Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	SS FDACE DACTOM INC		
\vdash	lchang Name	,	- $65-1$	218069
H	lchang	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/si		
E	return Final return/	6800 TEPTCHO TIPNIDIKE 100W		r 921-4863
	termin ated		G Gross receipts \$	726,959.
	Ameno		H(a) Is this a group re	
	Applic	F Name and address of principal officer: V • ELAINE GROSS	for subordinates	
	pendir	9 6800 JERICHO TURNPIKE, SUITE 109W, SYOSSET	, H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) ()	527 If "No," attach a	list. (see instructions)
J	Websit	e: ► WWW.ERASERACISMNY.ORG	H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other Ly	ear of formation: 2003 N	A State of legal domicile: NY
Pi	art I	Summary		
О .	1	Briefly describe the organization's mission or most significant activities: ERASE RA	CISM USES EDU	CATION,
Governance		RESEARCH, ADVOCACY AND SUPPORT TO ELIMINATE	INSTITUTIONAL	RACISM ON
ern;	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
ŏ		Number of voting members of the governing body (Part VI, line 1a)		12
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		11
Activities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		0
Ĭ		Total number of volunteers (estimate if necessary)		15
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	673,965.	628,522.
Revenue	1	Program service revenue (Part VIII, line 2g)	7,086.	6,250.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,407.	1,411.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,732. 687,190.	38,505. 674,688.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	007,190.	0,4,600.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 69,878.	0.	0.
Ä	170		610,612.	648,793.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	610,612.	648,793.
		Revenue less expenses. Subtract line 18 from line 12	76,578.	25,895.
- S	19	nevertue less experises. Subtract line 16 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	307,361.	332,667.
Ass	21	Total liabilities (Part X, line 26)	40,300.	39,711.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	267,061.	292,956.
P	art II	Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
Hei		V. ELAINE GROSS, PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	MATT BURKE	05/08/17 if self-employ	P00760659
Pre	parer	Firm's name ▶ CERINI & ASSOCIATES, LLP	Firm's EIN ▶	11-3066459
Use	Only	Firm's address 3340 VETERANS MEMORIAL HIGHWAY		
		BOHEMIA, NY 11716	Phone no. 63	1-582-1600
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2016)

Total program service expenses ▶

Form 990 (2016) ERASE RACISM, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
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? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	X	
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		X
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			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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		v	
	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,"			37
	complete Schedule G, Part III	19		X

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			Yes	No
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		 -
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		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	230		
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		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			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	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?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
			_	

Form **990** (2016)

