ERASE RACISM, INC. 6800 JERICHO TURNPIKE, NO. 109W SYOSSET, NY 11791-4401

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

> > FORM CHAR500

1 15400709 130600 ERASE01 2018.04000 ERASE RACISM, INC. ERASE011

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat						
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2018 and Ending (mm/dd/yyyy) 12/31/2	018		
Check if Applicable:	Name of Organization:Employer Identification Number (EIN):ERASE RACISM, INC.65-1218069					
Name Change Initial Filing	Name Change Mailing Address: NY Registration Num					
Final Filing	City / State / ZIP: SYOSSET, NY 1	1791-4401		Telephone: 516 921-4863		
Reg ID Pending	Website: WWW.ERASERACIS	SMNY.ORG		Email:		
Check your organization's registration category:	s 7A only EPTL	only X DUAL (7A &		onfirm your Registration Category in the narities Registry at www.CharitiesNYS.com.		
2. Certification						
See instructions for certif	ication requirements. Imprope	er certification is a violation	of law that may be subject t	to penalties. The certification requires		
two signatories.						
they ar	e true, correct and complete in		s of the State of New York ap V. ELAINE G			
President or Authorized	Officer:		PRESIDENT			
	Signature		Print Name MARTIN SCHW TREASURER			
Chief Financial Officer or				and Title Data		
	Signature		Print Name	and Title Date		
3. Annual Reporting	a Exemption					
		organization is claiming ar	n exemption under one cate	gory (7A or EPTL only filers) or both		
				ed Char500. No fee, schedules, or		
				e exemption, you must file applicable		
schedules and attachmer	nts and pay applicable fees.					
exceed \$2	3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and A	ttachments					
See the following page for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
		ne organization receive go	veniment grants: in yes, eer			
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo	ur			Make a single check or money order payable to:		
fee(s). Indicate fee(s) you				"Department of Law"		
are submitting here:	\$	\$\$	\$ <u>75.</u>			
-	r Charitable Organizations (Up efers to an organization's NYS	• •	s not refer to its IRS tax desi	gnation.		

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15400709 130600 ERASE01

Page 1

2018.04000 ERASE RACISM, INC.

3

ERASE011

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.

Annual Filing Checklist

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:

- L If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- 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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. 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.

 \Box 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
\fbox \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$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
50,000,000 or more but less than \$50,000,000 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

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

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> <u>Exemption for Charitable Organizations</u>. 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 <u>www.CharitiesNYS.com.</u>

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)).

⁸⁶⁸⁴⁶¹ ⁰¹⁻¹⁵⁻¹⁹ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

2018.04000 ERASE RACISM, INC.

4

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

and anding

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.

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Department of the Treasury Internal Revenue Service A Ear the 2018 calendar year

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~ '	or un	a zo to calendar year, of tax year beginning and	u enunig				
B C a	heck if pplicab	e: C Name of organization		D Employer identifi	cation number		
	Addre chang	ERASE RACISM, INC.					
	Name Chang	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				
	Final return	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 \$	690,057.		
	Amen return	ded SYOSSET, NY 11791-4401		H(a) Is this a group re	eturn		
	Applie	F Name and address of principal officer: V. ELAINE GROSS		for subordinates			
	pendi	^{ng} 6800 JERICHO TURNPIKE, SUITE 109W, SYC	DSSET,	H(b) Are all subordinates in			
IT	ax-ex	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)		
		te: WWW.ERASERACISMNY.ORG	,	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY		
	rt I	Summary			0		
_	1	Briefly describe the organization's mission or most significant activities: TO I	EXPOSE	FORMS OF RA	CIAL		
ő		DISCRIMINATION, ADVOCATE FOR LAWS AND PO	DLICIE	5 THAT ELIMI	NATE RACIAL		
rna	2	Check this box	osed of mor	e than 25% of its net as	ssets.		
ove				3	12		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			11		
s S		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0		
/itie		Total number of volunteers (estimate if necessary)		20			
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
۲		Net unrelated business taxable income from Form 990-T, line 38			0.		
		······································		Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		669,226.	608,296.		
Revenue		Program service revenue (Part VIII, line 2g)		12,427.	17,075.		
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,229.	1,025.		
Ē		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		150.	1,977.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		683,032.	628,373.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Solarian other componentian ampleuro banafita (Dart IV column (A) lines 5.10	۰ L	477,742.	544,505.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	/	0.	0.		
be	b	Total fundraising expenses (Part IX, column (D), line 25)	985.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,796.	173,342.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		641,538.	717,847.		
	19	Revenue less expenses. Subtract line 18 from line 12					
or				eginning of Current Year	-89,474. End of Year		
sets lanc	20	Total assets (Part X, line 16)		378,799.	284,472.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	·····	44,349.	39,496.		
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20	····· ►	334,450.	244,976.		
Pa	rt II	Signature Block		· -	, <u>, , , , , , , , , , , , , , , , , , </u>		
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and staten	nents, 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 v					

