CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

For Fiscal Year Beginning		
		/yyyy) 12/31/2017
Check if Applicable:	Name of Organization: ERASE RACISM, INC.	Employer Identification Number (EIN): 65-1218069
Name Change	Mailing Address: 6800 JERICHO TURNPIKE, NO. 109	NY Registration Number: 20-90-00
Final Filing	City / State / ZIP: SYOSSET, NY 11791-4401	Telephone: 516 921-4863
Reg ID Pending	Website: WWW • ERASERACISMNY • ORG	Email:
Check your organization's		
registration category:	7A only EPTL only X DUAL (7A & EPTL)	EXEMPT Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .
2. Certification		
See instructions for certif	cation requirements. Improper certification is a violation of law	that may be subject to penalties.
	enalties of perjury that we reviewed this report, including all att e true, correct and complete in accordance with the laws of the	
President or Authorized		PRESIDENT
	Signature	Print Name and Title Date
Chief Financial Officer or	Treasurer:	
	Signature	Print Name and Title Date
	F	
3. Annual Reporting		
	nat apply to your filing. If your organization is claiming an exem	
-	hat apply to your registration, complete only parts 1, 2, and 3, a	
	e required. If you cannot claim an exemption or are a DUAL file	r that claims only one exemption, you must hie applicable
schedules and attachment	nts and pay applicable fees.	
3a 7A filin	a exemption. Total contributions from NV State including resid	ents foundations, government agencies, etc. did not
	g exemption: Total contributions from NY State including resid 5.000 and the organization did not engage a professional fund	
exceed \$2	g exemption: Total contributions from NY State including resid 5,000 <u>and</u> the organization did not engage a professional fund ons during the fiscal year. Or the organization qualifies for anoth	raiser (PFR) or fund raising counsel (FRC) to solicit
exceed \$2	5,000 and the organization did not engage a professional fund	raiser (PFR) or fund raising counsel (FRC) to solicit
exceed \$2 contributio	5,000 and the organization did not engage a professional fund ons during the fiscal year. Or the organization qualifies for anoth	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions).
exceed \$2 contributio	5,000 and the organization did not engage a professional fund	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions).
exceed \$2 contributio <u>3b. EPTL t</u> during the	5,000 and the organization did not engage a professional fund ons during the fiscal year. Or the organization qualifies for anoth iling exemption: Gross receipts did not exceed \$25,000 and th fiscal year.	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions).
exceed \$2 contributio	5,000 and the organization did not engage a professional fund ons during the fiscal year. Or the organization qualifies for anoth iling exemption: Gross receipts did not exceed \$25,000 and th fiscal year.	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions).
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exceed \$2 contribution 3b. EPTL to during the 4. Schedules and A See the following page for a checklist of schedules and attachments to	5,000 <u>and</u> the organization did not engage a professional fund ons during the fiscal year. Or the organization qualifies for anoth iling exemption: Gross receipts did not exceed \$25,000 and the fiscal year. ttachments Yes X No 4a. Did your organization use a profession for fund raising activity in NY State? If yes	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions). e market value of assets did not exceed \$25,000 at any time al fund raiser, fund raising counsel or commercial co-venturer , complete Schedule 4a.
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exceed \$2 contribution <u>3b. EPTL 1</u> during the 4. Schedules and A See the following page for a checklist of schedules and attachments to complete your filing.	5,000 and the organization did not engage a professional fundoms during the fiscal year. Or the organization qualifies for another fiscal year. iling exemption: Gross receipts did not exceed \$25,000 and the fiscal year. ttachments Image: Comparization of the organization use a profession for fund raising activity in NY State? If yes X Yes No 4b. Did the organization receive governments 7A filing fee: EPTL filing fee: Tota	raiser (PFR) or fund raising counsel (FRC) to solicit ler 7A exemption (see instructions). e market value of assets did not exceed \$25,000 at any time al fund raiser, fund raising counsel or commercial co-venturer , complete Schedule 4a.
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768451 03-29-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2017) 3

2017.03040 ERASE RACISM, INC.

ERASE RACISM, INC.



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.
- If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:
- X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- _____ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> **Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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2017.03040 ERASE RACISM, INC.

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information Name of Organization: ERASE RACISM, INC. 20-90-00

2. Government Grants

Name of Government Agency	Amount of Grant
1.NYS OFFICE OF CHILDREN AND FAMILY SERVICES BUREAU OF	1. 10,000.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 10,000.

768481 03-29-18 1019 CHAR500 Schedule 4b: Government Grants (Updated December 2017)

5 2017.03040 ERASE RACISM, INC.

