** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning and end	ding				
Вс	heck if pplicable	C Name of organization ENVIRONMENTAL RESEARCH & EDUCATION		D Employer identifi	cation number		
	Address	FOUNDATION					
	Name	Doing business as		52-1804051			
	Initial		om/suite	E Telephone numbe	r		
	Final return/	3301 BENSON DRIVE, SUITE 101	ioiii/auite	919-861-6876			
	termin-			G Gross receipts \$	5,945,122.		
	Amende	City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27609		H(a) Is this a group re			
	Applica				77		
	pending	SAME AS C ABOVE		for subordinates			
1.7	27-070			H(b) Are all subordinates in	list. (see instructions)		
		mpt status: [X 501(c)(3) 501(c) (527				
			T. v	H(c) Group exemption	State of legal domicile: DC		
		organization: X Corporation Trust Association Other ▶	L Year o	of formation, 1992	State or legal donniche.		
-			AND DID	ECM CCIPNMIPIC			
ce		Briefly describe the organization's mission or most significant activities: TO FUND A RESEARCH AND EDUCATIONAL INITIATIVES FOR WASTE MANAGEMENT PRACT		ECT SCIENTIFIC			
nan	1 3			050/ 6/11	-4-		
/err	1	Check this box if the organization discontinued its operations or disposed			ets.		
30	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	21		
•ধ		Number of independent voting members of the governing body (Part VI, line 1b)			28		
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			186		
Activities & Governance	, b	Total number of volunteers (estimate if necessary)		6	0.		
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	D	Net unrelated business taxable income from Form 990-T, line 39	·····	7b			
Revenue	_	D-A-16-4	<u> </u>	Prior Year 3 , 110 , 959 .	2,865,091.		
		Contributions and grants (Part VIII, line 1h)		250,110.	75,464.		
		Program service revenue (Part VIII, line 2g)		184,719.	322,583.		
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-795,433.	-583,622.		
				2,750,355.	2,679,516.		
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,196,358.	1,183,020.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0,		
	45			735,350.	1,011,597.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ens	102	200 210	0				
ă.	17 D	Total fundraising expenses (Part IX, column (D), line 25) 369, 241 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		669,064.	567,376.		
_	111	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,600,772.	2,761,993.		
	1	Revenue less expenses. Subtract line 18 from line 12		149,583.	-82,477.		
Or Ses	_	Revenue less expenses. Subtract line 16 from line 12	Pa/	inning of Current Year	End of Year		
ts o		Tatal accepts (Doub V. line 16)		9,616,213.	10,585,625.		
Net Assets	20	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		109,835.	88,190.		
et /	21	otal liabilities (Part X, line 26) Jet assets or fund balances. Subtract line 21 from line 20		9,506,378.	10,497,435.		
P	22 I	Signature Block		, , , , , , , ,	20,137,133.		
		ies of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts and to the hest of my	knowledge and belief it is		
		and complete. Declaration of prepayer, (other than officer) is based on all information of which			Knowledge and belief, it is		
nue,	COLLECT	Resident of the state of the st	гргорагаг	1 ////5	12020		
Ci-	.	Signature of officer		Date	17000		
Sign		BRYAN F. STALEY, PRESIDENT & CEO					
Her	e	Type or print name and title					
	\dashv			Date Check	PTIN		
Paid	- 1	Print/Type preparer's name Preparer's signature RIAN C. BURTON, CPA BRIAN C. BURTON, CPA	1:	1/13/20 if self-employ	011000011		
Prep		CONTRACTOR OF THE CONTRACTOR O		Firm's EIN	56-2195159		
Use		Firm's name STEWARD INGRAM & COOPER PLLC Firm's address PO BOX 41168	THINGE IN				
026	Ully	RALEIGH, NC 27629		Phone no.919	-872-0866		
14-	the ID	S discuss this return with the preparer shown above? (see instructions)		11 1010 110,5 25	X Yes No		
iviay	THE IN	uiscuss uns return with the preparer shown above: (see mandonons)		************************	103 100		

2,238,545.

Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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		Х
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 donor-restricted endowments			
	or in 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, 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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
а	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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Δ.
'	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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete	111		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

Yea No Part IX, column (M.) line 27 8" Yea," complete Schedule Parts and III		rt IV Checklist of Required Schedules (continued)	J1	<u> </u>	age •
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, couning Alian 27. If Vies, "complete Schedule J. Parts I and 8.4, or 5 about compensation of the organization's current and forms officers, directors, trustees, key employees, and highest compensation of the organization's current and forms officers, directors, trustees, key employees, and highest compensation of more than \$100.000 as of the last organization have a tax everage bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the organization have a tax everage bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the view is that was issued after December 31, 2002? If Yies," answer larse 24th through 24d and complete Schedule K, If Yillo," go to line 25s. Did the organization marks are all reproceeds of tax exempt bonds beyond a temporary period exception? Did the organization marks and are proceeds of tax exempt bonds beyond a temporary period exception? Did the organization and as an 'on behalf off' issuer for bonds outstanding stany time during the year? 24d		Continued)		Voc	No
Part K, column (A), line 2º (f. "Yes," complete Schedule I, Parts I and III 20 bit the organization answer "Yes" to Part VIII, Section A, line 3.4 or 6 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensation of the organization in view at the value of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Yes," organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d and complete Schedule I, "Yes," organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d and complete Schedule I, "Yes," organization and section according to the than a refunding secror at any time during the year? 24d 2. 25a Section 501c(3), 501c(4), and 501c(2)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity the year? If "Yes," complete Schedule I, Part I 2. 25b In the organization are the interest of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any effort if "Yes," complete Schedule I, Part I 2. 25c Did the organization provide a grant or other assistance to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity for furnity member of any of these persona? If "Yes," complete Schedule I, Part II 2. 27c Visa the organization provide a grant or other assistance to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor or employee threeford, and part selection committee member, or to a 35% controlled entity for the empersor of any expensions of the part II 2. 27d Visa the organization in provide a grant or other assistance to any current or former officer,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
23 IX with the organization answer "Yes" to Part VII, Section A, lina 3, 4, or 5 about compensation of the organization is current and former officers, directors, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. A visual bid 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," arrawer lines 24b through 24d and complete Schedule K, If "No." yo to line 25a. Did the organization maintain an escrow account other than a refunding secrow at any time during the year to delease any tax exempt bonds. Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d			22	х	
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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 24th through 24th and complete Schedule K. If "No," go to line 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 22b Section 501(5)(3), 501(6)(4), and 501(6)(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 25b		•	23	х	
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Schedule K. If "No." go to line 25a. \$\frac{24a}{24b}\$ \ \times					
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Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization and yto to business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 29 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 X 54 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 55a Did the organization have a controlled entity within the mean	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family imember of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 18 Yes," complete Schedule M 18 Yes,"		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		Х
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country ▶ CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a

Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit

any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O

Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

Х 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

to file Form 8282? 7с

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

9a 9b 12a 13a Х 14b х 15

11a

3b

6a

Х

Х

Form **990** (2019)

16

Х

Page 6

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	4		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	-		
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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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	
	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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decising Frequence information about policion for required by the internal floreing decision)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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?			
_	The organization's CEO, Executive Director, or top management official	150	х	
		15a 15b		Х
ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
L	taxable entity during the year? If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	l	L
17	List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an exemination to make its Forms 1003 (1004 or 1004 A. if applicable) 900, and 900 T (Section F01/a)(3)	0.001.3	o. (c.i) -	bla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	X Own website Another's website X Upon request X Other (explain on Schedule O)	-1 C	-1-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	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			

Form **990** (2019) 932006 01-20-20

BRYAN STALEY - 919-861-6876

3301 BENSON DRIVE, SUITE 101, RALEIGH, NC 27609

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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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	Η.	officer and a director/trustee)		from	from related	other 			
	(list any hours for	truste e or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	Institutional trustee		ye.	mpeu		(** 2/ 1000 1/1100)		and related
	below	Individual 1	ution	 	Key employee	estco	la la			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) JIM DOWLAND	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) PAT CARROLL	1.00									
VICE CHAIRMAN		х		х				0.	0.	0.
(3) LEONARD E JOYCE, JR.	1.00									
PAST CHAIRMAN		Х		х				0.	0.	0.
(4) VEN POOLE	1.00									
SECRETARY/TREASURER		х		Х				0.	0.	0.
(5) TIM BENTER	1.00									
DIRECTOR		х						0.	0.	0.
(6) MARTY BRYANT	1.00									
DIRECTOR		х						0.	0.	0.
(7) RICHARD BURKE	1.00									
DIRECTOR		х						0.	0.	0.
(8) BILL CAESAR	1.00									
DIRECTOR		х						0.	0.	0.
(9) JOHN CASELLA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MICHAEL J. DE CASTRO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SCOTT DOLS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) TARA HEMMER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMES M. LITTLE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) PAUL R. MITCHENER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BRAD NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) HENRY SAINT BRIS	1.00									
DIRECTOR		Х	L		L			0.	0.	0.
(17) MICHAEL SAVAGE	1.00]								
DIRECTOR		Х						0.	0.	0.
								·	·	Carra 990 (0010)

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Par	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c	Pos Pos heck ss per	C) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	S	com fr org an	pensa rom the ganizati d relate anization	e ion ed
(18)) JOSEPH G. URSUY	1.00	트	드	0	ž	王 =	Œ						
DIRE	ECTOR		Х						0.		0.			0.
) KEVIN WALBRIDGE	1.00												
	ECTOR		Х						0.		0.			0.
) JIM WALSH	1.00	ļ											
	ECTOR	1.00	Х						0.		0.			0.
) BRUCE WILSON	1.00	ł								•			•
	ECTOR) BRYAN STALEY	25.00	Х						0.		0.			0.
. – – ,	,	35.00	\cdot		,,				277 027		0		27	000
PRES	SIDENT & CEO				Х				277,037.		0.		37,	823.
	Subtotal								277,037.		0.		37,	823.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	277,037.		0.	<u> </u>	37,	823.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	}			1
	componed for the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	cev e	lame	ove	e. or	hia	hest compensated empl	ovee 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	-		-						-		4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Sec	ction B. Independent Contractors	•												
1	Complete this table for your five highest co		•								oensa	tion fro	om	
	the organization. Report compensation for	ine calendar ye	ear e	riair	ig w	iui C	ואי זכ	T		ear.			<u> </u>	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	Ompe	nsatio	n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lir	nited	to '		se lis O	ted	above) who received mo	ore than				

DATION 52-1804051

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 2,262,456. 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 602,635. 1f 1,167,857. g Noncash contributions included in lines 1a-1f 2,865,091. h Total. Add lines 1a-1f **Business Code** 2 a CONTINUING EDUCATION 541700 70,692. 70,692. Program Service Revenue b RESEARCH REPORT SALES 4,772. 541700 4,772. f All other program service revenue 75,464. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 226,719. 226,719. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,570,248. assets other than inventory 7a **b** Less: cost or other basis and sales expenses 7b 2,474,384. Other Revenue 95,864, c Gain or (loss) 7c 95,864. 95,864. d Net gain or (loss) ightharpoonup8 a Gross income from fundraising events (not including \$ 2,262,456. of contributions reported on line 1c). See 195,700. Part IV, line 18 778,738. **b** Less: direct expenses _____ -583,038, -583,038. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 11,900. Part IV, line 19 12,484. b Less: direct expenses -584. -584. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 11 a **d** All other revenue e Total. Add lines 11a-11d 2,679,516. 75,464. -261,039. Total revenue. See instructions