Sign Here	Signature of officer V. ELAINE GROSS, PRESI Type or print name and title	DENT	Date			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	MATT BURKE		07/09/19 self-employed P00760659			
Preparer	Preparer Firm's name 🕒 CERINI & ASSOCIATES, LLP		Firm's EIN 🕨 11-3066459			
Use Only	Firm's address 3340 VETERANS ME					
BOHEMIA, NY 11716			Phone no.631-582-1600			
May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) ERASE RACISM,	INC.	65-1218069 Page 2
Pa	t III Statement of Program Service Acco	omplishments	
	Check if Schedule O contains a response or no	te to any line in this Part III	X
1	Briefly describe the organization's mission: TO EXPOSE FORMS OF RACIAL I POLICIES THAT ELIMINATE RAC HOW STRUCTURAL RACISM AND S REGION, AND ENGAGE THE PUBL	CIAL DISPARITIES, INCREASE SEGREGATION IMPACT OUR COMM LIC IN FOSTERING EQUITY ANI	UNDERSTANDING OF MUNITIES AND D INCLUSION.
2	Did the organization undertake any significant progra	m services during the year which were not listed on t	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make signi If "Yes," describe these changes on Schedule O.	ficant changes in how it conducts, any program serv	rices?Yes X No
4	Describe the organization's program service accomple Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported.	ired to report the amount of grants and allocations to	o others, the total expenses, and
4a	(Code:) (Expenses \$ 218,230 EDUCATION: THE EDUCATION EQ INCREASE KNOWLEDGE AND UNDI PUBLIC SCHOOL EDUCATION ANI EQUIPS AND MOBILIZES STUDEN OTHER STAKEHOLDERS TO DEVEN INTEGRATIVE LEARNING ENVIRO	QUITY INITIATIVE IS A MULTI ERSTANDING OF THE BARRIERS D EQUITY IN LONG ISLAND'S F NTS, TEACHERS, ADMINISTRATC LOP AND ADVOCATE FOR MEASUF	TO AND BENEFITS OF PUBLIC SCHOOLS. IT DRS, PARENTS, AND
4b		ATES AND MOBILIZES LONG ISI T PROMOTE DIVERSITY, EQUITY TTERACTIVE FORUMS, WORKSHOP AND MAINSTREAM MEDIA; ANI	Y, AND INCLUSION IN PS, AND TRAININGS;
4c	(Code:) (Expenses \$ 77,569 RACISM RESEARCH AND PROGRAM POLICY ANALYSIS, AND ADVOCA BEYOND OUR CORE PROGRAM ISS USING SOCIAL AND DIGITAL MI ISSUES RANGING FROM HATE SI INCARCERATION, AND ENGAGE GENERAL PUBLIC.	MING: ERASE RACISM ENGAGES ACY TO ADDRESS STRUCTURAL F SUES OF HOUSING AND PUBLIC EDIA AND OTHER ACTIVITIES, PEECH TO DISPARITIES IN DIS	RACISM IN AREAS SCHOOL EDUCATION. WE HIGHLIGHT SASTER RELIEF AND
4d	Other program services (Describe in Schedule O.) (Expenses \$ 62,652. including grants	of \$) (Revenue \$	4 50.)
4e	Total program service expenses	551,812.	
			Form 990 (2018)
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 Form 990 (2018)
 ERASE RACISM, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	3		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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			
	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			v
	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			x
-	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	000	X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	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	20		
Liu	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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,"			x
07	complete Schedule L, Part II	26		<u> </u>
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	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	00		L
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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2018.04000 ERASE RACISM, INC.