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Form	220	

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Department of the Treasury Internal Revenue Service

-

AF	or th	e 2017 calendar year, or tax year beginning and	d ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name	e Doing business as		65-1	218069
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1 ·	
	Final	6800 JERICHO TURNPIKE	109W	516-	921-4863
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	737,790.
	Amen	51055E1, NI 11/91-4401		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: V • ELATINE GROSS		for subordinates	
	-	6800 JERICHO TURNPIKE, SUITE 109W, SYC		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X 501(c)(3) = 501(c)() \rightarrow (insert no.)$) or 🛄 52	-	list. (see instructions)
		te: WWW.ERASERACISMNY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Yea	r of formation: 2003	State of legal domicile: NY
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO E	SXPOSE	FORMS OF RA	CIAL
Activities & Governance		DISCRIMINATION, ADVOCATE FOR LAWS AND PO			
/ern		Check this box			
20 S					14 13
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			0
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			17
ti	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
				Prior Year 628,522.	Current Year 669,226.
iue	8	Contributions and grants (Part VIII, line 1h)		6,250.	12,427.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,411.	1,229.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,505.	150.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		674,688.	683,032.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,4,000.	005,052.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		484,513.	477,742.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen	l lua	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 143, 5	593. H		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		164,280.	163,796.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		648,793.	641,538.
		Revenue less expenses. Subtract line 18 from line 12		25,895.	41,494.
es	15		B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	F	332,667.	378,799.
Ass Bal	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	······ ⊢	39,711.	44,349.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	······ ⊢	292,956.	334,450.
	nrt II	Signature Block	·····	, • •	
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	les and stater	ments, and to the best of m	y knowledge and belief, it is
	•	t and complete Declaration of preparer (other than officer) is based on all information of y			,

Sign Here	Signature of officer V. ELAINE GROSS, PRESI Type or print name and title	DENT	Date
	Print/Type preparer's name	FIEHalel S Signature	Date Check PTIN
Paid	MATT BURKE		05/07/18 self-employed P00760659
Preparer	Firm's name 🕒 CERINI & ASSOCIA	TES, LLP	Firm's EIN 🕨 11-3066459
Use Only	Firm's address 3340 VETERANS ME		
	BOHEMIA, NY 1171	6	Phone no.631-582-1600
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) ERASE RACISM, INC	•	65-1218069 Page 2
Pa	t III Statement of Program Service Accompli	shments	Ť.
	Check if Schedule O contains a response or note to a	ny line in this Part III	X
1	Briefly describe the organization's mission: TO EXPOSE FORMS OF RACIAL DISC		
	POLICIES THAT ELIMINATE RACIAL		
	HOW STRUCTURAL RACISM AND SEGR		
	REGION, AND ENGAGE THE PUBLIC		NCLUSION.
2	Did the organization undertake any significant program serv	ces during the year which were not listed on the	77
	-		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant of	hanges in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishmer		· ·
	Section 501(c)(3) and 501(c)(4) organizations are required to	report the amount of grants and allocations to othe	ers, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 228,828 • in		ue\$ 3,860.)
4a		cluding grants of \$) (Reven Y INITIATIVE IS A MULTIFA	/
	INCREASE KNOWLEDGE AND UNDERST		
	PUBLIC SCHOOL EDUCATION AND EQ		
	EQUIPS AND MOBILIZES STUDENTS,		
	OTHER STAKEHOLDERS TO DEVELOP		
	INTEGRATIVE LEARNING ENVIRONME		
4b	(Code:) (Expenses \$ 97,688. in	cluding grants of \$ (Reven	ue\$ 0.)
		S AND MOBILIZES LONG ISLA	,
	POLICIES AND PRACTICES THAT PR	OMOTE DIVERSITY, EQUITY, .	AND INCLUSION IN
	OUR AREA. WE DO THIS VIA INTE	RACTIVE FORUMS, WORKSHOPS	, AND TRAININGS;
	USE OF SOCIAL, ALTERNATIVE, AN	D MAINSTREAM MEDIA; AND U	PLIFTING STORIES
	OF THOSE IMPACTED BY RACISM.		
4c		cluding grants of \$) (Reven	
	RACISM RESEARCH AND PROGRAMMIN		-
	POLICY ANALYSIS, AND ADVOCACY		
		OF HOUSING AND PUBLIC SC	
	USING SOCIAL AND DIGITAL MEDIA ISSUES RANGING FROM HATE SPEEC		HIGHLIGHT TER RELIEF AND
		IALOGUE WITH PARTNERS AND	
	GENERAL PUBLIC.	TADOGOE WITH PARTNERS AND	MEMBERS OF THE
	GENERAL FOBLIC.		
44	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ 47,645 • including grants of \$) (Revenue \$	8,717.)
4e) (Revenue \$	• , , = , •)
40			Form 990 (2017)
73200	2 11-28-17		
, 5200			
060	507 130600 ERASE01 2017.	03040 ERASE RACISM, INC.	ERASE011

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Form 990 (2017)

Part IV Checklist of Required Schedules

ERASE RACISM, INC.

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

Form **990** (2017)

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ERASE RACISM, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		- 23
с	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
o -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00		

Form **990** (2017)

Form	990 (2017) ERASE RACISM, INC. 65-1218	069	Р	age 5
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	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?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? ${ m N/A}$	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Form 990 (2	2017)
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Form 990 (2017)
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ERASE RACISM, INC.

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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.