Form 990 (2016) ERASE RACISM, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Page 10		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W2G included in line 1s. Enter o' in rind applicable					Yes	No			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 In at least on it is reported on line 2, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2 is ig greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unreaded business greater shan 250, you may be required to e-file (see instructions) 8 Did the Vers, 'has it filed a Form 980-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O. 9 At any time during the calendary year, did the organization have an interest in, or alignature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes,' the time the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes, 'the time the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes, 'the intert the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 At Yes, 'the line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 By If Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 By If Yes,' to line sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 By If Yes,' to the organization shelt were not tax deductible as charitable contributions under section 170(c). 10 If Yes,' to the organization than	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0						
describing winnings to prize winners? a First the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least on is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-1/80 (see instructions) b If 1'Yes, 1'and 1 till fed a Form 990 To for this year If 1'No, 1' for line 3, 1000 or more during the year? a 2a V If Yes, 1're and 1 till fed a Form 990 To for this year If 1'No, 1' for line 3, 1000 or more during the year? a 2a V If Yes, 1're the name of the foreign country (such as a bank account, securities account, or other financial accounts)? b If Yes, 1're the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for Fince NET 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for Fince NET 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for Fince NET 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for Fince NET 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for Fince 104 Financial accounts (FBAR). See instructions for filing requirements for Fince 104 Financial accounts (FBAR). See instructions for filing requirements for Fince 104 Financial accounts (FBAR). See If Yes, 1'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of quite or this account of the foreign seems of a part of a probability of the organization selection of the decident of the foreign selection of the fore	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, find for the calendary are anding with or within the year covered by this return. Description	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming						
tiled for the calendary year ending with or within the year covered by this return. 1		(gambling) winnings to prize winners?		1c	Х				
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 e-file (see instructions) 3a Did the organization have underlied business gross income of \$1,000 or more during the year? 3a X Yes, "has it filed a Form 900-T for this year" If "No," to line 3b, provide an explanation in Schedule 0 Sb Yes, "has it filed a Form 900-T for this year" If "No," to line 3b, provide an explanation in Schedule 0 Sb Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X X X X X X X X X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross norm of \$1,000 more during the year? 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. ► 5b If Yes,* has if filed a Form 990-1 for this year? If Yes,* to financial account in a foreign country. ► 5c If Yes,* or enter the name of the foreign country. ► 5c If Yes,* or line filed a Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5c If Yes,* or line filed a Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes,* or line filed so granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* or line filed so granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* or line filed so granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* or line filed so granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* or line filed so granization that it was or is a party to a porhibited tax shelter transaction? 5c If Yes,* or line filed so granization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* or line filed so granization that device the expension of the contributions or gifts were not tax deductible a schariatible contributions or gifts were not tax deductible? 6c If Yes,* or line filed the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c If Yes,* or line filed the organization include deductible contributions under section 170(c). 6c If Yes,* or line filed the organization include the payment in excess of \$for male party is a contribution or grown or filed the organization filed the organization or filed the organization or filed the organiza		filed for the calendar year ending with or within the year covered by this return	0						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b					
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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 4a X b If "Yes," enter the name of the foreign country 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 88861? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax eductibles a scharitable contributions? 6a Z 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization neceive appirent in excess of \$75 made partly as contribution and parity for goods and services provided to the payor? 7 Tax 8 Y 8 Y 10 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee year pay premiums, directly or indirectly, no a personal benefit contract? 7 Tax 7 Y 8 Y 9 Sponsoring organization make a distribution of qualified intellectual property, did the organization flee Form 8989 as required? 9 Did the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have access		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
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, erother financial account)? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization 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 c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b L Yx, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? 7 Tys, "did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year pay premiums, directly or indirectly, or a personal benefit contract? 7 Did the organization guild the year and the payment of the organization file organization file or qualified intellectual property, did the organization file organization with the year? 8 Sponsoring organizations make excess business holdings at any time during the year? 9 Sponsoring organization make excess business holdings at any time during the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
triancial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b D X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sloid any contributions that twen or to tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a ID dit enganization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 9 b Id the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 c X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 b If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(Z) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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organization is licensed to issue qualified health plans 13b 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						77			
						X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			000	(00:5			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12	2							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a									
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 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 approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	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 arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	V. ELAINE GROSS - 516-921-4863								
	6800 JERICHO TURNPIKE, SUITE 109W, SYOSSET, NY 11791								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A) Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELAINE GROSS	35.00							100 252		
PRESIDENT	2 00	Х		Х		₩		128,353.	0.	0 .
(2) FREDERICK K. BREWINGTON	2.00	X						0.	0.	0 .
BOARD MEMBER (3) PROF. HOWARD A. GLICKSTEIN	4.00	^				\vdash		0.	0.	0 .
BOARD MEMBER	4.00	X						0.	0.	0 .
(4) WILLIAM J. JENNINGS	2.00	123				\vdash			•	
BOARD MEMBER		x						0.	0.	0.
(5) SISTER ELIZABETH HILL	0.50	 						-		
SECRETARY		x		x				0.	0.	0
(6) DR. LORNA E. LEWIS	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) CHRISTINA VARGAS	1.00									
CO-CHAIR		Х		Х				0.	0.	0 .
(8) DEBORAH POST	1.00									
BOARD MEMBER		Х						0.	0.	0
(9) MARGE ROGATZ	8.00									
CO-CHAIR		X		Х				0.	0.	0
(10) EDWARD PICHARDO	1.00	ļ		l						
ASSISTANT SECRETARY		Х		Х				0.	0.	0 .
(11) MARTIN SCHWARTZ	2.00	١							_	_
TREASURER	1 00	Х		Х		<u> </u>		0.	0.	0
(12) RACHEL ACKOFF	1.00	X						0.	0.	0 .
BOARD MEMBER	1.00	^				┢		0.	0.	0 .
(13) JOAN KIERNAN LANGE BOARD MEMBER	1.00	X						0.	0.	0 .
(14) SOFIA B. PERTUZ	1.00	^				\vdash		0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0.
(15) CRAIG WOLFSON	1.00	+				\vdash		 	-	
ASSISTANT TREASURER		х		х		<u></u>		0.	0.	0 .
		\vdash								
		1								
		-	_			-	_			OOO (004.0