ERASE011

Form 990	(2018)		ERASE	RACISM	, INC.	
Part V	St	atements	Regarding	Other IRS	Filings and	Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 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)			x
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		x
b	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
v	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	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		X
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			
	sponsoring organization have excess business holdings at any time during the year? N/A	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
46	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue gualified health plans in more than one state? N/A	120		
а	o i i	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		_		

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
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ERASE RACISM, INC.

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

X

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.

4.	Free the surplus of the terms of the second as head, at the and of the terms of		12		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
2		•		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			~		
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization make any significant changes to its governing documents since the prior round Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization station of the organization bave members or stockholders?			6		X
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or a			0		- 23
1 d				7a		x
h	more members of the governing body?			1 a		- 23
b				76		x
~	persons other than the governing body?			7b		- 23
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, ,		•	x	
	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			_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
					Yes	N
	Did the organization have local chapters, branches, or affiliates?			10a		Σ
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing th	e form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
				16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	nd 000 T (Spotion	501(a)(2)			bla
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990-1 (Section	1001(0)(3)	S OF ITY)) avalla	aDIE
		n in Schedule O)				
-						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	Dimict of Interest	policy, and	rinan	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 be V. ELAINE GROSS $-516-921-4863$	boks and records				
		L791				
		- / ノ エ		Ferrit	000	(00
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensa	ted
	Employees, and Independe	ent Contrac	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)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe nd a d	rson	is bot	h an	compensation	compensation	amount of
	week					i/ ii us		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al tru:		yee	nper		(and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) ELAINE GROSS	35.00									
PRESIDENT		X		Х				133,955.	0.	6,834.
(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) DR. LORNA E. LEWIS	1.00									-
SECRETARY		х		х				0.	0.	0.
(5) CHRISTINA VARGAS	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(6) MARGE ROGATZ	8.00									•
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(7) EDWARD PICHARDO	0.50									•
BOARD MEMBER		Х						0.	0.	0.
(8) MARTIN SCHWARTZ	2.00									•
TREASURER		X		X				0.	0.	0.
(9) RACHEL ACKOFF	1.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(10) JOAN KIERNAN LANGE	2.00								0	0
CO-CHAIR	1 00	X		X				0.	0.	0.
(11) SOFIA B. PERTUZ	1.00								0	0
CO-CHAIR	1 00	X		X				0.	0.	0.
(12) CRAIG WOLFSON	1.00								0	0
ASSISTANT TREASURER	25 00	X		X				0.	0.	0.
(13) SHERLEY CHERENFANT	35.00							00.000	0	1 - 2 2 0
CONTROLLER				X				83,002.	0.	15,339.
		<u> </u>					<u> </u>			
		 		<u> </u>		<u> </u>	 			
		<u> </u>		<u> </u>		<u> </u>	<u> </u>			
										- 000

832007 12-31-18

Form 990 (2018)

