

Form **8453-EO**

### Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2013**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization  
ECMC FOUNDATION

Employer identification number  
41-1990628

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.


|    |                          |                                     |   |  |    |             |
|----|--------------------------|-------------------------------------|---|--|----|-------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 153,847,029 |
| 2a | Form 990-EZ check here   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b |             |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |             |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |             |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |             |

#### Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

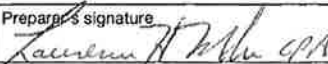
Sign Here  | 11-10-14 | CFO  
 Signature of officer | Date | Title

#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

|                |  |      |  |   |                   |
|----------------|--|------|--|---|-------------------|
| ERO's Use Only | ERO's signature  | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
|                | Firm's name (or yours if self-employed), address, and ZIP code | EIN  | Phone no.  |   |                   |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

|                        |                                 |   |  |   |           |
|------------------------|---------------------------------|---|--|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name      | Preparer's signature  | Date   | Check <input type="checkbox"/> if self-employed | PTIN      |
|                        | LAWRENCE H. MOHR, CPA           |  | 11/10/14   |   | P00447603 |
|                        | Firm's name                     | Firm's EIN  |  | Phone no.                                       |           |
|                        | BAKER TILLY VIRCHOW KRAUSE, LLP | 39-0859910  |  | (612)876-4500                                   |           |
|                        | Firm's address                  |   | 225 SOUTH 6TH STREET SUITE 2300, MINNEAPOLIS, MN 55402 |   |           |

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **ECMC FOUNDATION**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 IMATION PLACE, BUILDING 2**  
 City or town, state or province, country, and ZIP or foreign postal code  
**OAKDALE, MN 55128-3422**

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

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

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

**G** Gross receipts \$ **153,847,029**

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

**H(c)** Group exemption number ▶

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

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

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

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

**Part I Summary**

|                             |   |   |  |                                    |
|-----------------------------|---|---|--|------------------------------------|
| Activities & Governance     | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <b>ECMC FOUNDATION HELPS LOW-INCOME, FIRST GENERATION STUDENTS GAIN ACCESS TO AND SUCCEED IN COLLEGE. (CONTINUED ON SCHEDULE O)</b> |  |                                    |
|                             | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                                    |
|                             | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                       | <b>10</b>                          |
|                             | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                       | <b>9</b>                           |
|                             | <b>5</b>  | Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b>                                       | <b>9</b>                           |
|                             | <b>6</b>  | Total number of volunteers (estimate if necessary)  | <b>6</b>                                       | <b>8</b>                           |
|                             | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                      | <b>0</b>                           |
| <b>b</b>                    | Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   | <b>0</b>                                       |                                    |
| Revenue                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>53,496,229</b>                | Current Year<br><b>153,837,971</b> |
|                             | <b>9</b>  | Program service revenue (Part VIII, line 2g)  | <b>0</b>                                       | <b>0</b>                           |
|                             | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>16,102</b>                                  | <b>9,058</b>                       |
|                             | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0</b>                                       | <b>0</b>                           |
|                             | <b>12</b>   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>53,512,331</b>                              | <b>153,847,029</b>                 |
| Expenses                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | <b>981,450</b>                                 | <b>99,041,236</b>                  |
|                             | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0</b>                                       | <b>0</b>                           |
|                             | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <b>1,381,305</b>                               | <b>1,306,850</b>                   |
|                             | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>                                       | <b>0</b>                           |
|                             | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>  |  |                                    |
|                             | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | <b>523,574</b>                                 | <b>795,128</b>                     |
| <b>18</b>                   | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <b>2,886,329</b>  | <b>101,143,214</b>                             |                                    |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12                      | <b>50,626,002</b>   | <b>52,703,815</b>                              |                                    |
| Net Assets or Fund Balances | <b>20</b>   | Total assets (Part X, line 16)  | Beginning of Current Year<br><b>85,972,455</b> | End of Year<br><b>160,917,555</b>  |
|                             | <b>21</b>   | Total liabilities (Part X, line 26)   | <b>29,829,847</b>                              | <b>50,319,465</b>                  |
|                             | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20  | <b>56,142,608</b>                              | <b>110,598,090</b>                 |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **GREGORY VAN GUILDER, CFO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **LAWRENCE H. MOHR, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00447603**