Sac	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			
Jec	tion A. doverning body and management				Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	1	103	t
iu	If there are material differences in voting rights among members of the governing body, or if the governing			-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1:	3		l
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl			1		l
2				2		ł
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t			2		╉
3	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		╉
- 5				5		┨
6	Did the organization become aware during the year of a significant diversion of the organization's a			6		┨
	Did the organization have members or stockholders?			0		┫
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	•••		70		
b	more members of the governing body?			7a		┥
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76		
~	persons other than the governing body?			7b		╉
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-	0-	x	I
	The governing body?			8a	X	┦
b	Each committee with authority to act on behalf of the governing body?			8b		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
<u>`~~</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	reveni	le Code.)		Vac	1
0-	Did the even institut have least charters have been as efficience			10-	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such			101-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay ber	ore filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	x	l
			nfliataQ	12a	X	+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	_ <u> </u>	┨
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				v	
	in Schedule O how this was done			12c	X X	+
13	Did the organization have a written whistleblower policy?			13		┦
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro		•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				v	ł
	The organization's CEO, Executive Director, or top management official			15a	X	+
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang					I
-	taxable entity during the year?			16a		╡
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	on's			ł
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	F (Sec	tion 501(c)(3)s only)	availab	ble	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain		,			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	onflict	of interest policy, ar	nd finan	cial	
	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 b	ooks a	and records:			
	V. ELAINE GROSS - 516-921-4863	1 7 ^ ·	1			
	6800 JERICHO TURNPIKE, SUITE 109W, SYOSSET, NY 1	179:	L			_
32006	6 11-28-17			Form	1 990) (
						~
5 O	507 130600 ERASE01 2017.03040 ERASE RACISM,	INC	•	ERA	ASE	Ć

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emplo	yees, l	Highest C	compensated
	Employees, and Independe	ent Contra	ctors				

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe nd a d	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar		recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		vee	mpen		(** 2/1000 10100)		and related
	below	d ual 1	Institutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) ELAINE GROSS	35.00									
PRESIDENT		X		X				126,986.	0.	20,891.
(2) FREDERICK K. BREWINGTON	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) PROF. HOWARD A. GLICKSTEIN	4.00									
BOARD MEMBER		X						0.	0.	0.
(4) WILLIAM J. JENNINGS	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) SISTER ELIZABETH HILL	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) DR. LORNA E. LEWIS	1.00									
SECRETARY		X						0.	0.	0.
(7) CHRISTINA VARGAS	1.00									
CO-CHAIR		X		X				0.	0.	0.
(8) MARGE ROGATZ	8.00									
BOARD MEMBER		X						0.	0.	0.
(9) EDWARD PICHARDO	0.50									_
BOARD MEMBER		X						0.	0.	0.
(10) MARTIN SCHWARTZ	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) RACHEL ACKOFF	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) JOAN KIERNAN LANGE	2.00									
CO-CHAIR		X		х				0.	0.	0.
(13) SOFIA B. PERTUZ	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) CRAIG WOLFSON	1.00									
ASSISTANT TREASURER		X						0.	0.	0.
						<u> </u>				
		-								
						<u> </u>				
		-								

732007 11-28-17

Form 990 (2017)

Form 990 (2017) ERASE RAC	-								65-12	218	069	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C					
(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	ss pe	ition ^{more} rson i	than d is both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	Esti amo o	(F) mated ount of ther ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orgai and	m the nization related nizations
1b Sub-total					<u> </u>	 	•	126,986.		0.	20	,891.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 126,986.		0.	20	0. ,891.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	ed al	bove	e) wh	io r	eceived more than \$100	,000 of reportab	le		1
3 Did the organization list any former officer,	director or tri	istor	a ka	von	nnlo	woo	or	highest companyated a	mplovee on	I		Yes No
line 1a? If "Yes," complete Schedule J for s				-	•			nighest compensated e			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	ompe	ensa	ation	n anc	l ot	her compensation from			4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5	x
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	dene	ende	ent c	ontr	acto	rs t	that received more than	\$100 000 of corr	nens	ation fro	m
the organization. Report compensation for												
(A) Name and business	address							(B) Description of s		С	(C) ompens	
THE ALCOTT GROUP 71 EXECUTIVE BLVD., FARMI	INGDALE	, N	17	11	L73	35		PROFESSIONAL EMPLOYER ORG			477	,742.
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	tho	se lis	tec	d above) who received m	nore than			
\$100,000 of compensation from the organiz	•				1	1					Form 9	90 (2017)

		Check if Schedule O cont	ains a response	or note to any lin	e 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
ts t	1 a	Federated campaigns	1a					
iran		Membership dues						
۲ کور		Fundraising events		161,238.				
ar /			1d	-				
s, a		Government grants (contribut		10,000.				
Sig		All other contributions, gifts, gran	· ·					
ihei		similar amounts not included abo		497,988.				
Ę	a	Noncash contributions included in lines	·····					
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f	-		669,226.			
				Business Code				
Ð	2 a	CONSULTING FEES	5	812900	10,560.	10,560.		
, zi				812900	1,867.	1,867.		
Program Service Revenue	c					,		
e e e	d							
ng a	e							
Pro		All other program service reve	enue					
		Total. Add lines 2a-2f			12,427.			
	3	Investment income (including			•			
		other similar amounts)			1,229.			1,229.
	4	Income from investment of ta			-			
	5	Royalties		· · ·				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	L	►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
ø		Gross income from fundraisin						
anue		including \$ 161,2	38. of					
eve		contributions reported on line						
Other Rever		Part IV, line 18	a	54,758.				
the	b	Less: direct expenses		54,758.				
0		Net income or (loss) from fund			0.			
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu		Business Code				
[11 a	OTHER REVENUE		812900	150.	150.		
	b							
	с							
		All other revenue						
	е	Total. Add lines 11a-11d			150.			
	12	Total revenue. See instructions.		▶	683,032.	12,577.	0.	,
73200	9 11-2	8-17						Form 990 (2017)

732009 11-28-17

ERASE011

Form 990 (2017) Part VIII Statement of Revenue

ERASE RACISM,

INC.