Form **990** (2016)

	1990 (2016) EKASE KA									03-121	0003	<u>, P</u>	age •
Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(40		Pos	ition) than		Reportable	Reportable	6	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	a	mount	of
		week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related		other	
		(list any	ector						the	organizations	cor	npensa	ation
		hours for	or dire				ted		organization	(W-2/1099-MISC)	'	from th	e
		related	stee (ruste		l	eusa		(W-2/1099-MISC)		1	ganizat	
		organizations below	al tru	onal t		loyee	li co				1	nd relat	
		line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			org	ganizati	ons
		11110)	<u>=</u>	ü	₩	Ş.	ijĘ.	요					
			ļ										
1b	Sub-total							ightharpoonup	128,353.	0	•		0
С	Total from continuation sheets to Part VI	I, Section A						ightharpoonup	0.	0			0
d	Total (add lines 1b and 1c)								128,353.	0	•		0
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportable			
	compensation from the organization												
												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	ev er	nplo	yee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	•			•	•	•				3		Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150									g	4		Х
5	Did any person listed on line 1a receive or a									idual for services	-		
•	rendered to the organization? If "Yes," com										5		Х
Sec	ction B. Independent Contractors	piete cerredan	00,	0, 0,	011	<i>p</i> 0, c							
1	Complete this table for your five highest co	mpensated inc	dene	ende	ent o	onti	racto	ors t	that received more than	\$100,000 of comper	nsation	from	
•	the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	.5411011	0/11	
	(A)	and dateridar y	Jui	o, iui	y v	V 1 C 1	J. VV	1	(B)	, oui.		(C)	
	Name and business	address							Description of s	services		ensatio	n
<u>тн</u>								-	PROFESSIONAL.		1-		

EMPLOYER ORGANIZATIO 71 EXECUTIVE BLVD., FARMINGDALE, NY 11735 484,513. Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2016)

\$100,000 of compensation from the organization

Form 990 (2016) ERASE R
Part VIII Statement of Revenue

ı u	L VI	Check if Schedule O cont		or note to any lin	e in this Part VIII			
		Officer if Schedule O cont	анз а гезропзе	of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra Iou	b	Membership dues	1b					
ts, (c	Fundraising events	1c	184,473.				
ia i	d	Related organizations	1d					
ns,	е	Government grants (contribut	ions) 1e					
er S	f	All other contributions, gifts, gran						
Βğ		similar amounts not included abo	ve 1f	444,049.				
the C	9	Noncash contributions included in lines	1a-1f: \$					
<u>a 0</u>	h	Total. Add lines 1a-1f			628,522.			
				Business Code	F 4F0	F 4F0		
ice		REGISTRATION FE		812900	5,450.	5,450.		
ne C	b	CONSULTING FEES	<u> </u>	812900	800.	800.		
m S	C	·						
gra Re	C							
Program Service Revenue	e)						
_		All other program service reve			6,250.			
_	3	Total. Add lines 2a-2f			0,250.			
	3	other similar amounts)			1,411.			1,411.
	4	Income from investment of ta						
	5	Royalties						
	Ū	1 loyalilos	(i) Real	(ii) Personal				
	6 a	Gross rents		(ii) i crooriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	c	Net gain or (loss)		<u></u>				
anne	8 a	Gross income from fundraisin including \$ 184,4						
eve		contributions reported on line	1c). See					
F.		Part IV, line 18	a					
Other Revenu	b	Less: direct expenses		52,271.				
١	c	Net income or (loss) from fund	draising events		0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19		1				
		Less: direct expenses						
		: Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less						
		and allowances		1				
		Less: cost of goods sold		ابا				
		Net income or (loss) from sale						
	44	Miscellaneous Revenu OTHER REVENUE	ie	Business Code 812900	38,505.	38,505.		
				012300	50,505.	30,303.		+
	b							+
	0	: All other revenue						
		• Total. Add lines 11a-11d			38,505.			
	12	Total revenue. See instructions.			674,688.	44,755.	0.	1,411.