Firm's name ▶ **BAKER TILLY VIRCHOW KRAUSE, LLP** Firm's EIN ▶ **39-0859910**  
 Firm's address ▶ **225 SOUTH 6TH STREET SUITE 2300, MINNEAPOLIS, MN 55402** Phone no. **(612)876-4500**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
ECMC FOUNDATION HELPS PEOPLE OF ALL AGES FURTHER THEIR HIGHER EDUCATION GOALS FOCUSING ON LOW-INCOME INDIVIDUALS AND THOSE WHO MAY BE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 98,100,000 including grants of \$ 98,100,000 ) (Revenue \$ 0 )  
CAL GRANTS:  
HELPING LOW-INCOME STUDENTS PURSUE HIGHER EDUCATION IS CORE TO ECMC FOUNDATION'S MISSION. AS PART OF THIS MISSION AS WELL AS OUR COMMITMENT TO THE STATE OF CALIFORNIA, THE ECMC FOUNDATION BOARD OF DIRECTORS APPROVED A CONTRIBUTION IN EXCESS OF \$98 MILLION FOR THE 2013-14 CAL GRANT PROGRAM. AS THE LARGEST SOURCE OF CALIFORNIA STATE AID, CAL GRANTS HELP STUDENTS IN NEED GAIN ACCESS TO HIGHER EDUCATION. OVER THE PAST FOUR YEARS, ECMC FOUNDATION AND ITS AFFILIATES HAVE CONTRIBUTED OVER \$345 MILLION TO THE CAL GRANT PROGRAM. THESE CONTRIBUTIONS TRANSLATE INTO OVER 58,000 CALIFORNIA STUDENTS HAVING THE FINANCIAL RESOURCES NECESSARY TO PURSUE THEIR DREAM OF A HIGHER EDUCATION.

**4b** (Code: ) (Expenses \$ 1,127,935 including grants of \$ 890,000 ) (Revenue \$ 0 )  
ECMC SCHOLARS PROGRAM:  
THE ECMC SCHOLARS PROGRAM IS A HIGH SCHOOL MENTORING PROGRAM DESIGNED TO INCREASE PARTICIPATION IN HIGHER EDUCATION FOR LOW-INCOME INDIVIDUALS AS WELL AS FOR THOSE WHO MAY BE THE FIRST MEMBER OF THEIR FAMILY TO HAVE AN OPPORTUNITY TO ATTEND COLLEGE. THE PROGRAM CHALLENGES THESE STUDENTS TO BETTER PREPARE FOR HIGHER EDUCATION DURING THEIR JUNIOR AND SENIOR YEARS OF HIGH SCHOOL. TO DATE, ECMC FOUNDATION HAS PLEDGED \$13,860,000 IN SCHOLARSHIPS TO 2,310 STUDENTS IN THIS PROGRAM. THE STUDENTS ARE AWARDED \$4,000 FOR THEIR FIRST YEAR OF COLLEGE AND \$2,000 FOR THEIR SECOND YEAR OF COLLEGE.

**4c** (Code: ) (Expenses \$ 742,979 including grants of \$ 11,236 ) (Revenue \$ 0 )  
THE COLLEGE PLACE:  
THE COLLEGE PLACE WORKS TO HELP INDIVIDUALS OF ALL AGES PURSUE OPPORTUNITIES FOR HIGHER EDUCATION. THE COLLEGE PLACE PROVIDES FREE ASSISTANCE AND RESOURCES ABOUT SCHOOLS, THE COST OF EDUCATION, FINANCIAL AID AND ADMISSIONS. SERVICES ARE PROVIDED IN ONE-ON-ONE MEETINGS, GROUP SETTINGS, IN WORKSHOPS AND EVENTS, OR BY TELEPHONE AND THROUGH EMAIL. THERE ARE CURRENTLY FIVE COLLEGE ACCESS CENTERS-TWO CENTERS IN VIRGINIA AND ONE CENTER EACH IN OREGON, CONNECTICUT AND CALIFORNIA. IN 2013, 21,536 PEOPLE WERE ASSISTED IN THE CENTERS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 567,188 including grants of \$ 40,000 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 100,538,102

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | ✓   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | ✓   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  | ✓   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                           |     | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   |     | ✓  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  |     | ✓  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>                                    |     | ✓  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  |     | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   |     | ✓  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>   |     | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  |     | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  |     | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  |     | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  |     | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  |     | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  | ✓   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   |     | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | ✓   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, W-2G forms, backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |                                     |                                     |
|           | <b>1a</b> 10   |                                     |                                     |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
|           | <b>1b</b> 9  |                                     |                                     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>a</b>  | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .   |                                     | <input checked="" type="checkbox"/> |