	990 (2018) ERASE RAC									65-12	218	069	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average			(C Posi	C) ition			Compensated Employe (D) Reportable	es (continued) (E) Reportable		Es	(F) timate	
		hours per week (list any hours for related organizations below line)	box	, unle	ss pe	rson irecto	Highest compensated singly of the second sec	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	on d Is	com fr org and	nount o other pensa om the anization d relate anization	tion e ion ed
			<u> </u>	ц	0ŧ	Ke	E H	Fc						
с	Sub-total Total from continuation sheets to Part VI	I, Section A $_{\cdot}$							216,957.		0.		2,1	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								216 , 957 . eceived more than \$100	,000 of reportab	0. le	2	2,1	/ <u>/</u> . 1
3	Did the organization list any former officer,				-	•	•		•				Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d ot				3 4		X X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services	;	5		X
1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
יייי	(A) Name and business E ALCOTT GROUP	address							(B) Description of s PROFESSIONAL		С	(C ompei	;) nsatior	n
	EXECUTIVE BLVD., FARM	INGDALE	<u>, 1</u>	17	11	L7:	35		EMPLOYER ORG			54	4,5	05.
								_						
2	Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨					1					Form	990 (2	2018)

832008 12-31-18

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G		Fundraising events		158,054.				
ar La		Related organizations						
in's	е	Government grants (contribut	ions) 1e					
rti SS	f	All other contributions, gifts, gran	ts, and					
<u>p</u>		similar amounts not included abo	ve 1f	450,242.				
d d	g	Noncash contributions included in lines	1a-1f: \$	14,515.				
a C	h	Total. Add lines 1a-1f		►	608,296.			
				Business Code				
e		REGISTRATION FE		812900	11,625.	11,625.		
le vi	b	CONSULTING FEES		812900	5,450.	5,450.		
erS	с							
Program Service Revenue	d							
5 E	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			17,075.			
	3	Investment income (including						
		other similar amounts)			1,025.			1,025.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
ē	8 a	Gross income from fundraisin						
eni		including \$ 158,0						
Be		contributions reported on line	,					
Other Revenue		Part IV, line 18						
l G		Less: direct expenses			0			
-		Net income or (loss) from fund	•	▶	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	····· ►				
	то а	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
ŀ	4.4	Miscellaneous Revenu OTHER REVENUE	e	Business Code 812900	1,937.	1 0 2 7		
	11 a	PROMOTIONAL ITE	MC	900099	40.	1,937. 40.		
		FROMOTIONAL ITE	Gru	900099	40.	40.		
	C			<u> </u>				
		All other revenue		L	1,977.			
		Total. Add lines 11a-11d		🕨		10 050	0	1 0 2 5
	12	Total revenue. See instructions		🕨	628,373.	19,052.	0.	1,025.

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

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ERASE RACISM, INC. Form 990 (2018)

Part VIII Statement of Revenue ERASE RACISM, INC.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
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,	016 056			00 511
trustees, and key employees	216,956.	189,857.	3,588.	23,511
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	010 015	152 041	E04	C2 070
7 Other salaries and wages	218,215.	153,841.	504.	63,870
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	53,249.	40,593.	737.	11,919
9 Other employee benefits	55,249.	40,593.	647.	12,917
10 Payroll taxes	50,005.	42,321.	04/.	12,917
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	37,535.	22,362.	13,445.	1 7 2 9
column (A) amount, list line 11g expenses on Sch O.)	4,664.	4,414.	250.	1,728
12 Advertising and promotion	19,928.	10,771.	5,114.	4,043
13 Office expenses	19,920.	10,771•	J,1140	4,045
14 Information technology				
15 Royalties	25,890.	17,835.	3,733.	4,322
16 Occupancy	9,549.	7,795.	817.	937
17 Travel	,54,54	1,155.	017.	557
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	28,768.	27,899.	632.	237
19 Conferences, conventions, and meetings	20,700.	27,055.	052.	257
20 Interest				
21 Payments to affiliates 22 Depreciation, depletion, and amortization	965.	680.	97.	188
	10,509.	8,261.	377.	1,871
• · · · · · · · · · · · · · · · · ·	10,0000	0,2011	3774	1/0/1
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.)				
a MISCELLANEOUS	19,005.	9,428.	4,794.	4,783
b EQUIPMENT AND MAINTENAN	9,058.	8,415.	315.	328
c PRINTING & PRODUCTION	7,471.	7,140.		331
d	,	,		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	717,847.	551,812.	35,050.	130,985
Joint costs. Complete this line only if the organization	,			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Fillioning SOP 98-2 (ASC 958-720)				
32010 12-31-18				Form 990 (201

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2018.04000 ERASE RACISM, INC.