Pai	t IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	55,264.	25,515.	12,554.	17,195.
12	Advertising and promotion	4,955.	2,955.		2,000.
13	Office expenses	17,180.	11,203.	3,107.	2,870.
14	Information technology				
15	Royalties				
16	Occupancy	25,349.	19,089.	4,096.	2,164.
17	Travel	8,176.	7,308.	362.	506.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,402.	6,767.	579.	56.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,709.	2,167.	287.	255.
23	Insurance	8,741.	6,844.	985.	912.
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.) STAFF LEASING EXPENSE	484,513.	443,646.	3,334.	37,533.
a b	MISCELLANEOUS	18,687.	9,056.	3,486.	6,145.
C	EQUIPMENT AND MAINTENAN	10,430.	9,902.	286.	242.
d	PRINTING & PRODUCTION	5,387.	5,387.	200.	242
		3,307•	3,307•		
	All other expenses Total functional expenses. Add lines 1 through 24e	648,793.	549,839.	29,076.	69,878.
25 26	Joint costs. Complete this line only if the organization	0=0,100	347,033.	25,070.	05,010.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or not	e to any line in th	nis Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			226,434.	1	255,467.
	2	Savings and temporary cash investments			. , .	2	
	3	Pledges and grants receivable, net			54,996.	3	60,300.
	4	Accounts receivable, net			<u> </u>	4	<u> </u>
	5	Loans and other receivables from current and fo					
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,745.	9	8,419.
	10a	Land, buildings, and equipment: cost or other	I I			_	
		basis. Complete Part VI of Schedule D	10a	33,314.			
	ь	Less: accumulated depreciation		31,802.	4,217.	10c	1,512.
	11	Investments - publicly traded securities				11	·
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	_		14		
	15	Other assets. See Part IV, line 11		6,969.	15	6,969.	
	16	Total assets. Add lines 1 through 15 (must equa		1	307,361.	16	332,667.
	17	Accounts payable and accrued expenses			40,300.	17	38,211.
	18	Grants payable			18		
	19	Deferred revenue			19	1,500.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	officers, directo	rs, trustees,			
III:		key employees, highest compensated employee	es, and disqualifi	ed persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities (including federal income tax, page	yables to related	l third			
		parties, and other liabilities not included on lines	17-24). Comple	te Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			40,300.	26	39,711.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨	· X and			
es		complete lines 27 through 29, and lines 33 an			046 086		
anc	27	Unrestricted net assets			216,876.	27	280,038.
Fund Balances	28	Temporarily restricted net assets			50,185.	28	12,918.
nd	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A					
S OF		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			267 061	32	202 056
-	33	Total net assets or fund balances			267,061.	33	292,956.
	34	Total liabilities and net assets/fund balances			307,361.	34	332,667.

Form **990** (2016)

. 0111	1000 (2010)			, u	<u>9~</u>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,7				
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	7,0	61.			
5	Net unrealized gains (losses) on investments							
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							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х			
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?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
or audits, explain why in Schedule O and describe any steps taken to undergo such audits								

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ERASE RACISM, INC.

Employer identification number 65-1218069

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch		•	-	•						
2		A school described in secti										
3		A hospital or a cooperative					ii).					
4		A medical research organiz						the hospital's name				
		city, and state:	a operated	ngan onon man a moopha				and mospital o maine,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in				
J		section 170(b)(1)(A)(iv). (C		nege of armiversity owner	а ог орога	iou by u g	overnmental and accord	700 III				
6		A federal, state, or local gov	•	aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)					
	X	, ,	· ·				• •	nublic described in				
′	21											
_		section 170(b)(1)(A)(vi). (Co	· ·	(4)(A)(-1) (Ol-t- D	. \							
8	Н	A community trust describe										
9		An agricultural research org				-	-	-				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	e or				
		university:										
10	ш	An organization that norma										
		activities related to its exen	•					•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
11	H	An organization organized a	-	•	-							
12	ш	An organization organized a	=	•	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	-					Check the box in				
		lines 12a through 12d that	• •			-						
а			· · · · · · · · · · · · · · · · · · ·		•	•						
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must c										
b			· ·					-				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С							• •	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d							• • • • • •					
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.						
f		er the number of supported o	-									
g		vide the following information			(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amazumt of other				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)				
- Ota	<u> </u>											

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.)