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

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |                                     |                                     |
| <b>10b</b> |  |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <input checked="" type="checkbox"/> |                                     |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> |  | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                                     |                                     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |
| <b>16b</b> |  |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, NM, OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GREGORY VAN GUILDER, 1 IMATION PLACE, BUILDING 2, OAKDALE, MN 55128-3422, (651)221-0566

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |                                     |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|-------------------------------------|-------------------------------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer                             | Key employee                        | Highest compensated employee | Former |  |   |   |
| (1) RICHARD BOYLE<br>DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION | 3<br>78  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 0  | 908,287   | 54,629  |
| (2) ROBERT STEIN<br>BOARD CHAIR NOT PAID BY FOUNDATION             | 1<br>13  | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 106,500   | 0   |
| (3) GARY COOK<br>DIRECTOR NOT PAID BY FOUNDATION                   | 1<br>7   | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 74,559  | 0   |
| (4) I. KING JORDAN<br>DIRECTOR NOT PAID BY FOUNDATION              | 1<br>6   | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 66,000  | 0   |
| (5) JAMES MCKEON<br>DIRECTOR NOT PAID BY FOUNDATION                | 1<br>10  | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 98,000  | 0   |
| (6) JACK O'CONNELL<br>DIRECTOR NOT PAID BY FOUNDATION              | 1<br>6   | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 62,000  | 0   |
| (7) MAURICE SALTER<br>DIRECTOR NOT PAID BY FOUNDATION              | 1<br>10  | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 83,500  | 0   |
| (8) PETER TAYLOR<br>DIRECTOR NOT PAID BY FOUNDATION                | 1<br>6   | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 59,000  | 0   |
| (9) ROBERTA COOPER RAMO<br>DIRECTOR NOT PAID BY FOUNDATION         | 2<br>8   | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 81,000  | 0   |
| (10) JOHN DEPODESTA<br>DIRECTOR NOT PAID BY FOUNDATION             | 1<br>14  | <input checked="" type="checkbox"/>  |                       |                                     |                                     |                              |        | 0  | 105,559   | 0   |
| (11) STEVEN BUMBAUGH<br>PRESIDENT                                  | 41<br>0  |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 438,823  | 0   | 21,089  |
| (12) GREGORY VAN GUILDER<br>CFO NOT PAID BY FOUNDATION             | 0<br>52  |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 0  | 658,773   | 83,299  |
| (13) DANIEL FISHER<br>SEC/GENERAL COUNSEL NOT PAID BY FOUNDATION   | 1<br>49  |  |                       | <input checked="" type="checkbox"/> |                                     |                              |        | 0  | 469,984   | 76,850  |
| (14) MARCH KESSLER<br>EXECUTIVE DIRECTOR                           | 44<br>0  |  |                       |                                     | <input checked="" type="checkbox"/> |                              |        | 209,660  | 0   | 36,104  |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                                     |                                     | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|-------------------------------------|-------------------------------------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee        | Former                              |  |   |   |
| (15) VICKI WHEBBE<br>PROGRAM DIRECTOR                                     | 41<br>1  |   |                       |         |              | <input checked="" type="checkbox"/> |                                     | 115,024  | 0   | 31,221  |
| (16) STEVEN WELLVANG<br>FORMER SEC/GENERAL COUNSEL NOT PAID BY FOUNDATION | 0<br>38  |   |                       |         |              |                                     | <input checked="" type="checkbox"/> | 0  | 547,655   | 18,591  |
| (17) JAMES MURRAY<br>FORMER DIRECTOR NOT PAID BY FOUNDATION               | 0<br>0   |   |                       |         |              |                                     | <input checked="" type="checkbox"/> | 0  | 41,266  | 0   |
| (18)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (19)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (20)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (21)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (22)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (23)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (24)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| (25)  |  |   |                       |         |              |                                     |                                     |  |   |   |
| <b>1b Sub-total</b>   |  |   |                       |         |              |                                     |                                     | 763,507  | 3,362,083   | 321,783   |
| <b>c Total from continuation sheets to Part VII, Section A</b>            |  |   |                       |         |              |                                     |                                     | 0  | 0   | 0   |
| <b>d Total (add lines 1b and 1c)</b>                                      |  |   |                       |         |              |                                     |                                     | 763,507  | 3,362,083   | 321,783   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  | 0                    |  |   |  |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  | 0                    |  |   |  |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  | 0                    |  |   |  |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  | 153,837,971          |  |   |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  | 0                    |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 0                    |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 0                    |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 153,837,971          |  |   |  |  |
| <b>Program Service Revenue</b>                                    | <b>Business Code</b>  |  |                      |  |   |  |  |
|   | <b>2a</b> -----   |  | 0                    |  |   |  |  |
|   | <b>b</b> -----  |  | 0                    |  |   |  |  |
|   | <b>c</b> -----  |  | 0                    |  |   |  |  |
|   | <b>d</b> -----  |  | 0                    |  |   |  |  |
|   | <b>e</b> -----  |  | 0                    |  |   |  |  |
|   | <b>f</b> All other program service revenue .  |  | 0                    | 0  | 0                                       | 0  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                         |   | 0  |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |  | 9,058                |  |   | 9,058  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |  | 0                    |  |   |  |  |
|   | <b>5</b> Royalties . . . . .  |  | 0                    |  |   |  |  |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | (ii) Personal        |  |   |  |  |
|   |   | <b>b</b> Less: rental expenses                                     |                      |  |   |  |  |
|   |   | <b>c</b> Rental income or (loss)                                   | 0                    | 0  |   |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  |                      | 0  |   |  |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |  |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  | 0                    | 0  |   |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .   |  |                      | 0  |   |  |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events .            |                      |  | 0                                       |  |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities . .           |                      |  | 0                                       |  |  |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: cost of goods sold . . . . .                        | <b>b</b>             |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . .          |                      |  | 0                                       |  |  |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                      |  |   |  |  |