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Form 990 (2019) FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	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	961,720.	961,720.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	206,900.	206,900.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	14,400.	14,400.									
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	277,038.	193,926.	41,556.	41,556.							
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	531,076.	342,216.	47,881.	140,979.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	35,194.	23,282.	4,487.	7,425.							
9	Other employee benefits	115,318.	69,805.	16,507.	29,006.							
10	Payroll taxes	52,971.	35,154.	5,864.	11,953.							
11	Fees for services (nonemployees):											
а	Management											
	Legal	23,082.	14,542.	5,675.	2,865.							
	Accounting	10,921.	6,902.	2,588.	1,431.							
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17	40.204	40.204									
f	Investment management fees	42,384.	42,384.									
g	,											
	column (A) amount, list line 11g expenses on Sch 0.)	23,100.	19,548.	2,360.	1,192.							
12	Advertising and promotion	63,962.	28,750.	1,631.	33,581.							
13	Office expenses	61,717.	46,174.	5,270.	10,273.							
14	Information technology	9,204.	8,482.	249.	473.							
15	Royalties	00.756	F0 F70	0.762	20.414							
16	Occupancy	88,756.	58,579.	9,763.	20,414.							
17	Travel	126,872.	71,614.	6,286.	48,972.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	37,599.	21 120	1 004	1/ 505							
19	Conferences, conventions, and meetings	37,333.	21,130.	1,884.	14,585.							
20	Interest											
21	Payments to affiliates	8,324.	5,494.	916.	1,914.							
22	Depreciation, depletion, and amortization	5,029.	3,494.	553.	1,156.							
23	Insurance Other eveness Itemize eveness not sovered	3,023.	3,320.	333.	1,150.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)											
а	amount, list line 24e expenses on Schedule 0.) FOOD & BEVERAGES	42,915.	41,869.	339.	707.							
a b	AUDIO & VIDEO SERVICES	9,666.	9,666.	0.	0.							
C	EVENT SUPPLIES, PRIZES	7,598.	7,598.	0.	0.							
d	BANK & CREDIT CARD FEES	6,247.	5,090.	399.	758.							
	All other expenses	.,=	, , , , ,									
25	Total functional expenses. Add lines 1 through 24e	2,761,993.	2,238,545.	154,208.	369,240.							
26	Joint costs. Complete this line only if the organization	, ,	, , ,	,	,							
_5	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
				I	Carres 990 (0010)							

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			8,017.	1	172,886.
	2	Savings and temporary cash investments			84,901.	2	303,726.
	3	Pledges and grants receivable, net	610,482.	3	338,828.		
	4	Accounts receivable, net	2,672.	4	6,766.		
	5	Loans and other receivables from any curren	·		·		
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	-			6	
G	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9				13,118.	9	14,822.
	10a	Land, buildings, and equipment: cost or othe	1 1				
		basis. Complete Part VI of Schedule D		50,833.			
	Ь	Less: accumulated depreciation		42,112.	16,100.	10c	8,721.
	11	Investments - publicly traded securities	6,475,307.	11	6,964,858.		
	12	Investments - other securities. See Part IV, lir	2,405,616.	12	2,775,018.		
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			9,616,213.	16	10,585,625.
	17	Accounts payable and accrued expenses			97,035.	17	84,390.
	18	Grants payable				18	
	19	Deferred revenue	12,800.	19	3,800.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
w	22	Loans and other payables to any current or fo	ormer offic				
Liabilities		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
g		controlled entity or family member of any of t	hese perso	ns		22	
Ë	23	Secured mortgages and notes payable to uni	related thir			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			109,835.	26	88,190.
		Organizations that follow FASB ASC 958, o	check here	X			
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			5,780,549.	27	6,189,636.
Bal	28	Net assets with donor restrictions			3,725,829.	28	4,307,799.
pu		Organizations that do not follow FASB ASG					
Ŀ		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,506,378.	32	10,497,435.
~	33	Total liabilities and net assets/fund balances			9,616,213.	33	10,585,625.

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FOUNDATION 52-1804051 Form 990 (2019) Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 2,679,516. 1 Total expenses (must equal Part IX, column (A), line 25) 2,761,993. 2 2 82,477. Revenue less expenses. Subtract line 2 from line 1 3 3 9,506,378. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 1,122,579. 5 5 Donated services and use of facilities -833,290. 6 6 7 Investment expenses 7 -49,045. Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 833,290. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10,497,435. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on 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 audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ENVIRONMENTAL RESEARCH & EDUCATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 52-1804051 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION 52-180405 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi		<u> </u>				
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the	-					
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			▶□
b	33 1/3% support test - 2018. If the	•				,	
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the orc	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	· ·	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s ▶

