172 EAST FRANKLIN ST CB , #2300, CHAPEL HILL, NC 27599	56-6001393	SCHOOL	70,000				COLLEGE SUCCESS
(185) UNIVERSITY OF SOUTHERN CALIFORNIA CENTER FOR URBAN EDUCATION 3720 S. FLOWER ST, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	300,000				COLLEGE SUCCESS
(186) UNLOOP 900 E. PINE ST, STE 202, SEATTLE, WA 98122	47-5302622	501(C)(3)	769,010				CAREER READINESS
(187) URBAN VENTURES 2924 4TH AVE SO, MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	10,000				SPECIAL OPPORTUNITIES
(188) VARIETY SCHOOL 2800 E. STEWART AVE, LAS VEGAS, NV 89101	88-6000030	501(C)(3)	10,000				PROGRAM SUPPORT
(189) VENN FOUNDATION 1127 BARCLAY ST, ST. PAUL, MN 55106	81-4476503	501(C)(3)	87,500				EDUCATION INNOVATION VENTURES
(190) VOLUNTEER FIREMAN ASSOCIATION OF CAMBRIA COUNTY & VICINITY 292 OTT RD, PATTON, PA 16668	27-0227638	501(C)(3)	10,000				PROGRAM SUPPORT
(191) WINDMILL ANIMAL RESCUE 350 MAIN ST, ELKO-NEW MARKET, MN 55054	61-1480957	501(C)(3)	25,000				PROGRAM SUPPORT
(192) WORLD RELIEF JACKSONVILLE 5107 UNIVERSITY BLVD W, JACKSONVILLE, FL 32216	23-6393344	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 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ECMC GROUP 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	10,000 DEGREES 1650 LOS GAMOS DR, STE 110, SAN RAFAEL, CA 94903
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A GALLERY CAREER TECHNOLOGY EDUCATION (CTE) 3001 BLUFF VIEW DR, GARLAND, TX 75043
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ABOUTKIDZ 11140 FAIR OAKS BLVD, STE 300, FAIR OAKS, CA 95628
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACHIEVING THE DREAM 8484 GEORGIA AVE, STE 500, SILVER SPRING, MD 20910
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AFTER SCHOOL ALL STARS 8485 W. SUNSET RD, STE 106, LAS VEGAS, NV 89113
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACTIVE MINDS: COLLEGE SUCCESS & GENERAL SUPPORT



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**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? . . . . .
- b** Any related organization? . . . . .
- 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? . . . . .
- b** Any related organization? . . . . .
- 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		
1b	✓	
2	✓	
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b	✓	
6a		✓
6b	✓	
7		✓
8		✓
9		

**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					
<b>1</b>	PETER J. TAYLOR	(i)	390,609	80,000	90,072	112,238	8,651	681,570	76,984
	PRESIDENT & DIRECTOR, ECMC FOUNDATION	(ii)	0	0	0	0	0	0	0
<b>2</b>	JOHN F. DEPODESTA	(i)	0	0	0	0	0	0	0
	BOARD CHAIR NOT PAID BY FOUNDATION	(ii)	180,500	0	0	0	0	180,500	0
<b>3</b>	JAMES V. MCKEON	(i)	0	0	0	0	0	0	0
	DIRECTOR NOT PAID BY FOUNDATION	(ii)	155,000	0	0	0	0	155,000	0
<b>4</b>	JEREMY J. WHEATON	(i)	0	0	0	0	0	0	0
	PRESIDENT & CEO ECMC GROUP, INC. NOT PAID BY FOUNDATION	(ii)	543,354	200,833	2,717	59,800	29,428	836,132	208
<b>5</b>	DANIEL S. FISHER	(i)	0	0	0	0	0	0	0
	GENERAL COUNSEL/CORP SECRETARY NOT PAID BY FOUNDATION	(ii)	306,273	230,949	20,974	48,099	31,006	637,301	7,413
<b>6</b>	MARTIN A. SCANLON	(i)	0	0	0	0	0	0	0
	CFO & TREASURER NOT PAID BY FOUNDATION	(ii)	323,571	87,500	212,701	40,326	29,480	693,578	0
<b>7</b>	JENNIFER E. ZEISLER	(i)	147,558	0	6,461	17,884	9,116	181,019	0
	SR DIR, PROGRAM MANAGEMENT	(ii)	0	0	0	0	0	0	0
<b>8</b>	GREGORY A. VAN GUILDER	(i)	0	0	0	0	0	0	0
	FORMER CFO NOT PAID BY FOUNDATION	(ii)	372,132	506,000	20,448	69,447	22,875	990,902	18,000
<b>9</b>	ROBERTA COOPER RAMO	(i)	0	0	0	0	0	0	0
	FORMER DIRECTOR NOT PAID BY FOUNDATION	(ii)	75,000	0	0	0	0	75,000	0
<b>10</b>	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
<b>11</b>	RICHARD J. BOYLE	(i)	0	0	0	0	0	0	0
	FORMER DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION	(ii)	0	0	16,075	0	0	16,075	16,075
<b>12</b>		(i)							
		(ii)							
<b>13</b>		(i)							
		(ii)							
<b>14</b>		(i)							
		(ii)							
<b>15</b>		(i)							
		(ii)							
<b>16</b>		(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 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 2018, 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 \$54,800.
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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)												
<b>Total</b> . . . . . ▶						\$						