Form **990** (2018)

ERASE RACISM, INC.

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

		ľ		,	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			191,985.	1	229,350.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			163,597.	3	29,800.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
2		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			8,362.	9	12,128.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		40,505.			
	b	Less: accumulated depreciation	10b	34,280.	0.	10c	6,225.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14,855.	15	6,969.
	16	Total assets. Add lines 1 through 15 (must equ			378,799.	16	284,472.
	17	Accounts payable and accrued expenses			42,849.	17	38,996.
	18	Grants payable			1 500	18	E 0 0
	19	Deferred revenue			1,500.	19	500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and forme					
		key employees, highest compensated employe					
	~	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line Schedule D				25	
	26	Schedule D Total liabilities. Add lines 17 through 25			44,349.	25	39,496.
_	20	Organizations that follow SFAS 117 (ASC 958	3), cheo	k here ► X and		20	
,		complete lines 27 through 29, and lines 33 ar					
	27	Unrestricted net assets			163,488.	27	68,388.
	28	Temporarily restricted net assets			170,962.	28	176,588.
	29					29	
		Organizations that do not follow SFAS 117 (A					
5		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 each				31	
	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			334,450.	33	244,976.
	34	Total liabilities and net assets/fund balances .			378,799.	34	284,472.
							Form 990 (2018)

Form **990** (2018)

Assets

Liabilities

Net Assets or Fund Balances

2018.04000 ERASE RACISM, INC.

ERASE011

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 628,373 2 Total expenses (must equal Part IX, column (A), line 25) 2 717,847 3 Revenue less expenses. Subtract line 2 from line 1 3 -89,474 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 334,450 5 5 5	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 628,373 2 Total expenses (must equal Part IX, column (A), line 25) 2 717,847 3 Revenue less expenses. Subtract line 2 from line 1 3 -89,474 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 334,450 5 5 5	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 334,450 5 Net unrealized gains (losses) on investments 5	
5 Net unrealized gains (losses) on investments	
	50.
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)) 10 244,976	76.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
	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 O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133?	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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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
2018
Open to Public Inspection