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	iete i art ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,177,433.	2,468,178.	3,106,526.	3,110,959.	2,865,091.	13,728,187.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	144,517.	242,185.	223,883.	250,110.	75,464.	936,159.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,321,950.	2,710,363.	3,330,409.	3,361,069.	2,940,555.	14,664,346.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						14,664,346.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	2,321,950.	2,710,363.	3,330,409.	3,361,069.	2,940,555.	14,664,346.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,899.	200,058.	196,474.	184,719.	226,719.	999,869.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	191,899.	200,058.	196,474.	184,719.	226,719.	999,869.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,513,849.	2,910,421.	3,526,883.	3,545,788.	3,167,274.	15,664,215.
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi					Г	
	Public support percentage for 2019 (li		•	olumn (f))		15	93.62 %
	Public support percentage from 2018					16	92.86 %
	ction D. Computation of Inves					Г. <u></u> Г	C 20
	Investment income percentage for 20					17	6.38 %
	Investment income percentage from 2		, , , , , , , , , , , , , , , , , , , ,	n line 14 and line		18	6.00 %
	a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	tion	▶ X
k	o 33 1/3% support tests - 2018. If the	-					. \square
	line 18 is not more than 33 1/3%, che			•		-	
20	Private foundation. If the organization	rı ala not check a b	ox on line 14, 19a	i, or 196, check thi	is box and see inst	tructions	

Schedule A (Form 990 or 990-EZ) 2019 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
0		
2		
За		
- Ju		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10-		
10a		
10b		
. 7		

Pa	rt IV Supporting Organizations (continued)			
	,		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		
c	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
800	supervised, or controlled the supporting organization.	2	ш	
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	1		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			.,,,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a				
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	\sqcup	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1 1	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions 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-functiona	lly integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche	dule A (Form 990 or 990-EZ) 2019 FOUNDATION			52-1804051	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
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			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributa Amount for	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
c	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i_	Carryover from 2014 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount			4	
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
			Schodulo A	(Form 990 or 990	LEZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2019 Open to Public Inspection

Name of the organization

ENVIRONMENTAL RESEARCH & EDUCATION FOUNDATION

Employer identification number 52-1804051

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

by:

(i) Unrelated organizations

(ii) Related organizations

(iii) Related organizations

(iii) Related organizations

(iii) Related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Complete if the organization answered Tes Off Tollin 330, Part N, line Ta. See Form 330, Part X, line To.									
Description of property			(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings									
c Leasehold improvements									
d Equipment		50,833.	42,112.	8,721.					
e Other									
Total. Add lines 1a through 1e. (Column (d) must equa	8,721.								

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019 FOUNDATION		5:	2-1804051	Page 🕄
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) BONDS & DEBT OBLIGATIONS	2,775,018.	END-OF-YEAR MARKET VALUE		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,775,018.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-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" of	on Form 000 Port IV line 1	1d Soc Form 000 Port V line 15		
	Description	1d. See Form 990, Fart A, line 13.	(b) Book	value
(1)			(2) 200.1	
(1) (2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.	•			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(=)			1	

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Sche	dule D (Form 990) 2019 FOUNDATION			52-1804051	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .			
1	Total revenue, gains, and other support per audited financial statements			1	5,384,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,122,579.		
b	Donated services and use of facilities	. 2b	833,290.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	791,222.		
е	Add lines 2a through 2d			2e	2,747,091.
3	Subtract line 2e from line 1			3	2,637,132.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	• —	42,384.	-	
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	42,384.
5	THIS HIGH COUGHT CHILDOC: T GIT I: III O TE:/			5	2,679,516.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,344,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	022 000		
а	Donated services and use of facilities		833,290.	-	
b	Prior year adjustments	1 1		-	
С	Other losses				
d	Other (Describe in Part XIII.)		791,222.		
е	Add lines 2a through 2d			2e	1,624,512.
3	Subtract line 2e from line 1			3	2,719,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	•	42,384.		
b	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	42,384.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,761,993.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	•		; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informa	ation.		
חסגם	V. LINE 4:				
FARI	v, ding 4:				
тиг	ORGANIZATION'S ENDOWMENT CONSISTS OF 7 INDIVIDUAL FUNDS ESTAB	T.TQHED BV			
11115	ORGANIZATION S ENDOWMENT CONSISTS OF / INDIVIDUAL FUNDS ESTAB	HISHED BI			
DONO	RS TO PROVIDE PERPETUAL FUNDING FOR SCHOLARSHIPS AND GENERAL				
DONG	NO TO TROVIDE TENTETIONE TONDING TON DESIGNATION AND GENERAL				
OPEF	ATIONS.				
	•				
PART	X, LINE 2:				
	•				
IN T	THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO				
	·				
EXAM	INATION BY VARIOUS TAXING AUTHORITIES. ALTHOUGH THE OUTCOME	OF TAX			
AUDI	TS IS ALWAYS UNCERTAIN, MANAGEMENT BELIEVES THAT THERE ARE NO				
SIGN	IFICANT UNRECOGNIZED TAX LIABILITIES AS OF DECEMBER 31, 2019.				

ENVIRONMENTAL RESEARCH & EDUCATION

ENVIRONMENTAL RESEARCH &	EDUCATION	EQ 10040E1	
Schedule D (Form 990) 2019 FOUNDATION Part XIII Supplemental Information (continued)		52-1804051	Page 5
	EEO E20		
DIRECT FUNDRAISING EXPENSES	778,738.		
DIRECT GAMING EXPENSES	12,484.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	791,222.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
	770 720		
DIRECT FUNDRAISING EXPENSES	778,738.		
DIRECT GAMING EXPENSES	12,484.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	791,222.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

ENVIRONMENTAL RESEARCH & EDUCATION

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

Open to Public Inspection

Employer identification number

FOUNDATION					52-1804051	
Part I General Info	ormation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part	IV, line 14b.					
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
•	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
	(b) Number of	(c) Number of	an be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Region	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	(f) Total expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and
		contractors	recipients located in the region)	1	(s) in the region	investments in the region
		in the region				a.e. eg.e
			PROGRAM SERVICES-GRANTS TO	SCHOLARSHIE	GRANTS TO	
EUROPE (INCLUDING				INDIVIDUAL		
ICELAND & GREENLAND)	0	0			THE REGION.	14,400.
TODIAND & GRUDNUAND)	•	Ů	REGION:	DOCATED IN	THE RECTOR:	14,400.
						14 400
3 a Subtotal		0				14,400.
b Total from continuation		_				_
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				14,400.
and 3b)	1	ı				1 14,400.