ERASE RACISM, INC.

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	135,522.	124,792.	2,653.	8,077.
~	trustees, and key employees	133,322.	124,1920	2,055.	0,077•
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	244,303.	156,206.	3,926.	84,171.
7	Other salaries and wages	244,303.	130,200.	5,520.	04,1/1•
8	Pension plan accruals and contributions (include section 401/k) and 403/b) employer contributions)				
^	section 401(k) and 403(b) employer contributions)	47,321.	33,648.	613.	13,060.
9 10	Other employee benefits	50,596.	35,836.	1,113.	13,647.
10	Payroll taxes	50,550.	55,050.	1,113.	15,047.
11	Fees for services (non-employees):				
	Management				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	47 243	27 073	13,450.	6 720.
10	Advertising and promotion	47,243. 6,056.	27,073. 5,686.	15,450.	6,720. 370.
12 13		16,175.	8,446.	4,226.	3,503.
13 14	Office expenses	10/1/01	0,1101	1/2201	5,5050
14 15	Information technology				
	Royalties	26,224.	17,415.	4,325.	4,484.
16 17		8,147.	7,273.	729.	145.
17 10	Payments of travel or entertainment expenses	0,14/.	1,213.	, 2, 5, 6	145.
18	,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	9,762.	9,054.	693.	15.
20	··· ·	577020	570511		13.
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,512.	1,051.	189.	272.
23		9,587.	7,053.	1,023.	1,511.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		.,,		
а	MISCELLANEOUS	19,755.	9,093.	3,430.	7,232.
b	EQUIPMENT AND MAINTENAN	9,745.	8,935.	424.	386.
с	PRINTING & PRODUCTION	9,590.	9,590.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	641,538.	461,151.	36,794.	143,593.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

732010 11-28-17

Check here

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_____ if following SOP 98-2 (ASC 958-720)

2017.03040 ERASE RACISM, INC.

Form **990** (2017)

Form 990 (2017)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

ERASE RACISM, INC.

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

	Check il Schedule O contains a response or not	0 10 41				······
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			255,467.	1	191,985.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			60,300.	3	163,597.
4	Accounts receivable, net				4	
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensation					
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			8,419.	9	8,362.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	33,314.			
b	Less: accumulated depreciation	10b	33,314.	1,512.	10c	0.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	I 1			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	6,969.	15	14,855.		
16	Total assets. Add lines 1 through 15 (must equa	332,667.	16	378,799.		
17	Accounts payable and accrued expenses			38,211.	17	42,849.
18	Grants payable			1 500	18	1 500
19	Deferred revenue			1,500.	19	1,500.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on lines Schedule D				25	
26	Total liabilities. Add lines 17 through 25		F	39,711.	25 26	44,349.
20	Organizations that follow SFAS 117 (ASC 958			55,711.	20	11,515
	complete lines 27 through 29, and lines 33 an					
27	Unrestricted net assets			280,038.	27	163,488.
28	Temporarily restricted net assets			12,918.	28	170,962.
29				,	29	
	Organizations that do not follow SFAS 117 (A					
	and complete lines 30 through 34.		-,, ,			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ec		31			
32	Retained earnings, endowment, accumulated in		F		32	
33	Total net assets or fund balances			292,956.	33	334,450.
34	Total liabilities and net assets/fund balances			332,667.	34	378,799.
			-		Eorm 990 (2017)	

Form **990** (2017)

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Form	1990 (2017) ERASE RACISM, INC.	65-12	218069	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	683		
2	Total expenses (must equal Part IX, column (A), line 25)	2			38.
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	292	¦,9	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	334	.,4	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	,			37
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
(· • · · · ·		•••		/

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the or	ganization
----------------	------------

Name of the organization Employer identification									
			E RACISM,						5-1218069
Par	tl	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4 [A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go		nental unit described in a	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C		1 11	5			5	Ĩ
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	inction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	<u></u>			,	,,		
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, members	ship fees, a	ind gross receipts from
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con				0000 4040		gamzation	
11 [An organization organized a	•	ively to test for public sa	fety See	section 50)9(a)(4)		
12 I		An organization organized a	-	•	•			arry out the	nurnoses of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	<i>aivina</i>
u		the supported organization		-	•				
		organization. You must c			a majority (dpporting
b		Type II. A supporting org	-		tion with it	e support	ed organizatio	n(s) hy ha	wina
D	L	control or management o	-				-		-
		organization(s). You mus			ame perso			iye ine sup	ported
•		Type III functionally inte	-		in connoc	tion with	and functions	lly intograt	od with
C		its supported organizatio						iny integration	eu with,
A		7						rtad argani	ization(a)
d	L	J Type III non-functionally						-	
		that is not functionally int	•	c ,			•	u an alleni	iveness
		requirement (see instruct							
е		Check this box if the orga					а туре ї, туре	II, Type III	
	F int a	functionally integrated, or		, ,	0 0	zation.			
		er the number of supported o							
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
		-		above (see instructions))	103				
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ERASE RACISM, INC.