| <b>11a</b> -----  |   |  | 0                    |  |   |  |  |
| <b>b</b> -----  |   |  | 0                    |  |   |  |  |
| <b>c</b> -----  |   |  | 0                    |  |   |  |  |
| <b>d</b> All other revenue . . . . .                              |   |  | 0                    | 0  | 0                                       | 0  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |   |  | 0                    |  |   |  |  |
| <b>12 Total revenue.</b> See instructions. . . . .                |   |  | 153,847,029          | 0  | 0                                       | 9,058  |  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  | 98,140,000            | 98,140,000                      |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22  | 901,236               | 901,236                         |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 398,676               | 223,946                         | 174,730                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 638,104               | 619,405                         | 18,699                                 | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 65,596                | 60,733                          | 4,863                                  | 0                           |
| <b>9</b> Other employee benefits  | 154,449               | 93,381                          | 61,068                                 | 0                           |
| <b>10</b> Payroll taxes   | 50,025                | 46,317                          | 3,708                                  | 0                           |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management   | 0                     |                                 |  |                             |
| <b>b</b> Legal  | 21                    | 17                              | 4                                      | 0                           |
| <b>c</b> Accounting   | 22,261                | 210                             | 22,051                                 | 0                           |
| <b>d</b> Lobbying   | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees   | 18,498                | 0                               | 18,498                                 | 0                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 415,308               | 199,674                         | 215,634                                | 0                           |
| <b>12</b> Advertising and promotion   | 0                     |                                 |  |                             |
| <b>13</b> Office expenses   | 83,809                | 66,562                          | 17,247                                 | 0                           |
| <b>14</b> Information technology  | 5,916                 | 4,713                           | 1,203                                  | 0                           |
| <b>15</b> Royalties   | 0                     |                                 |  |                             |
| <b>16</b> Occupancy   | 80,156                | 65,464                          | 14,692                                 | 0                           |
| <b>17</b> Travel  | 100,351               | 60,495                          | 39,856                                 | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 8,836                 | 8,687                           | 149                                    | 0                           |
| <b>20</b> Interest  | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates  | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 0                     |                                 |  |                             |
| <b>23</b> Insurance   | 9,483                 | 7,625                           | 1,858                                  | 0                           |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <u>USAGE FEE ON SHARED ASSETS</u>  | 48,550                | 39,635                          | 8,915                                  | 0                           |
| <b>b</b> <u>MISCELLANEOUS EXPENSE</u>   | 1,939                 | 2                               | 1,937                                  | 0                           |
| <b>c</b> -----  | 0                     |                                 |  |                             |
| <b>d</b> -----  | 0                     |                                 |  |                             |
| <b>e</b> All other expenses   | 0                     | 0                               | 0                                      | 0                           |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 101,143,214           | 100,538,102                     | 605,112                                | 0                           |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)               |             | (B)         |
|---|--|-------------------|-------------|-------------|
|   |  | Beginning of year |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 31,013,202        | <b>1</b>    | 54,447,129  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 4,612,722         | <b>2</b>    | 4,613,344   |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                   | <b>3</b>    |             |
|   | <b>4</b> Accounts receivable, net . . . . .  |                   | <b>4</b>    |             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                 | <b>5</b>    | 0           |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0                 | <b>6</b>    | 0           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>    |             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   | <b>9</b>    |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 0                 |             |             |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 0                 | <b>10c</b>  | 0           |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                   | <b>11</b>   |             |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                 | <b>12</b>   | 101,751,667 |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                 | <b>13</b>   | 0           |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 50,346,531        | <b>15</b>   | 105,415     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 85,972,455   | <b>16</b>         | 160,917,555 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 287,064           | <b>17</b>   | 324,512     |
|   | <b>18</b> Grants payable . . . . .   | 934,783           | <b>18</b>   | 49,989,064  |
|   | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>   |             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 28,219,044        | <b>21</b>   |             |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                 | <b>22</b>   | 0           |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b>   |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 388,956           | <b>25</b>   | 5,889       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 29,829,847        | <b>26</b>   | 50,319,465  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 12,608            | <b>27</b>   | 103,927,216 |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 56,130,000        | <b>28</b>   | 6,670,874   |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                   | <b>29</b>   |             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                   | <b>31</b>   |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
| <b>33</b> Total net assets or fund balances . . . . .                         | 56,142,608   | <b>33</b>         | 110,598,090 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 85,972,455   | <b>34</b>         | 160,917,555 |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 153,847,029 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 101,143,214 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 52,703,815  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 56,142,608  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,751,667   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 110,598,090 |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>ECMC FOUNDATION</b> | Employer identification number<br><b>41-1990628</b> |
|--|---|