Page 2

52-1804051

FOUNDATION

Schedule F (Form 990) 2019 FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2019
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					empt	•
(f) Manner of cash disbursement					ecognized as tax-exe	
(e) Amount of cash grant					oreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are re	r entities
(b) IRS code section and EIN (if applicable)					ecipient organization h the grantee or cour	other organizations or
1 (a) Name of organization						 Enter total number of other organizations or entities

ENVIRONMENTAL RESEARCH & EDUCATION

FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2019

Part III can be duplicated if additional space is needed.

Page 3

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance 0 (e) Manner of cash disbursement 14,400. BANK WIRE TRANSFER (c) Number of recipients cash grant EUROPE (INCLUDING (b) Region GREENLAND) ICELAND & (a) Type of grant or assistance GENERAL SCHOLARSHIP

Schedule F (Form 990) 2019

	(Form 990) 2019	
Part IV	Foreign For	ms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

FOUNDATION 52 - 1804051Schedule F (Form 990) 2019 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: SCHOLARSHIP GRANTS - STUDENTS SUBMIT APPLICATIONS TO THE ORGANIZATION FOR REVIEW. THE ORGANIZATION REVIEWS THE APPLICATIONS AND MAKES RECOMMENDATIONS TO THE BOARD. THE BOARD DETERMINES ALL SCHOLARSHIP AWARDS. SCHOLARSHIPS ARE ONLY AWARDED TO INDIVIDUALS PURSUING A MASTERS OR DOCTORAL DEGREE IN A FIELD DIRECTLY RELATED TO WASTE MANAGEMENT. SCHOLARSHIP GRANT RENEWALS ARE DEPENDENT UPON SATISFACTORY PROGRESS AS DETERMINED BY THE STUDENT'S ACADEMIC ADVISOR.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047
2019

Open to Public Inspection

•	FAL RESEARCH & EDUCATION						ntification number
FOUNDATION						52-180405	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g 🔲 Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?		Yes	☐ No
b If "Yes," list the 10 highest paid indiv	riduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	ne fur	draiser is to be	
compensated at least \$5,000 by the	organization.						
		(iii)	Did		(v)	Amount paid	(1) Amount maid
(i) Name and address of individual	(ii) Activity	(iii) fundr have ci	aiser ustodv	(iv) Gross receipts	to (c	r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		have custody or control of contributions?		from activity		fundraiser ted in col. (i)	organization
		Yes	No				
			<u> </u>				
「otal			<u> </u>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from req	gistration
						·	

Schedule G (Form 990 or 990-EZ) 2019 FOUNDATION 52-1804051 Page 2 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 (b) Event #2 (c) Other events (d) Total events (add col. (a) through ANNUAL AUCTION GOLF TOURNAMENT col. (c)) (event type) (event type) (total number) 1,964,156. 302,350. 191,650. 2,458,156. 1 Gross receipts 1,964,156. 179,350. 118,950. 2 Less: Contributions 2,262,456. 72,700. 3 Gross income (line 1 minus line 2) 123,000. 195,700. 4 Cash prizes 5 Noncash prizes 31,421. 31,421. Direct Expense 34,718. 18,382. 36,921. 90,021. Rent/facility costs 34,790. 33,442. 66,285. 134,517. Food and beverages 19,312. 19,312. Entertainment Other direct expenses 477,301. 10,848. 15,318. 503,467. 778,738. 10 Direct expense summary. Add lines 4 through 9 in column (d) -583,038. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: __

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

b If "Yes," explain:

ENVIRONMENTAL RESEARCH & EDUCATION

Sch	nedule G (Form 990 or 990-EZ) 2019 FOUNDATION 52-1	804051	Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	
	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?	☐ Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Ye	es No
	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:		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
í	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\infty\$	Ye	es No
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

ENVIRONMENTAL RESEARCH & EDUCATION

Schedule G (Form 990 or 990-EZ) FOUNDATION	52-1804051	Page 4
Schedule G (Form 990 or 990-EZ) FOUNDATION Part IV Supplemental Information (continued)		

SCHEDULEI (Form 990)

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

Open to Public OMB No. 1545-0047 2019

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

▶ Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

ENVIRONMENTAL RESEARCH & EDUCATION

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number Inspection

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17. Schedule I (Form 990) (2019) RESEARCH GRANT-AGGRESSIVE RESEARCH GRANT-LEACHATE RESEARCH GRANT-LEACHATE RESEARCH GRANT-STUDY OF QF. 52-1804051 (h) Purpose of grant or assistance GRANT-IMMOBILIZATION GRANT-MICROBIOLOGY PREATMENT SYSTEM LEACHATES ON GCL X Yes BRINE & FLY ASH GENERAL METHOD Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any RESEARCH RESEARCH JF GAS STLF Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 。 。 。 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 22,500. (d) Amount of 879 13,500, 16,000 15,000 17,547 ćash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13, (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. GOVERNMENT GOVERNMENT 37-6000511 GOVERNMENT 58-0603146 501(C)(3) 501(C)(3) 59-3211153 501(C)(3) Enter total number of other organizations listed in the line 1 table 57-6001153 54-6001805 95-6106694 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? SUITE VIRGINIA POLYTECHNIC INSTITUTE AND 1 (a) Name and address of organization GEORGIA TECH RESEARCH CORPORATION STREET, SUITE 4200 - BLACKSBURG, 3062744 - TALLAHASSEE, FL 32306 FOUNDATION 1600 HAMPTON STREET, ROOM #612 RESEARCH FOUNDATION - P.O. BOX STATE UNIVERSITY - 300 TURNER 6300 STATE UNIVERSITY DRIVE, UNIVERSITY OF SOUTH CAROLINA THE FLORIDA STATE UNIVERSITY CSULB RESEARCH FOUNDATION or government UNIVERSITY OF ILLINOIS LONG BEACH, CA 90815 28395 NETWORK PLACE COLUMBIA, SC 29208 CHICAGO, IL 60673 ATLANTA, GA 30384 P.O. BOX 100117 Part I VA 24061 Part II