Name of the organization	I
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ERASE RACISM, INC. 6								ridentification number	
Pa	rt I	Reason for Public			omploto th	ic part) S	oo instruction		5-1210009
								5.	
	organ	ization is not a private found							
1	\square	A church, convention of ch					1)(A)(I).		
2	\square	A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		ollege or university owner	d or opera	ted by a g	overnmental	unit descrit	bed in
		section 170(b)(1)(A)(iv). (C	. ,						
6		A federal, state, or local go							
7	X								
_		section 170(b)(1)(A)(vi). (Complete Part II.)							
8	\square	A community trust describe							
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	t the colleg	je or
40		university:		····					
10		An organization that norma	•	-	-				
		activities related to its exer	-						-
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.
44		See section 509(a)(2). (Col	• •	ively to test for public or	faty Caa	agation Fl	O(a)(A)		
11		An organization organized	-	•	•			orn out th	a purpassa of one or
12		An organization organized a	-	-				•	
		more publicly supported or lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	
a		the supported organization	-	-	•	-			
		organization. You must o		• • • •	amajonty				supporting
b		Type II. A supporting org	-		tion with it	ts sunnart	ed organizatio	n(s) by ba	avina
	L	control or management of	-				-		-
		organization(s). You mus						igo ino oup	spondu
c		Type III functionally inte	-		in connec	tion with	and functiona	llv integrat	ed with
Ŭ		its supported organizatio						ing integrat	ou man,
d		Type III non-functionally	. , .	· ·				rted organi	ization(s)
		that is not functionally int						-	
		requirement (see instruct	•	c			•		
е		Check this box if the orga	,	•				II. Type III	
		functionally integrated, o						··, · , - ···	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	5 5				
		vide the following information	-	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	542,476.	673,965.	628,522.	669,226.	608,296.	3122485.
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	542,476.	673,965.	628,522.	669,226.	608,296.	3122485.
	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)						1371889.
6	Public support. Subtract line 5 from line 4.						1750596.
	ction B. Total Support						2,000,000
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	542,476.	673,965.	628,522.	669,226.	608,296.	3122485.
	Gross income from interest,	512,170.	075,505.	020,522.	005,220.	000,290.	5122405.
0							
	dividends, payments received on						
	securities loans, rents, royalties,					1,025.	1,025.
•	and income from similar sources					1,023.	1,025.
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	41 150	C 120	20 010	1 270	1 077	00 FC1
	assets (Explain in Part VI.)	41,150.	6,139.	39,916.	1,379.	1,977.	90,561.
	Total support. Add lines 7 through 10						3214071.
	Gross receipts from related activities,		,			12	51,476.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2018 (I					14	54.47 %
	Public support percentage from 2017					15	60.33 %
16 a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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	1					
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
k	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Add lines 10a and 10b	1					
	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) org	anization,
)
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20				1	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
.50	more than 33 1/3%, check this box a	-					
L	33 1/3% support tests - 2017. If the						►∟
C.							
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check t			
8320	23 10-11-18				Sch	equie A (Form	990 or 990-EZ) 2018

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2018.04000 ERASE RACISM, INC.

ERASE011

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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.)

832024 10-11-18

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) 2018

			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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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		
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			
	supported organizations played in this regard.	3		
Sec	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)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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		

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	ion D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	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 2018 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-2018	(iii) Distributable Amount for 2018					
_1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
C	From 2015								
d	From 2016								
e	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
	line 7: \$								
-	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
-	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
e	Excess from 2018		Oshadada A	(5					

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

 Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	6, and 8; and Par	t V, Section E, li	nes 2, 5, and	6. Also cor	mplete this par	t for any additi	onal informati	on.
· · · ·								
								90 or 990-EZ

SC	HEDULE D	Supplementa	al Financial Statement	s		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990),		2018
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	2b.		Open to Public
Interna	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	nation.		Inspection
Nam	e of the organizati	on ERASE RACISM, INC.			Emp	loyer identification number 65-1218069
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccou	
		n answered "Yes" on Form 990, Part IV, lir				
	3	, , ,	(a) Donor advised funds	(b) Fund	ds 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		t end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Yes No
6	Did the organizatio					
		ooses and not for the benefit of the donor o			-	
Pa	impermissible priv	ate penelit? ation Easements. Complete if the org	nanization answered "Ves" on Form 990			
1		servation easements held by the organizat		r art iv,	nne 7.	
•		of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	torically	impor	ant land area
		f natural habitat	Preservation of a cer		•	
	Preservation	n of open space				
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserva	ition easement on the last
	day of the tax yea	r.		Γ		Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
С	Number of conser	vation easements on a certified historic str	ucture included in (a)		2c	
d		vation easements included in (c) acquired				
		nal Register			2d	
3		vation easements modified, transferred, re	leased, extinguished, or terminated by th	e organi	zation	during the tax
	year					
4 5		where property subject to conservation ea tion have a written policy regarding the pe				
5	6	orcement of the conservation easements i	0 / 1 / 0			Yes No
6	,	r hours devoted to monitoring, inspecting,				
Ū						shorte danng the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	semen	its during the year
	▶\$					
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	D(h)(4)(B))(i)	
	and section 170(h))(4)(B)(ii)?				Yes No
9	In Part XIII, descril	be how the organization reports conservat	ion easements in its revenue and expension	e statem	nent, a	nd balance sheet, and
		ole, the text of the footnote to the organiza	tion's financial statements that describes	the org	anizat	ion's accounting for
De	conservation ease		f Art Historical Tracquires ar)thar C	Simila	ar Acasta
Pa		ations Maintaining Collections o		Juner a	511111	ar Assels.
		f the organization answered "Yes" on Form		monton	d bala	
Ia	-	elected, as permitted under SFAS 116 (As s, or other similar assets held for public ex				
		tnote to its financial statements that descr			Jublic	service, provide, in r art All,
b		elected, as permitted under SFAS 116 (AS		nt and ba	alance	sheet works of art, historical
	-	r similar assets held for public exhibition, e				
	relating to these it		,		,1	5
	e e	ded on Form 990, Part VIII, line 1				\$
						è
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financia	al gain, p	orovide	Э
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
		on Form 990, Part VIII, line 1				
		i Form 990, Part X				
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		:	Schedule D (Form 990) 2018