**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No                                  |
|----------|-----|-------------------------------------|
| 11g(i)   |     | <input checked="" type="checkbox"/> |
| 11g(ii)  |     | <input checked="" type="checkbox"/> |
| 11g(iii) |     | <input checked="" type="checkbox"/> |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization      | (ii) EIN   | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|---|------------|---|---|----|--|----|---|----|----------------------------------|
|   |            |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| <b>(A)</b> EDUCATIONAL CREDIT MGMT CORP | 41-1778617 | 9   | <input checked="" type="checkbox"/>                                     |    | <input checked="" type="checkbox"/>                              |    | <input checked="" type="checkbox"/>                         |    | 101,143,214                      |
| <b>(B)</b>                              |            |   |   |    |  |    |   |    |                                  |
| <b>(C)</b>                              |            |   |   |    |  |    |   |    |                                  |
| <b>(D)</b>                              |            |   |   |    |  |    |   |    |                                  |
| <b>(E)</b>                              |            |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                            | <b>1</b>   |   |   |    |  |    |   |    | 101,143,214                      |

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

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

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .  | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>  |           |   |



**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>ECMC FOUNDATION | <b>Employer identification number</b><br>41-1990628 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|  |   |
|--|---|
| <b>Name of organization</b><br>ECMC FOUNDATION | <b>Employer identification number</b><br>41-1990628 |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | -----<br>-----<br>-----           | \$ -----<br>153,837,971    | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| <b>Name of organization</b><br>ECMC FOUNDATION | <b>Employer identification number</b><br>41-1990628 |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |

|  |   |
|--|---|
| <b>Name of organization</b><br>ECMC FOUNDATION | <b>Employer identification number</b><br>41-1990628 |
|--|---|

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ECMC FOUNDATION

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

41-1990628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, Total acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Temporarily restricted endowment ▶ .....%

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              | 0              |
| <b>b</b> Buildings   |                                      |                                 |                              | 0              |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              | 0              |
| <b>d</b> Equipment   |                                      |                                 |                              | 0              |
| <b>e</b> Other   |                                      |                                 |                              | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 0              |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other   |                |  |
| (A) INVESTMENT IN ECMC GROUP INVESTMENT POOL                                | 101,751,667    | END OF YEAR MARKET VALUE                                     |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 101,751,667    |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) DUE TO ECMC GROUP, INC.   | 5,889          |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 5,889          |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |             |             |
|----------|--|-----------|-------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>    | 155,598,696 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |             |             |
| <b>a</b> | Net unrealized gains on investments . . . . .  | <b>2a</b> | 1,751,667   |             |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |             |             |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 0           |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 1,751,667   |             |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 153,847,029 |             |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |             |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 0           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 0           |             |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 153,847,029 |             |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |             |             |
|----------|---|-----------|-------------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>    | 101,143,214 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |             |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |             |             |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |             |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 0           |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 0           |             |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 101,143,214 |             |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |             |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 0           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 0           |             |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 101,143,214 |             |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE NEXT PAGE](#)