Schedul	ile I (Form 990)	FOUNDATION						52-1804051	Page 1
Part II	Continuation of	f Grants and Other Assistance	to Governments and Organ	izations in the Unite	d States (Sche	dule I (Form 990), Par	t II.)		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	vernments and Organ	izations in the Uni	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY P.O. BOX 198660 ATLANTA, GA 30384	65-0385507	GOVERNMENT	. 22,500.	0.			RESEARCH GRANT-NUISANCE DDORS
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MSN 4C6 FAIRFAX, VA 22030	54-0836354	GOVERNMENT	22,500.	0.			RESEARCH GRANT-COAL FIRED POWER PLANT TIAN
BRIDGER PHOTONICS, INC. 2310 UNIVERSITY WAY, BLDG. 4-4 BOZEMAN, MT 59715	20-5926537		73,480.	0.			RESEARCH GRANT-LF METHAN EMISSIONS
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING NEWARK, DE 04469	51-6000297	501(C)(3)	27,616.	0.			RESEARCH GRANT-LF EMMISSIONS
UNIVERSITY OF MAINE 5717 CORBETT HALL ROOM 404 ORONO, ME 04469	01-6000769	GOVERNMENT	65,780.	0.			RESEARCH GRANT-FOOD WASTE RECOVERY
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	GOVERNMENT	105,751.	0.			RESEARCH GRANT-HIGH MOISTURE WASTE DISPOSAL
UNIVERSITY OF CENTRAL FLORIDA P.O. BOX 160118 ORLANDO, FL 32816	59-2924021	GOVERNMENT	52,000.	.0			RESEARCH GRANT-ASH CO-DISPOSAL-ETLF
NORTH CAROLINA STATE UNIVERSITY BOX 7214 RALEIGH, NC 27695	80-0543561	GOVERNMENT	237,614.	0.			RESEARCH GRANT-HEAT PRODUCTION FROM SPECIAL WASTE
NORTH CAROLINA STATE UNIVERSITY BOX 7214 RALEIGH, NC 27695	80-0543561	GOVERNMENT	104,626.	0.			RESEARCH GRANT-ALTERNATIVE WASTES
							Schedule I (Form 990)

ENVIRONMENTAL RESEARCH & EDUCATION

52-1804051

FOUNDATION

Page 1 Schedule I (Form 990) RESEARCH GRANT-WASTEWATER RESEARCH GRANT-RECYCLED CONTAINERBOARD RESEARCH GRANT-GREASE (h) Purpose of grant or assistance INTERCEPTOR WASTE & TREATMENT (g) Description of non-cash assistance Schedule I (Form 990) FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 42,944. 71,358. 37,125, (c) IRC section if applicable 80-0543561 GOVERNMENT 74-6000203 GOVERNMENT 80-0543561 GOVERNMENT (p) EIN NORTH CAROLINA STATE UNIVERSITY NORTH CAROLINA STATE UNIVERSITY (a) Name and address of organization or government UNIVERSITY OF TEXAS-AUSTIN RALEIGH, NC 27695 RALEIGH, NC 27695 AUSTIN, TX 78713 P.O. BOX 7159 BOX 7214 BOX 7214

(f) Description of noncash assistance 52-1804051 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 。 。 。 0 4,500. 158,100, 14,400, 7,300 5,800, (c) Amount of cash grant PROGRESS IS NOT BEING MADE THE ORGANIZATION STOPS MAKING GRANT PAYMENTS TO THE GRANTEE UNTIL THE ISSUES AE SATISFIED. AT THE END OF THE PROJECT PRIOR RESEARCH GRANTS - AN APPLICATION IS SUBMITTED BY A GRANTEE AND APPROVED BY THE BOARD, UPON APPROVAL A CONTRACT IS SIGNED BY THE GRANTEE. THE CONTRACT TO FINAL PAYMENTS BEING MADE, THE GRANTEE SUBMITS A FINAL REPORT OF THE 932102 10-26-19 OUTLINES THE COST OF COMPLETING THE PROJECT, THE GRANTEE'S INVOICE THE ORGANIZATION AS THE PROJECT PROGRESSES, THE ORGANIZATION FOLLOWS UP REGULARLY WITH EACH GRANTEE TO CHECK ON THE STATUS. IF SATISFACTORY 7 7 14 (b) Number of recipients FOUNDATION (a) Type of grant or assistance SCS/STEARNS SCHOLARSHIP Schedule I (Form 990) (2019)

| Part III | Grants and Othe FIESSINGER SCHOLARSHIP GENERAL SCHOLARSHIPS POOLE SCHOLARSHIP PTR SCHOLARSHIP PART I, LINE 2: Part IV