832051 10-29-18

15400709 130600 ERASE01 2018.04000 ERASE RACISM, INC.

Sche	dule D (Form 990) 2018 ERASE R	ACISM, INC	•					65-12	1806	9 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	k any of the	following that	at are a s	ignificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c			hange progr						
b	Scholarly research	e	• [] (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				7		1
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete ir the	organizatio	n answered	res or	Form 990	, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		diany for	contribution	s or other as	seats not	included				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······			1110
			nowing t						Amoun		
с	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	on has been	provided on	Part XII]
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cur	rent year end balanc	L no (lino 1)	a column (s)) held as:						
	Board designated or quasi-endowment	•	% %	g, column (a	<i>i))</i> Heid as.						
b	Permanent endowment	%									
	Temporarily restricted endowment										
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for t	he organiz	ation			
	by:	C C					U U		[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	d	(d) Boo	k value	÷
1a	Land										
	Buildings										
	Leasehold improvements				0 5 0 5		24.23			<u> </u>	~ -
	Equipment			4	0,505.		34,28	80.		6,2	<u> 25.</u>
	Other									<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	Uc.)					6,22	43.

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered				
(a) Description of security or category (including name of sec	urity) (b) Book value	(c) Method of	valuation: Cost or end-of	-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12				
Part VIII Investments - Program Relate				
		ing 11g. Sog Form 000) Dart V lina 12	
Complete if the organization answered " (a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of	vear market valu
				year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				
(8)				
(8) (9)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets.		ine 11d. See Form 990), Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered		ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8)	'Yes" on Form 990, Part IV,	ine 11d. See Form 990), Part X, line 15.	(b) Book value
 (9) (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) 	'Yes" on Form 990, Part IV, I (a) Description	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. ('Yes" on Form 990, Part IV, I (a) Description	ine 11d. See Form 990), Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " Complete if the organization answered "	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " (a) Description of liability	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)			(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " Complete if the organization answered " (a) Description of liability (1) Federal income taxes	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " Complete if the organization answered " (1) Federal income taxes (2)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) (3)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " (1) (2) (3) (4) (4)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) (3) (4)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'Yes" on Form 990, Part IV, I (a) Description (B) line 15.)	ine 11e or 11f. See Fo		(b) Book value

832053 10-29-18

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 ERASE RACISM, INC.		65-12	218069 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	, i i i i i i i i i i i i i i i i i i i
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements			628,373.
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				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			628,373.
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		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			628,373.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	717,847.
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				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			717,847.
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			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			717,847.
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 2018 AND 2017.