65-1218069 Page 2

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	476,855.	542,476.	673,965.	628,522.	669,226.	2991044.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	476,855.	542,476.	673,965.	628,522.	669,226.	2991044.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1131477.	
6	Public support. Subtract line 5 from line 4.						1859567.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	476,855.	(b) 2014 542,476.	673,965.	628,522.	669,226.	(f) Total 2991044.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,626.	41,150.	6,139.	39,916.	1,379.	91,210.	
11	Total support. Add lines 7 through 10		•		•	,	3082254.	
	Gross receipts from related activities.	etc. (see instruction	ons)			12	41,893.	
	First five years. If the Form 990 is for		,					
	organization, check this box and stor							
See	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, o	column (f))		14	60.33 %	
	Public support percentage from 2016					15	59.30 %	
	33 1/3% support test - 2017. If the o					nore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation				
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets th	-						
	organization meets the "facts-and-cire						>	
18	Private foundation. If the organization						s	
	<u> </u>		, · -	. , ,		dula A (Farm 000		

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 ERASE RACISM, INC.

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support			•	•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organ	ization,	
)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%	
	Public support percentage from 2016					16	%	
Sec	ction D. Computation of Invest	stment Incom	e Percentage	1				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%	
	33 1/3% support tests - 2017. If the						17 is not	
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2016. If the							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio							
	23 10-06-17						0 or 990-EZ) 2017	

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Yes

No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

	Continued)			
	Line the experimetion eccentral a gift or contribution from any of the following a superior		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in</i> Part VI.	11c		
-	tion B. Type I Supporting Organizations			L
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u> </u>	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	truction	.)	
с 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below.	liucions	y. Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Tes	NO
а	the supported organization(s) to which the organization was responsive? 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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ERASE RACISM, INC.

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	itions	2		
3 Other gross income (see instruc	ctions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses	paid or incurred for production or			
collection of gross income or fo	r management, conservation, or			
maintenance of property held for	or production of income (see instructions)	6		
7 Other expenses (see instruction	is)	7		
8 Adjusted Net Income (subtrac	t lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amoun	t		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of a	all non-exempt-use assets (see			
instructions for short tax year o	r assets held for part of year):			
a Average monthly value of secur	ities	1a		
b Average monthly cash balances	3	1b		
c Fair market value of other non-e	xempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage	or other			
factors (explain in detail in Part	VI):			
2 Acquisition indebtedness applie	cable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt	use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use as	sets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distribution	itions	7		
8 Minimum Asset Amount (add	line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior ye	ear (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prio	r year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year	ar	5		
6 Distributable Amount. Subtract	t line 5 from line 4, unless subject to			
emergency temporary reduction	n (see instructions)	6		
	year is the organization's first as a non-function	ally integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			(F

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

	Section D, lines 5, (See instructions.)	6, and 8; and Part	V, Section E, lines	2, 5, and 6. Also co	omplete this part	for any additional	d 2; Part IV, Section C, ection B, line 1e; Part V information.
32028 10-06-1	17						(Form 990 or 990-EZ)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name of the organization

Organization type (check one):

ERASE RACISM, INC.

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ERASE RACISM, INC.

Name of organization

Employer identification number

65-1218069

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W.K. KELLOGG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4RAUCH FOUNDATIOM229 SEVENTH STREET SUITE 306GARDEN CITY, NY 11530	Total contributions \$	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SALTZMAN FOUNDATION 90 HUDSON STREET 8TH FLOOR NEW YORK, NY 10013	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEW YORK COMMUNITY TRUST-LAWRENCE NEWMAN 909 THIRD AVENUE NEW YORK, NY 10022	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOAN SALTZMAN 10 SHEPHERDS LANE SANDS POINT, NY 11050	\$26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
723452 11-0			(Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

12060507 130600 ERASE01

2017.03040 ERASE RACISM, INC.

Schedule B (Form 990, 990-EZ, or	990-PF) (2017)
Name of organization	

ERASE RACISM, INC.

Employer identification number

65-1218069

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723453 11-01-17

12060507 130600 ERASE01

2017.03040 ERASE RACISM, INC.

art III	the year from any one contributor. Complete c	olumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 ving line entry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
a) No. from	(b) Purpose of gift		(d) Description of how gift is hold				
Part I	(b) Pulpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
		(e) Transfer of gift	1				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							
-							
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-			[
	(e) Transfer of gift						
	Transferee's name, address, ar	d 7ID + 4	Relationship of transferor to transferee				
-							
a) No.			Ι				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
	Transferee's name, address, ar						
	Transferee's name, address, an		Relationship of transferor to transferee				
-							
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
_							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