ENVIRONMENTAL RESEARCH & EDUCATION

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Schedule I (Form 990) FOUNDATION Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	uals in the United	d States (Schedule	e I (Form 990), Part III	()	52-1804051 Page <u>2</u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GARBAGEMAN'S INVITATIONAL SCHOLARSHIP	2.	3,500.	.0		
EVERGREEN SCHOLARSHIP	1.	4,800.	.0		
APICELLA SCHOLARSHIP	2.	4,500.	.0		
INTERNSHIP IN EXCELLENCE SCHOLARSHIP	2.	4,000.	•0		
					Schedule I (Form 990)

ENVIRONMENTAL RESEARCH & EDUCATION

Schedule I (Form 990) FOUNDATION	52-1804051	Page 2
Part IV Supplemental Information		
PROJECT WHICH INCLUDES THE FINDINGS OF THEIR RESEARCH.		
GAVALLEGUE ADAMES AND THE ADAMES AND		
SCHOLARSHIP GRANTS - STUDENTS SUBMIT APPLICATIONS TO THE ORGANIZATION FOR		
REVIEW. THE ORGANIZATION REVIEWS THE APPLICATIONS AND MAKES RECOMMENDATIONS		
REVIEW. THE ORGANIZATION REVIEWS THE AFFIICATIONS AND MAKES RECOMMENDATIONS		
TO THE BOARD. THE BOARD DETERMINES ALL SCHOLARSHIP AWARDS. SCHOLARSHIPS		
ARE ONLY AWARDED TO INDIVIDUALS PURSUING A MASTERS OR DOCTORAL DEGREE IN A		
FIELD DIRECTLY RELATED TO WASTE MANAGEMENT. SCHOLARSHIP GRANT RENEWALS ARE		
DEPENDENT UPON SATISFACTORY PROGRESS AS DETERMINED BY THE STUDENT'S		
AGADENTA ADVITAGO		
ACADEMIC ADVISOR.		

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ENVIRONMENTAL RESEARCH & EDUCATION

52-1804051 Part I Questions Regarding Compensation

	art Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1,10
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b		4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a	Х	
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(n/a)	reported as deferred on prior Form 990
(1) BRYAN STALEY	Ξ	184,000.	92,700.	337.	11,040.	26,783.	314,860.	0
PRESIDENT & CEO	(ii)	0	0.	0	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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52-1804051

FOUNDATION Part III Supplemental Information Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE ORGANIZATION HAS A LONG-TERM INCENTIVE PLAN IN PLACE WITH THE PRESIDENT THE CRITERIA USED TO DETERMINE ANNUAL BONUS ELIGIBILITY COMMITTEE, BASED ON THE ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT AND AND CEO. THE PLAN INCLUDES A VARIETY OF MULTI-YEAR GOALS THAT ARE GROUPED REVENUE TARGETS MUST BE AT LEAST 80% ACHIEVED TO QUALIFY FOR AN INCENTIVE GOALS, RECOMENDATIONS FOR AWARDING THE PRESIDENT AND CEO THE ANNUAL BONUS THE PRESIDENT AND CEO IS ELIGIBLE TO RECEIVE AN ANNUAL BONUS UP TO 30% OF IS BASED ON THE PRESIDENT AND CEO'S PERFORMANCE DURING THE YEAR BASED ON SUCCESSFUL MANAGEMENT OF THE ORGANIZATION AND THE ATTAINMENT OF ANNUAL CEO. THE RECOMENDATIONS ARE THEN PRESENTED AND DETERMINED BY THE FULL IS MADE BY THE BOARD CHAIRMAN, IN COORDINATION WITH THE COMPENSATION THE DEFINED IN 3 YEAR CYCLES AND ARE PAID BASED ON A SLIDING SCALE. BASE COMPENSATION. PART I, LINE 7: PART I, LINE 5: PAYMENT. BOARD. Schedule J (Form 990) 2019