Sec	ction A. Public Support		•	•				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and	` ,	` ,	` ,	` '	, ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	456,170.	476,855.	542,476.	673,965.	628,522.	2777988.	
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	456 150	400 000	E 4 0 4 E 6	682 065	600 500	00000	
4	Total. Add lines 1 through 3	456,170.	476,855.	542,476.	673,965.	628,522.	2777988.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						1075349.	
_	column (f)						1702639.	
	Public support. Subtract line 5 from line 4.						1/02039.	
	ndar year (or fiscal year beginning in)	(a) 2012	(h) 2012	(a) 2014	(d) 201 E	(a) 2016	(f) Total	
	Amounts from line 4	(a) 2012 456,170.	(b) 2013 476,855.	(c) 2014 542, 476.	(d) 2015 673,965.	(e) 2016 628, 522.	(f) Total 2777988.	
8	Gross income from interest,	430,1700	470,0331	342,4700	073,303.	020,322.	2777300.	
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
·	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	4,725.	2,626.	41,150.	6,139.	38,506.	93,146.	
11	Total support. Add lines 7 through 10						2871134.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	54,008.	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)		
	organization, check this box and stop						>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	59.30 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	65.77 %	
16a	33 1/3% support test - 2016. If the o	•		•		•		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2015. If the o	-						
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	ū				•		
	more, and if the organization meets the							
40	organization meets the "facts-and-circ							
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public S	r the tests listed be Support	low, please com	piete Part II.)				
Calendar year (or fiscal ye		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contril	· · · · -	(/	(=,====	(:,=:::	(-,	(-,	(-)
membership fees re							
include any "unusu	,						
2 Gross receipts from	, F						
merchandise sold o							
formed, or facilities							
any activity that is r							
organization's tax-e	· · · · -						
3 Gross receipts from							
are not an unrelated	540						
iness under section							
4 Tax revenues levied	· ·						
ization's benefit and	·						
or expended on its	behalf						
5 The value of service	es or facilities						
furnished by a gove	ernmental unit to						
the organization wit	hout charge						
6 Total. Add lines 1 tl	hrough 5						
7a Amounts included of	on lines 1, 2, and						
3 received from disc	qualified persons						
b Amounts included on lines							
from other than disqualifie exceed the greater of \$5,0							
amount on line 13 for the							
c Add lines 7a and 7b							
8 Public support. (Sub							
Section B. Total Su	upport		•	•	•	•	•
Calendar year (or fiscal ye	i	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	· · · · · -	(/	(=,=====	(-,	(-,,	(-,	(4)
10a Gross income from							
dividends, payment	ts received on						
securities loans, rer and income from sir	nts, royalties						
b Unrelated business tax						+	
(less section 511 taxes							
acquired after June 30	1075						
•							
c Add lines 10a and 1						-	
11 Net income from un activities not include							
whether or not the							
regularly carried on							
12 Other income. Do n or loss from the sale							
assets (Explain in P							
13 Total support. (Add line	es 9, 10c, 11, and 12.)						
14 First five years. If t	he Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organia	zation,
check this box and							<u></u> ▶□
Section C. Compu	tation of Public	c Support Pe	rcentage				
15 Public support perc	entage for 2016 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support perc						16	%
Section D. Compu	tation of Inves	tment Incom	e Percentage	!			
17 Investment income	percentage for 201	I6 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income	percentage from 20	015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support to						33 1/3%, and line	17 is not
more than 33 1/3%	, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organia	zation	> □
b 33 1/3% support to							
line 18 is not more t		•			·	•	
20 Private foundation							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	iii 3 3 (continuca)		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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	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		
<u>Sec</u>	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			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .	.ttion.	.1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instantial and the instantial and	tructions		Na
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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	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. <i>Answer (a) and (b) below.</i>	2.0		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	30		
	j, p: - g::			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	rust on Nov. 20, 1970 (explain in Part VI.) See instructions. A				
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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	ly integrat	ted Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on 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			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	ERASE RACISM, INC.		65-1218069
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
Pai	·		t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С.	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extiliguished, or terminated by the of	ganization during the tax
4	year	promont is located	
5	Number of states where property subject to conservation ear Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
J	b	, mandaling of violations, and emoreting conser	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
-	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1		.
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2016

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

Schedule D (Form 990) 2016

Part VII	Investments -	Other	Securities.