2017.03040 ERASE RACISM, INC.

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047			
	n 990)	Complete if the organized in the organized sector complete if the organized sector complete sector complete if the organized sector complete sector comple	anization answered "Yes" on Form 990.		2017			
Denert	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public			
	I Revenue Service		90 for instructions and the latest informatio	n	Inspection			
Nam	Name of the organization Employer iden							
Pa	t I Organiza	ERASE RACISM, INC.	d Funds or Other Similar Funds or	Accor	65-1218069			
1 41		n answered "Yes" on Form 990, Part IV, lin		70000				
	organizatio		(a) Donor advised funds	(b) Fur	nds and other accounts			
1	Total number at er	nd of year						
2		f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5	-		writing that the assets held in donor advised f					
			exclusive legal control?		Yes III No			
6	•	C	dvisors in writing that grant funds can be used					
			or donor advisor, or for any other purpose cont	-				
Pa			ganization answered "Yes" on Form 990, Part					
				iv, line /	<u>·</u>			
1		servation easements held by the organizati n of land for public use (e.g., recreation or e		llv impo	rtant land area			
		f natural habitat	Preservation of a certified					
		n of open space		matorio	Silucture			
2		• •	fied conservation contribution in the form of a	conserv	ation easement on the last			
_	day of the tax year	0 0 1			Held at the End of the Tax Year			
а				2a				
b								
с			ucture included in (a)					
d	Number of conser	vation easements included in (c) acquired	after 7/25/06, and not on a historic structure					
	listed in the Nation	nal Register		2d				
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the org	anizatio	n during the tax			
	year 🕨		_					
4		where property subject to conservation ea						
5		tion have a written policy regarding the pe						
<u> </u>			t holds?					
6	Starr and voluntee	er nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation eas	sements during the year			
7	Amount of expens	es incurred in monitoring inspecting hand	dling of violations, and enforcing conservation	معدمهم	nts during the year			
•	► \$	is meaned in monitoring, inspecting, nare		cascine	nto during the year			
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h				🗌 Yes 🗌 No			
9			ion easements in its revenue and expense stat		and balance sheet, and			
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes the	organiza	tion's accounting for			
	conservation ease							
Pa		-	f Art, Historical Treasures, or Othe	r Simi	ar Assets.			
		f the organization answered "Yes" on Form						
1a	0		SC 958), not to report in its revenue statement					
			hibition, 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.							
D	-		SC 958), to report in its revenue statement and					
	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							
2	.,		asures, or other similar assets for financial gai					
-		unts required to be reported under SFAS 1		,				
а	-			►	\$			
					\$			
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2017			

732051 10-09-17

12060507 130600 ERASE01 2017.03040 ERASE RACISM, INC.