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

2019 Open To Public Inspection

OMB No. 1545-0047

Name of the organization	ENVIRONMENTA	L RESEARCH &	EDUC	ATION					Emp	oloyer	identi	fication	on nu	mber
	FOUNDATION									2-180				
Part I Excess Ben	efit Transac	tions (section 5	01(c)(3), secti	on 501	(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ns onl	y).			
Complete if the	organization an	swered "Yes" on I	orm 9	90, Pa	art IV, lir	ne 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified	nerson (b) Relationship bet			ified	10	-) De	escription of tran	sactio	n		(d)	Corre	cted?
(a) Name of disqualified	person	person and or	ganıza	ation		,,	, 0		340110	<u>''</u>		Y	es	No
					\rightarrow									
2 Enter the amount of tax	, incurred by the	organization man	00000	or dioo	olifico	d naraana dur	ina t	bo voor under						
	•	· ·	•		•	•	•	•		2				
3 Enter the amount of tax		2 above reimbure								Φ Φ				
Citter the amount of tax	t, ii arry, orr iii le z	L, above, reimburs	eu by	uie oig	yai iizati					Ψ				
Part II Loans to an	d/or From Ir	nterested Pers	sons.											
Complete if the	organization an	swered "Yes" on I	orm 9	90-EZ.	. Part V	'. line 38a or F	orm	990. Part IV. line	e 26: d	or if the	e organ	nizatio	n	
•	-	90, Part X, line 5, 6			,	,			, -		9			
(a) Name of	(b) Relationshi		(d) Lo	an to or) Original	(f) Balance due	(g)	In	(h) App by boa	roved	(i) W	ritten
interested person	with organization	on of loan		n the ization?	princi	ipal amount	•		defa	ult?	comm	ittee?	agree	ment?
			То	From					Yes	No	Yes	No	Yes	No
F-1-1						. .								
լ _{otal} Part III ∣ Grants or A	ssistance Be	enefiting Inter	este	d Per	sons.	> \$								
		swered "Yes" on I												
(a) Name of interested		(b) Relationship				Amount of		(d) Type	of	Т	(0)	Purn	nse ni	
(a) Name of interested	i person	interested pers				assistance		assistan				assista	oose of tance	
		the organiza	ation											
	l				ı			I		1				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 FOUNDAT	TION		52-18040	51	Page 2
Part IV Business Transactions Invo	lving Interested Persons.				
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.	,	1 () 01	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	of (d) Description of	òrgani	aring of zation's nues?
				Yes	No
ONE REN LLC	ENTITY MORE THAN 35	88,756.	transaction		Х
Part V Supplemental Information.	I I		1		
	sponses to questions on Schedule L (see in	nstructions)			
Trevide deditional information for rec	periode to questione on constant E (coo ii	iotractionoj.			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: ONE REN LLC					
(B) RELATIONSHIP BETWEEN INTERESTED I	PERSON AND ORGANIZATION:				
ENTITY MORE THAN 35% CONTROLLED BY CU	DRRENT SECRETARY/TREASURER, VEN	POOLE			
(D) DESCRIPTION OF TRANSACTION: INTER	RESTED DERSON IS THE ORGANIZATIO	nn'g			
(b) blbckii i on i ikanbacii on. inibi	ABOTED TERROON TO THE ORGANIZATIO	,			
LANDLORD. FOR ALL OF 2019 THE ORGANIZ	ATION LEASED OFFICE SPACE FROM	THE			
INTERESTED PERSON. IN JULY 2019, THE	ORGANIZATION RENEWED ITS LEASE	WITH			
THE INTERESTED PERSON AND THE LEASE 1	NOW HAS AN EXPIRATION DATE OF MA	ARCH			
31, 2025. VEN POOLE, SECRETARY/TREASU	JRER RECUSED HIMSELF FROM THE LE	EASE			
NEGOTIATION AND APPROVAL PROCESS.					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990. Part IV. lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990.

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

ENVIRONMENTAL RESEARCH & EDUCATION FOUNDATION

Employer identification number 52-1804051

Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 163,307. COMPARABLE SALES 6 Х Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 1,508. COMPARABLE SALES Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (MACHINERY 817,375. COMPARABLE SALES Х 25 Other -(GIFT CARDS 102,500. COMPARABLE SALES Х 4 26 Other (EVENT TICKETS 21 59,345. COMPARABLE SALES 27 Other > Х (TRUCK TIRES 4 21,829. COMPARABLE SALES Other > Х 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information Open to Public

OMB No. 1545-0047

Name of the organization

ENVIRONMENTAL RESEARCH & EDUCATION FOUNDATION

Employer identification number 52-1804051

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO BENEFIT INDUSTRY PARTICIPANTS AND THE COMMUNITIES THEY SERVE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CONTINUING EDUCATION - VARIOUS PROGRAMS PROVIDING QUALITY AND TECHNICALLY BENEFICIAL ONLINE COURSES, LIVE WEBINARS, AND IN-PERSON REGIONAL SUMMITS FOR MEMBERS OF THE SOLID WASTE INDUSTRY. DURING THE YEAR ENDED DECEMBER 31, 2019, EREF HELD A TOTAL OF 9 EDUCATIONAL EVENTS. EXPENSES \$ 133,355. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,692. FORM 990, PART VI, SECTION A, LINE 2: TWO DIRECTORS HAD A BUSINESS RELATIONSHIP WITH EACH OTHER. THE DIRECTORS INVOLVED ARE EMPLOYED BY TWO DIFFERENT COMPANIES THAT HAVE A PARENT-SUBSIDIARY RELATIONSHIP, FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S FORM 990 IS REVIEWED BY MANAGEMENT AND THEN ELECTRONICALLY PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS AND DIRECTORS ARE REQUIRED TO REVIEW AND AGREE TO THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. EACH OFFICER AND DIRECTOR ANNUALLY SIGN A STATEMENT ACKNOWLEDGING THE FOLLOWING:

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S WEBSITE CONTAINS ITS PREVIOUSLY FILED FORM 990'S AND ITS

PRIOR AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S FORM 1023 IS

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automa	atic 6-Month Extension of Time. Only subm	nit origin:	al (no copies needed).			
All corpor	ations required to file an income tax return other than Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnershi	ips, REMICs	s, and trusts	
Type or print	Name of exempt organization or other filer, see instru- ENVIRONMENTAL RESEARCH & EDUCATION FOUNDATION	ctions.		Taxpayer	ridentification num 52-1804051	ber (TIN)
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, so 3301 BENSON DRIVE, SUITE 101 City, town or post office, state, and ZIP code. For a for					
Cotou the	RALEIGH, NC 27609		, 			
	Return Code for the return that this application is for (file	T .	T			0 1
Application Is For	on	Return Code	Application Is For			Return Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227	'		10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
Teleph If the c	one No. ▶ 919-861-6876 one No. ■ 9therefore the organization does not have an office or place of business so for a Group Return, enter the organization's four digit of the group, check this box ■	s in the Un Group Exe	Fax No. ▶ited States, check this box	. If this is fo	r the whole group,	
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension of time until normal named above. The extension of time until normal named above. The extension of time until normal named above. The extension is for the organization named above. The extension named above. The extens	anization's	return for:	ile the exem	npt organization ret ·	urn for
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			0
	nonrefundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					0
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•				0
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawalns.	(direct del	oit) with this Form 8868, see Form	8453-EO an	d Form 8879-EO fo	r payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)