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) C	omplete if the	, or if the	2018						
Department of the Treasury	· · ·	ganzation	 entered more than \$1 Attach to Form 990 			-			Open to Public
Internal Revenue Service	► Go	o to www.irs	.gov/Form990 for inst	ruction	s and	the latest informat	ion.	Employor ida	Inspection Intification number
•	ERASE R	ACISM,	INC.					65-1218	
Part I Fundraising required to con			f the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether the or a Mail solicitations b Internet and emails c Phone solicitation d In-person solicitation 2 a Did the organization have the employees listed in b If "Yes," list the 10 hig compensated at least 	ail solicitations ons ations ave a written o n Form 990, P hest paid indi	s or oral agree 'art VII) or en viduals or en	e Solicita f Solicita g Specia ment with any individua tity in connection with p tities (fundraisers) purs	tion of tion of fundra l (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 or entity (fundrais			(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	•			
Total									
3 List all states in which t or licensing.	he organizatic	on is register	ed or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Redu	ction Act Not	ice, see the	Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form §	990 or 990-EZ) 2018

832081 10-03-18

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)	coi. (c))	
	1	Gross receipts	219,738.			219,738	
	2	Less: Contributions	158,054.			158,054	
	3	Gross income (line 1 minus line 2)	61,684.			61,684	
	4	Cash prizes					
	5	Noncash prizes	14,515.			14,515	
	6	Rent/facility costs				36,654	
חוובתו באחבווסבי	7	Food and beverages					
ן נ	8	Entertainment					
	9	Other direct expenses				10,515	
	10	Direct expense summary. Add lines 4 thro		· · · · · · · · · · · · · · · · · · ·	•	61,684	
	11	Net income summary. Subtract line 10 fro	m line 3, column (d)		►	0	
	rt I						
		\$15,000 on Form 990-EZ, line 6a.					
,			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad	
			(a) billigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (a	
·	1	Gross revenue					
	0	Coch prizos					
3	2	Cash prizes					
	3	Noncash prizes					
Ì	·						
	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	└── Yes %	└── Yes %		
	6	Volunteer labor	No	└── No	No		
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		•		
7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract lir	ne 7 from line 1, column (d)		>		
	<u> </u>						
	0						
	Ent	ter the state(s) in which the organization cc					
а	Ent Is t	he organization licensed to conduct gamin		states?			
а	Ent Is t		g activities in each of these	states?		Yes N	
а	Ent Is t	he organization licensed to conduct gamin	g activities in each of these	states?		. L Yes N	
a b	Ent Is t If "	he organization licensed to conduct gamin No," explain:	g activities in each of these				
a b)a	Ent Is t If "	the organization licensed to conduct gamin No," explain: ere any of the organization's gaming license	g activities in each of these	erminated during the tax			
a b)a	Ent Is t If "	the organization licensed to conduct gamin No," explain: ere any of the organization's gaming license	g activities in each of these	erminated during the tax			
a b a	Ent Is t If "	the organization licensed to conduct gamin No," explain: ere any of the organization's gaming license	g activities in each of these	erminated during the tax			

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Sch	edule G (Form 990 or 990-EZ) 2018 ERASE RACISM, INC.	65-1218069	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility		<u> </u>
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:	
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt	
	of gaming revenue retained by the third party ►\$		
	ϕ If "Yes," enter name and address of the third party:		
Ľ	in res, entername and address of the third party.		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,
8320	83 10-03-18 Schedule	G (Form 990 or 990	-EZ) 2018

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15400709 130600 ERASE01

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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.

ERASE RACISM, INC.

Employer identification number 65-1218069

OMB No 1545-0047

Open to Public

Inspection

18

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 \$ 62,652. INCLUDING GRANTS OF \$ 0. REVENUE \$ 450.

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) (2018)83221110-10-18

15400709 130600 ERASE01

2018.04000 ERASE RACISM, INC.

Name of the organization

ERASE RACISM, INC.

FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST AT THE ORGANIZATION'S

OFFICE DURING BUSINESS HOURS, AS WELL AS ON GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

832212 10-10-18

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