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**Part XIII**

**Supplemental Information** Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| <b>Return Reference</b>           | <b>Identifier</b>                         | <b>Explanation</b>  |
|-----------------------------------|---|---|
| SCHEDULE D,<br>PART X, LINE 2     | FIN 48 (ASC 740)<br>FOOTNOTE              | <p>THE FIN 48 (ASC 470) DISCLOSURE IN THE ECMC FOUNDATION FINANCIAL STATEMENTS READS AS FOLLOWS:</p> <p>"THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT ECMC FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ECMC FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.</p> <p>ECMC FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY ECMC FOUNDATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013. ECMC FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE CURRENT YEAR AS WELL AS FISCAL YEARS 2010 THROUGH 2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES."</p> |
| SCHEDULE D,<br>PART XI, LINE 2(A) | NET UNREALIZED<br>GAINS ON<br>INVESTMENTS | NET UNREALIZED GAINS ON INVESTMENT IN THE ECMC GROUP, INC. INVESTMENT POOL = \$1,751,667.   |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ECMC FOUNDATION

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

41-1990628

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| <b>(1)</b> CALIFORNIA STUDENT AID COMMISSION<br>PO BOX 419026, RANCHO CORDOVA, CA 95741 | 68-0317676     | STATE AGENCY                         | 98,100,000                      |  |  |   | EDUCATION GRANT                           |
| <b>(2)</b> WESTERN OREGON UNIVERSITY<br>PO BOX 488, CORVALLIS, OR 97339                 | 48-1278533     | STATE ORG.                           | 25,000                          |  |  |   | LEADERSHIP CONFERENCE                     |
| <b>(3)</b> VIRGINIA COMMONWEALTH UNIVERSITY<br>PO BOX 843035, RICHMOND, VA 23284-3035   | 54-6001758     | STATE ORG.                           | 10,000                          |  |  |   | GENERAL SUPPORT                           |
| <b>(4)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(5)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(6)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(7)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(8)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(9)</b>  |                |                                      |                                 |  |  |   |   |
| <b>(10)</b>   |                |                                      |                                 |  |  |   |   |
| <b>(11)</b>   |                |                                      |                                 |  |  |   |   |
| <b>(12)</b>   |                |                                      |                                 |  |  |   |   |

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

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 ECMC SCHOLARS SCHOLARSHIPS     | 354                      | 890,000                  |                                   |   |  |
| 2 THE COLLEGE PLACE SCHOLARSHIPS | 12                       | 11,236                   |                                   |   |  |
| 3                                |                          |                          |                                   |   |  |
| 4                                |                          |                          |                                   |   |  |
| 5                                |                          |                          |                                   |   |  |
| 6                                |                          |                          |                                   |   |  |
| 7                                |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEE NEXT PAGE

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**Part IV****Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Return Reference              | Identifier   | Explanation   |
|-------------------------------|--|---|
| SCHEDULE I,<br>PART I, LINE 2 | PROCEDURES FOR<br>MONITORING USE OF<br>GRANT FUNDS | HELPING LOW-INCOME STUDENTS PURSUE HIGHER EDUCATION IS CORE TO ECMC FOUNDATION'S MISSION. THE GRANTS AND ASSISTANCE TO THE ORGANIZATIONS LISTED IN PART II ARE MINIMAL IN NATURE AND ARE ISSUED IN SUPPORT OF STUDENT FINANCIAL AID CONFERENCES AND ORGANIZATIONS AND DO NOT REQUIRE MONITORING. ECMC FOUNDATION SCHOLARSHIPS LISTED IN PART III ARE ISSUED AS JOINTLY PAYABLE TO THE STUDENT AND THE SCHOOL TO ENSURE THE FUNDS ARE USED FOR EDUCATIONAL EXPENSES. |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ECMC FOUNDATION