**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.	\$40,000	SEE DESCRIPTION OF TRANSACTION IN PART V		✓

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV, COLUMN (D) - DESCRIPTION OF TRANSACTION	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. THE CONTRACT ENDED IN 2018.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization  
**ECMC FOUNDATION**

Employer Identification Number  
**41-1990628**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	<p>IN 2018, IN FURTHERANCE OF ECMC FOUNDATION'S COMMITMENT TO CREATE LASTING IMPACT FOR INDIVIDUAL STUDENTS AND THE EDUCATION SYSTEM, ECMC FOUNDATION LAUNCHED THE EDUCATION INNOVATION VENTURES (EIV) PROGRAM, WHICH USES PROGRAM-RELATED INVESTMENTS TO UNLOCK THE CREATIVE SYNERGY OF NONPROFIT AND FOR-PROFIT SECTORS AND BUILD EVIDENCE-BASED PRACTICES.</p> <p>IN COMPLEMENT WITH ECMC FOUNDATION'S STRATEGIC GRANTMAKING, THE EIV PROGRAM USES A SPECTRUM OF PROGRAM-RELATED INVESTMENTS, INCLUDING DEBT AND EQUITY INSTRUMENTS, TO IMPROVE EDUCATIONAL AND CAREER OUTCOMES AMONG TRADITIONALLY UNDERSERVED STUDENTS AND ADULTS.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$6,100,823 INCLUDING GRANTS OF \$4,534,584)(REVENUE \$0)</p> <p>OTHER PROGRAMS. MISCELLANEOUS PROGRAMS AND ACTIVITIES FOR THE FURTHERANCE OF EDUCATIONAL OPPORTUNITIES THROUGH GRANTS, AWARDS AND RESEARCH ON THE MANAGEMENT OF EDUCATIONAL DEBT.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$1,947,345 INCLUDING GRANTS OF \$1,947,345)(REVENUE \$0)</p> <p>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.</p> <p>IN DECEMBER 2017, ECMC FOUNDATION MADE THE DECISION TO CLOSE OUT THE TEACHER AND LEADER DEVELOPMENT PROGRAM. FUNDS WERE DIRECTED INTO THE COLLEGE SUCCESS, THE CAREER READINESS AND THE EDUCATION INNOVATION VENTURES PROGRAMS IN 2018. GRANTS PREVIOUSLY AWARDED UNDER THE TEACHER AND LEADER DEVELOPMENT PROGRAM WILL CONTINUE TO BE ISSUED THROUGH JANUARY 2020.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$1,385,000 INCLUDING GRANTS OF \$1,385,000)(REVENUE \$0)</p> <p>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 2018, ECMC FOUNDATION AWARDED 92 GRANTS UNDER THE GO! PROGRAM.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	<p>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.</p>
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>ECMC GROUP, INC. HAS THE RIGHT TO ELECT AND/OR APPROVE ALL THE DIRECTORS OF THE ECMC FOUNDATION BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>ECMC GROUP, INC., THE SOLE MEMBER OF ECMC FOUNDATION, RETAINS THE FOLLOWING AUTHORITY OVER ECMC FOUNDATION:</p> <ol style="list-style-type: none"> <li>1. TO AUTHORIZE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS.</li> <li>2. TO APPROVE THE STRATEGIC AND FINANCIAL PLANS.</li> <li>3. TO ELECT AND/OR APPROVE THE MEMBERS OF THE BOARD OF DIRECTORS.</li> <li>4. TO OVERSEE COORDINATION OF PROGRAMS AND SERVICES OFFERED.</li> <li>5. TO AUTHORIZE FORMATION, GOVERNANCE AND DISSOLUTION.</li> </ol>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p>



Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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.</p> <p>IN CASES WHERE A POTENTIAL CONFLICT EXISTS AT THE OFFICER AND KEY EMPLOYEE LEVELS, THE ISSUE IS DISCLOSED TO THE GENERAL COUNSEL AND/OR BOARD CHAIR. 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.</p>
FORM 990, PART VI, LINE 13 - WHISTLEBLOWER POLICY	<p>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 TELEPHONE HOTLINE AND WEBSITE ADMINISTERED BY AN OUTSIDE VENDOR TO REPORT CONCERNS. THE HOTLINE AND WEBSITE ARE AVAILABLE AND ACCESSIBLE TO ECMC FOUNDATION DIRECTORS, OFFICERS, EMPLOYEES AND VENDORS.</p>
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 &amp; COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2018, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD &amp; PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD &amp; PORTER LLP PROVIDED AN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD &amp; 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 OFFICERS OR KEY 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 &amp; COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2018, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD &amp; PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD &amp; PORTER LLP PROVIDED AN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD &amp; 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	<p>THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON ECMC FOUNDATION'S WEBSITE. NO OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.</p>
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 A. STEIN AND ROBERTA COOPER RAMO, FORMER DIRECTORS, HAD CONSULTING AGREEMENTS IN 2018.</p>