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] Jung the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Dyble cohlotion d Loan or exchange programs b Scholarly research e Other c Presentations for future generations e Other c Presentation for future generations e Other e Other e No Partial construction for future generations e Other e e Other respected an anount of form 990, Part X, line 21. Yes No Test for the organization control of an Unit and the organization answered Yes' on Form 990, Part W, line 9, or respected an anount of form 990, Part X, line 21. Its is the organization anount on Form 990, Part X, line 21. a b other Yes, explain the arrangement in Part XIII and complete the following table: Ital Amount b if Yes, explain the arrangement in Part XIII and complete the following table: Ital Amount c Beginning of year balance ital e Ital d Additions duri	Sche	dule D (Form 990) 2017 ERASE R	ACISM, INC	•				6	5-12	18069) Pa	ige 2
clock at that apply: d Loan or exchange programs a Potice schedution d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simila	r Asse	ts (contin	ued)	
a Public exhibition during the generations devices and explain how they further the organization's exompt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exompt purpose in Part XIII. During the year, did the organization solid 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 answered "Yes" on Form 90, Part IV. Part IV Exorw and CutoSolial Arrangements. Complete the organization answered "Yes" on Form 90, Part IV, line 90, Part X, line 21. I is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on form 900, Part X, line 21. I is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on form 900, Part X, line 21. I is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on form 900, Part X, line 21. I is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part N, line 10. I a Beginning of year balance I (a) Current year (b) Prior year (c) Two years back (c) Four ye	3		ion, and other record	ls, chec	k any of the	following that	at are a s	ignificant us	se of its	collectior	n items	3
b Scholary research 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 air, historical treasures, or other similar assets to be solid the organization answered "Yes" on Form 990, Part IV, line 9, or respondent an agent, trustee, custodian or other intermediary for contributions or other assets not included 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, line 21. Intermediate the following table: Amount c Beginning balance 4. Amount 1d 2a Did the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account lability? Yes No b If Yes, 'acplain the arrangement in Part XII. Check here if the organization has been provided on Part XII Yes No b If Yes, 'acplain the arrangement in Part XII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21. Yes No b Other expenditures for facilities and programs (a) Curvent year (b) Prory year (c) They years back (d) For years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Four years back (e) Four years back (d) rur years bac												
c Preservation for future generations 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 answered "Yes" on Form 980, Part IV, line 9.0, Part X, line 21, line 21, line 21, line 21, store and anount on Form 990, Part X, line 21, lin	а		d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solicetion? Part W Escrow and Custodial Arrangements. Complete if the organization arevered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 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 narvered 'Yes' on Form 990, Part X, line 21. Reginning of year balance Ial Current year (b) Prior year (c) Two years back (c) Turre years back (e) four years back Gorthorizons Is deginated or quasiendowment ▶	b		е	•	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets vs No Part IV Escrow and Cutsdotial Arrangements. Complete if the organization's collection? vs' No Part IV Escrow and Cutsdotial Arrangements. Complete if the organization answered 'Vs'' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21. Is the organization an agent. Trustee, cutsdotian or other intermediary for contributions or other assets not included on Form 990, Part X. No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 10 11 10 10 d Additions during the year 10 10 10 10 10 2a Did the organization include an amount on Form 990, Part X. line 21, for escrow or cutsodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No 10	с	-										
top 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. The set the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Ves No. b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount Image: Complete in the organization and the part in Part XIII and complete the following table: Amount Image: Complete in Complete									se in Par	t XIII.		
Part W 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 // Explaint the arrangement in Part XIII and complete the following table: Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Endownant the year Image: Complete intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account tability? Ves No D If 'Yes', 'explain the arrangement in Part XII. Deck here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back in the companization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back in the asset and programs in the Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year end balance (ine 1g, column (a) held as: [a] End of year balance [b] For year balance 2 Frovide the estimated pre	5	8		,		,				٦.,		1
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, line 21, for escrew or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	De											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1c Amount Id d Additions during the year 1d Id Id 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. Pert V Fodowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII. Pert V Explaining of year balance (e) Four years back (f) Three years back (f) Four years back (g) Four years back (g) Four years back (g) Four years back (f) Four years back (g) Four years b	Par		-	ete if the	e organizatio	on answered	"Yes" or	1 Form 990,	Part IV,	line 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 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 X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1a Garants or scholarships	10			dian (for	contribution	a or other or	acto not	included				
b If "Yes," explain the arrangement in Part XII and complete the following table: a Beginning balance b c d d	Ia			•						Vac		
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Check here if the explanation has been provided or Part XIII. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the complexity of the expenses 0 Contributions (a) Current year (b) Prior year (c) Two years back in the provement price of a complexity of a com	h								L	1162		INO
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f Ending balance												
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back Contributions (c) Administrative expenses (c) Accound (a) held as: (c) Accound (a) held as: (c) Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: (c) Temporally restricted endowment (b) (c) the organization (c) Temporally restricted endowment (b) (c) the organization (c) Temporally restricted endowment (b) (c) the organization (c) Temporally (c) the organization (c) the organization <]
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs												
b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three yea	ars back	(e) Four	years l	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % b Permanent 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 b f Yes no line 3a(ii) are the related 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 b b b b b b b b c Land b b b b c Land b b b b <	1a	Beginning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % b Permanent 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 b f Yes no line 3a(ii) are the related 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 b b b b b b b b c Land b b b b c Land b b b b <	b	Contributions										
e Other expenditures for facilities and programs												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % 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) (ii) related organizations (iii) related organizations 3a(ii) 3a(iii) 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 b Buildings c Leasehold improvements c c Leasehold improvements c c Land b b b Buildings c	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
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 ▶% mb percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Imuds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations isted as required on Schedule R? (iii) ab (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 (other) basis (investment) basis (other) basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 	f	Administrative expenses										
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:	g											
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:			•	e (line 1	g, column (a	a)) held as:						
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) (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) (iii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 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. (d) Book value basis (other) Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	а			_%								
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation b Buildings 5 c Leasehold improvements 33, 314. 33, 314. d Equipment 33, 314. 0.	3a		ession of the organiz	ation tha	at are neid a	ind administe	erea tor t	ne organiza	ition	Г	Vee	
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (other) (c) Accumulated depreciation 1a Land 1a Land 1a b Buildings 1a 1a 1a c Leasehold improvements 33, 314. 33, 314. 0. e Other 0ther 1a 1a<												
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 1a Land	h	If "Yes" on line 3a(ii) are the related organiza	ations listed as requi	red on S	chedule R2							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land										00		
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 1a Land												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				D, Part IV	/, line 11a. S	See Form 990	D, Part X	, line 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 33,314. 33,314. e Other										(d) Book	value	 }
b Buildings		· -···································								.,2		
b Buildings	1a	Land										
c Leasehold improvements 33,314. 0. d Equipment 33,314. 0. e Other												
d Equipment 33,314. 33,314. 0. e Other												
e Other					3	3,314.		33,31	4.			0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other										
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)						0.

Schedule D (Form 990) 2017

732052 10-09-17

Complete if the organization answered "Ye			
(a) Description of security or category (including name of security		(c) Method of valuation: Cost	
) Financial derivatives			
Closely-held equity interests			
) Other	·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" 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	
	(-,	(-,	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
\-/			
(9)			
(9)	lino 15)		
otal. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		►
otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.			>
Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye		e 11e or 11f. See Form 990, Part X,	▶
otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability			▶
Other Liabilities. Complete if the organization answered "Ye (a) Description of liability		e 11e or 11f. See Form 990, Part X,	▶
otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability		e 11e or 11f. See Form 990, Part X,	▶
Other Liabilities. Complete if the organization answered "Ye (a) Description of liability		e 11e or 11f. See Form 990, Part X,	▶
Art X Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3)		e 11e or 11f. See Form 990, Part X,	▶
Ottal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4)		e 11e or 11f. See Form 990, Part X,	▶
Ottal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		e 11e or 11f. See Form 990, Part X,	▶
Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)		e 11e or 11f. See Form 990, Part X,	▶
Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f. See Form 990, Part X,	▶
Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		e 11e or 11f. See Form 990, Part X,	▶
otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	▶

732053 10-09-17

Sche	dule D (Form 990) 2017 ERASE RACISM, INC.		65-12	218069 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			683,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			683,032.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			683,032.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	enses per Return	.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	641,538.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			641,538.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		641,538.
Pa	rt 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.