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

41-1990628

**Part I Questions Regarding Compensation**

|   | Yes  | No |
|---|------|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |      |    |
| <b>b</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 ✓ |    |
| <b>2</b> 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 in line 1a? . . . . .   | 2 ✓  |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |      |    |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   |      |    |
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .  | 4a ✓ |    |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  | 4b ✓ |    |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .   | 4c   | ✓  |
| If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   |      |    |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>  |      |    |
| <b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   |      |    |
| <b>a</b> The organization? . . . . .  | 5a   | ✓  |
| <b>b</b> Any related organization? . . . . .  | 5b ✓ |    |
| If "Yes" to line 5a or 5b, describe in Part III.  |      |    |
| <b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:   |      |    |
| <b>a</b> The organization? . . . . .  | 6a   | ✓  |
| <b>b</b> Any related organization? . . . . .  | 6b ✓ |    |
| If "Yes" to line 6a or 6b, describe in Part III.  |      |    |
| <b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .   | 7    | ✓  |
| <b>8</b> Were any amounts reported in 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    | ✓  |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .   | 9    |    |

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

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

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

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 RICHARD BOYLE, DIRECTOR/CEO/PRESIDENT NOT PAID BY FOUNDATION       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 475,238  | 425,000                             | 8,049                               | 30,600   | 24,029                  | 962,916                         | 0   |
| 2 JAMES MURRAY, FORMER DIRECTOR NOT PAID BY FOUNDATION               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 41,266   | 0                                   | 0                                   | 0  | 0                       | 41,266                          | 0   |
| 3 STEVEN WELLVANG, FORMER SEC/GENERAL COUNSEL NOT PAID BY FOUNDATION | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 484,151  | 53,544                              | 9,960                               | 16,320   | 2,271                   | 566,246                         | 9,960   |
| 4 STEVEN BUMBAUGH, PRESIDENT   | (i)  | 97,295   | 34,529                              | 306,999                             | 11,989   | 9,100                   | 459,912                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 GREGORY VAN GUILDER, CFO NOT PAID BY FOUNDATION                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 306,483  | 350,513                             | 1,777                               | 53,726   | 29,573                  | 742,072                         | 21,387  |
| 6 DANIEL FISHER, SEC/GENERAL COUNSEL NOT PAID BY FOUNDATION          | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 252,393  | 214,482                             | 3,109                               | 43,314   | 33,536                  | 546,834                         | 13,038  |
| 7 MARCH KESSLER, EXECUTIVE DIRECTOR                                  | (i)  | 142,526  | 65,250                              | 1,884                               | 25,278   | 10,826                  | 245,764                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III**

**Supplemental Information** Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Return Reference            | Identifier  | Explanation  |
|-----------------------------|---|--|
| SCHEDULE J, PART I, LINE 1A | TAX INDEMNIFICATION AND GROSS-UP PAYMENTS                         | CERTAIN TAXABLE BENEFITS ARE GROSSED UP TO MAKE THE EMPLOYEE WHOLE. THIS HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.  |
| SCHEDULE J, PART I, LINE 3  | COMPENSATION  | AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, STEVEN BUMBAUGH. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.  |
| SCHEDULE J, PART I, LINE 4A | SEVERANCE OR CHANGE-OF-CONTROL PAYMENT                            | THE FOLLOWING RECEIVED SEVERANCE PAYMENTS IN 2013:<br>STEVEN BUMBAUGH - \$214,508, ECMC FOUNDATION WAS REIMBURSED BY ECMC GROUP, INC.<br>STEVEN WELLVANG - \$355,058, PAID BY ECMC HOLDINGS, INC., A RELATED ORGANIZATION.   |
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN                         | ECMC GROUP, INC. MAINTAINS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F) TO ATTRACT AND RETAIN EMPLOYEES, TYPICALLY IN MANAGEMENT POSITIONS. IN 2013 GREGORY VAN GUILDER AND DANIEL FISHER PARTICIPATED IN THE PLAN. NO PAYMENTS WERE MADE FROM THE PLAN.  |
| SCHEDULE J, PART I, LINE 5B | COMPENSATION CONTINGENT ON REVENUES OF A RELATED ORGANIZATION     | AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, STEVEN BUMBAUGH. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS. ECMC GROUP, INC.'S ANNUAL OFFICER INCENTIVE PLAN REQUIRES ACHIEVEMENT OF STATED PRIMARY FINANCIAL GOALS, WHICH INCLUDES REVENUES, BEFORE ANY PAYMENT TO ANY OFFICER IS MADE. |
| SCHEDULE J, PART I, LINE 6B | COMPENSATION CONTINGENT ON NET EARNINGS OF A RELATED ORGANIZATION | AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, STEVEN BUMBAUGH. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS. ECMC GROUP, INC.'S ANNUAL OFFICER INCENTIVE PLAN REQUIRES ACHIEVEMENT OF STATED PERFORMANCE METRICS, WHICH INCLUDES NET EARNINGS BEFORE ANY PAYMENT TO ANY OFFICER IS MADE.  |