Return Reference - Identifier	Explanation
FORM 990, PART X, LINE 12 - INVESTMENTS-OTHER SECURITIES	<p>INVESTMENTS-OTHER SECURITIES OF \$713,069,586 ARE HELD IN THE ECMC GROUP, INC. APPORTIONED INVESTMENT POOL. INVESTMENTS IN ECMC GROUP, INC. APPORTIONED INVESTMENT POOL REPRESENT AN OWNERSHIP INTEREST IN THE INVESTMENT POOL MANAGED BY ECMC GROUP, INC., 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 TOPIC 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.</p> <p>THE INVESTMENT STRATEGY OF ECMC FOUNDATION IS TO DIVERSIFY RISK AND PROVIDE A RETURN THAT SATISFIES THE SHORT- AND LONG-TERM OBJECTIVES. THE APPORTIONED INVESTMENT POOL HAS UNFUNDED COMMITMENTS OF \$188,879,853 IN ALTERNATIVE INVESTMENTS AND \$5,773,200 IN MISSION-RELATED DIRECT INVESTMENTS. ECMC FOUNDATION HAS NO UNFUNDED COMMITMENTS TO THE APPORTIONED INVESTMENT POOL AT DECEMBER 31, 2018.</p>
FORM 990, PART XI, LINE 5 - NET UNREALIZED LOSS ON INVESTMENTS	NET UNREALIZED LOSS ON INVESTMENT IN THE ECMC GROUP, INC. APPORTIONED INVESTMENT POOL ARE \$20,717,445.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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) ECMC REVENUE MANAGEMENT CORPORATION (83-1761663) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	STUDENT LOAN DEFAULT RESOLUTION	DE			EDUCATIONAL CREDIT MANAGEMENT CORPORATION		✓
(5) ECMC SERVICES, INC. (83-1763915) 111 WASHINGTON AVE SO, STE 1400, MINNEAPOLIS, MN 55401	STUDENT LOAN REPAYMENT SERVICES	DE	501(C)(3)	10	EDUCATIONAL CREDIT MANAGEMENT CORPORATION		✓
(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) <a href="#">(SEE STATEMENT)</a>									
(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.

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> 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)	\$6,566,800 GRANTS AWARDED BY ECMC FOUNDATION TO ZENITH EDUCATION GROUP, INC. FOR CAREER READINESS INITIATIVES AND 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 1B - GIFT, GRANT, OR CAPITAL CONTRIBUTION TO RELATED ORGANIZATION(S)	\$2,597,587 GRANTS AWARDED BY ECMC FOUNDATION TO ECMC GROUP, INC. FOR ENTERPRISE INNOVATION, RESEARCH AND STRATEGIC DEVELOPMENT, WHICH FURTHER ITS MISSION BY PROVIDING SERVICES THAT HELP STUDENTS RECOGNIZE AND REALIZE THEIR POTENTIAL BY INVESTING IN, CREATING AND PROVIDING INNOVATIVE EDUCATION SOLUTIONS THAT SUPPORT SCHOOLS AND IMPROVE STUDENT EDUCATIONAL OUTCOMES.
SCHEDULE R, PART V, LINE 1N - SHARING OF FACILITIES, EQUIPMENT, OR OTHER ASSETS WITH RELATED ORG(S)	\$480,644 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)	\$179,015 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	\$757,312 REIMBURSEMENT PAID TO ECMC GROUP, INC. FOR EXPENSES.



# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization  
ECMC FOUNDATION

Employer identification number  
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.

<b>1a</b>	Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	36,298,841
<b>2a</b>	Form 990-EZ check here	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b>	Form 1120-POL check here	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b>	Form 990-PF check here	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b>	Form 8868 check here	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, line 3c)	<b>5b</b>	

## Part II Declaration of Officer

- 6  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 2018 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

Signature of officer

11/8/19  
Date

CFO & TREASURER  
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	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 	Date 11/5/19	Check if self-employed <input type="checkbox"/>	PTIN P00447603
Firm's name	BAKER TILLY VIRCHOW KRAUSE, LLP			Firm's EIN
Firm's address	225 SOUTH 6TH STREET SUITE 2300, MINNEAPOLIS, MN 55402			Phone no.
				(612) 876-4500



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2018
Notice date	June 3, 2019
Employer ID number	41-1990628
To contact us	Phone 877-829-5500 FAX 877-792-2864

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ECMC FOUNDATION  
111 WASHINGTON AVE S1400  
MINNEAPOLIS MN 55401

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Important information about your December 31, 2018 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, 2018 Form 990.  
Your new due date is November 15, 2019.

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### What you need to do

File your December 31, 2018 Form 990 by November 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://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.

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### Additional information

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

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