PART X, LINE 2:

ERASE EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND HAS

DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS FOR 2017 AND 2016.

732054 10-09-17

Schedule D (Form 990) 2017

12060507 130600 ERASE01 2017.03040

(Form 990 or 990-EZ) Complete if the	ental Information Regarding he organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 () or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organization ERASE	RACISM, INC.					Employer ide	entification number
	S. Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	line 1		
 Indicate whether the organization ratio a Aail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written 	ised funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	1	1	· · · · ·				
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrib	putions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or	990-	EZ. 5	Schee	dule G (Form 9	990 or 990-EZ) 2017

732081 09-13-17

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1 SPRING BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	215,996.			215,996
2	Less: Contributions	161,238.			161,238
3	Gross income (line 1 minus line 2)	54,758.			54,758
4	Cash prizes				
5	Noncash prizes	13,676.			13,676
6	Rent/facility costs	31,120.			31,120
6	Food and beverages				
8					
9	Other direct expenses	9,962.			
9 10	Other direct expenses Direct expense summary. Add lines 4 throug	9,962. gh 9 in column (d)	· · · · · · · · · · · · · · · · · · ·		9,962 54,758 0
9 10 11	Other direct expenses	9 , 962 . h 9 in column (d) line 3, column (d)		►	54,758
9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	9 , 962 . h 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or i	►	54,758
9 10 11 Part	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization	9 , 962 . h 9 in column (d) line 3, column (d)		►	
9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9,962. gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	eported more than	54,758 0 (d) Total gaming (add
9 10 1 ⁻ art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9,962. gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	eported more than	54,758 0 (d) Total gaming (add
9 10 1 ⁻ art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	9,962. sh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	eported more than	54,758 0 (d) Total gaming (add
9 10 1 ⁻ art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	9,962. gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	eported more than	54,758 0 (d) Total gaming (add
9 10 11 art	Other direct expenses	9,962. h 9 in column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	eported more than	54,758 0 (d) Total gaming (add col. (a) through col. (c
9 10 1 ⁻ 2 3 4 5	Other direct expenses	9,962. gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	eported more than	54,758 0 (d) Total gaming (add col. (a) through col. (d
9 10 1 ⁻ 2 3 4 5	Other direct expenses	9,962. sh 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Ves% No	h 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	54,758 0 (d) Total gaming (add col. (a) through col. (d

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? _____ Ves U No b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Ves

 b If "Yes," explain:
 Ves

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 ERASE RACISM, INC.	65-12	18069	Page 3
	Does the organization conduct gaming activities with nonmembers?	[Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	ſ	Yes	No No
12	Indicate the percentage of gaming activity conducted in:			
		1	120	04
	The organization's facility			%
	An outside facility	·····	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	IS:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amou	ınt		
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer			
17	Mandetony distributions:			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	Yes	No
	retain the state gaming license?	······································	res	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the		
	organization's own exempt activities during the tax year > \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, line	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				<u> </u>
7320	83 09-13-17 Schedule (3 (Form ዩ	990 or 990)-EZ) 2017

	Schedule G (Form 990 or 990-EZ)
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

65-1218069

OMB No 1545-0047

ERASE RACISM, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISPARITIES, INCREASE UNDERSTANDING OF HOW STRUCTURAL RACISM AND

SEGREGATION IMPACT OUR COMMUNITIES AND REGION, AND ENGAGE THE PUBLIC IN

FOSTERING EQUITY AND INCLUSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PLEASE SEE FINANCIAL STATEMENTS

EXPENSES \$ 47,645. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,717.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION WILL DISTRIBUTE THE DRAFT OF FORM 990 TO THE BOARD FOR ITS REVIEW AND APPROVAL. BOARD MEMBERS WILL RESPOND BACK WITH ANY QUESTIONS OR COMMENTS WHICH WILL THEN BE CONSIDERED IN THE FINAL FILED COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DISTRIBUTES THE CONFLICT OF INTEREST POLICIES TO THE BOARD OF DIRECTORS ANNUALLY TO SIGN.

FORM 990, PART VI, SECTION B, LINE 15:

THE CO-CHAIRS OF THE BOARD OF DIRECTORS PERFORM AN ANNUAL REVIEW OF THE

PRESIDENT'S COMPENSATION AND DELIBERATE ON ANY COMPENSATION INCREASES. THE

PRESIDENT DOES THE REVIEW OF OTHER STAFF MEMBER SALARIES AND SALARY

INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

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Schedule O (Form Name of the organ	ization	ERASE		SM. I	INC.					ľ	Employer identificatio 65-121806	Page on numbe 9
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