	(b) Book value	c) Method of v		d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	on Form 000 Dort IV line	110 Coo Form 000	Dort V. line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of v	Part A, line 13.	d-of-year market value
	(b) Book value	(c) Wethod of Vi	aluation. Oost of en	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990,	Part X, line 15.	
(a) I	Description			(b) Book value
(1)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	215)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		a 11e or 11f See Forn		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"				5.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		e 11e or 11f. See Forn (b) Book value		i.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes				i,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)				j.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3) (4)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3) (4) (5)				i,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6) (7)				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ERASE RACISM, INC.

Employer identification number 65-1218069

N GCWNG	ACIDM, INC.				03-1210	009
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization rais	sed funds through any of the followin	n acti	vities	Check all that apply		
	· · ·	-			•	
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	dina o	fficers directors true	stees or	
key employees listed in Form 990, P.						☐ No
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual		(iii) fundr have c or con	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	to (or retained by) fundraiser	to (or retained by)
or entity (idilaraiser)		contrib	utions?	I OIII activity	listed in col. (i)	organization
		Yes	No			
		l	l			
「otal						
3 List all states in which the organization	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

65-1218069 Page 2 Schedule G (Form 990 or 990-EZ) 2016 ERASE RACISM, INC. 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

-			(a) Event #1 SPRING BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	236,744.			236,744.
	2	Less: Contributions	184,473.			184,473.
	3	Gross income (line 1 minus line 2)	52,271.			52,271.
	4	Cash prizes				
S	5	Noncash prizes	14,974.			14,974.
Direct Expenses	6	Rent/facility costs	26,553.			26,553.
irect E)	7	Food and beverages				
莅	8	Entertainment Other direct expenses				10,744.
	_	Direct expense summary. Add lines 4 through			•	52,271.
		Net income summary. Subtract line 10 from li	ne 3, column (d)		>	0.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total camina (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
eve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	- · · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	· · · · —			
		the organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re			year?	Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	nedule G (Form 990 or 990-EZ) 2016 ERASE RACISM, INC. 65-	12180	069	Page 3
	Does the organization conduct gaming activities with nonmembers?	. 🗆 1	es/	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?	. 🔲 Y	es/	O No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	es/	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		/ 00	☐ No
	retain the state gaming license? Discrimination of distributions required under state law to be distributed to other exempt organizations or spent in the	' '	es/	NO
'	organization's own exempt activities during the tax year \$\infty\$\$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 0 (h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	111103 0, 0	, 10	ь, тов,
_	100, 10, and 110, at approache. The provide any additional information. Commentation			

Schedule G	(Form 990 or 990-EZ)	ERASE RACISM,	INC.	65-1218069	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
	••	,			
-					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ERASE RACISM, INC.

Employer identification number 65-1218069

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LONG ISLAND. ERASE RACISM EDUCATES AND PROMOTES A DIALOGUE AMONG COMMUNITY LEADERS ABOUT THE HISTORY, CONTINUING EXISTENCE, AND OPERATIONAL REALITIES OF INSTITUTIONAL RACISM ON LONG ISLAND. **ERASE** RACISM IDENTIFIES SPECIFIC MANIFESTATIONS OF INSTITUTIONAL RACISM, INITIALLY IN HOUSING, PUBLIC EDUCATION, ECONOMIC DEVELOPMENT, AND ERASE RACISM INITIATES AND FACILITATES DISCOURSE, APPROACHES, HEALTH. AND TOOLS TO UNDO THE STRUCTURES, POLICIES, PRACTICES, AND RELATIONSHIPS THAT PERPETUTATE INSTITUTIONAL RACISM AND RESULT IN DISCRIMINATION, SEGREGATION, AND INEQUITIES BASED ON RACE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PLEASE SEE FINANCIAL STATEMENTS

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.

REVENUE \$ 0.

INCLUDING GRANTS OF \$ 0.

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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

EXPENSES \$ 102,451.