**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.

**2013**

Open to Public Inspection

Name of the Organization  
**ECMC FOUNDATION**

Employer Identification Number  
**41-1990628**

| Return Reference            | Identifier                            | Explanation   |
|-----------------------------|---------------------------------------|---|
| FORM 990, PART I, LINE 1    | BRIEF MISSION                         | (CONTINUED FROM FORM 990, PART I, LINE 1)<br><br>ABOUT ECMC FOUNDATION<br>ECMC FOUNDATION HELPS PEOPLE OF ALL AGES FURTHER THEIR EDUCATION GOALS, PARTICULARLY LOW-INCOME INDIVIDUALS, AS WELL AS THOSE WHO MAY BE THE FIRST MEMBER OF THEIR FAMILY TO ATTEND COLLEGE. OUR INNOVATIVE OUTREACH PROGRAMS FOCUS ON COLLEGE ACCESS, RETENTION AND SUCCESS. THROUGH PARTNERSHIPS WITH GOVERNMENT AGENCIES, EDUCATIONAL INSTITUTIONS AND COMMUNITY ORGANIZATIONS, ECMC FOUNDATION IS ABLE TO HELP MAKE THE DREAM OF COLLEGE A REALITY FOR THOSE INDIVIDUALS WHO MAY NOT OTHERWISE HAVE AN OPPORTUNITY TO PURSUE HIGHER EDUCATION. ECMC FOUNDATION IS FUNDED BY ECMC GROUP, INC. FOR MORE INFORMATION, VISIT WWW.ECMCFUNDATION.ORG.   |
| FORM 990, PART I, LINE 6    | VOLUNTEERS                            | EIGHT VOLUNTEERS PROVIDED 154 HOURS OF SERVICE AT 2 OF ECMC FOUNDATION'S COLLEGE PLACE CENTERS. SERVICES PROVIDED BY THE VOLUNTEERS INCLUDED RECEPTIONIST AND CLERICAL DUTIES AND ASSISTING STUDENTS AND THEIR PARENTS IN THE COMPLETION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID.   |
| FORM 990, PART III, LINE 2  | NEW PROGRAM SERVICES                  | CAL GRANT PROGRAM<br>HELPING LOW-INCOME STUDENTS PURSUE HIGHER EDUCATION IS CORE TO ECMC FOUNDATION'S MISSION. AS PART OF THIS MISSION AS WELL AS OUR COMMITMENT TO THE STATE OF CALIFORNIA, THE ECMC FOUNDATION BOARD OF DIRECTORS APPROVED A CONTRIBUTION OF \$98,100,000 FOR THE STATE OF CALIFORNIA'S 2013-2014 CAL GRANT FINANCIAL AID PROGRAM DURING THE YEAR ENDED DECEMBER 31, 2013.  |
| FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$ 294,873 INCLUDING GRANTS OF \$ 40,000)(REVENUE \$ 0)<br><br>OTHER PROGRAMS:<br>MISCELLANEOUS PROGRAMS AND ACTIVITIES FOR THE FURTHERANCE OF EDUCATIONAL OPPORTUNITIES THROUGH GRANTS, AWARDS AND RESEARCH ON THE MANAGEMENT OF EDUCATIONAL DEBT.   |
| FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$ 272,315 INCLUDING GRANTS OF \$ 0)(REVENUE \$ 0)<br><br>BELIEVING THE COLLEGE DREAM, REALIZING THE COLLEGE DREAM AND PERSIST.<br>BELIEVING THE COLLEGE DREAM, REALIZING THE COLLEGE DREAM AND PERSIST ARE CURRICULUM GUIDES.<br><br>BELIEVING THE COLLEGE DREAM:<br>BELIEVING THE COLLEGE DREAM IS A CURRICULUM GUIDE THAT SUPPORTS TEACHERS, COUNSELORS AND COMMUNITY-BASED ORGANIZATION STAFFS IN THEIR WORK TO INCREASE THE EXPECTATIONS OF ATTENDING COLLEGE BY STUDENTS IN GRADES 4-8. THE CURRICULUM HAS A FOCUS ON LOW-INCOME STUDENTS AS WELL AS THOSE STUDENTS WHO MAY BE THE FIRST MEMBER OF THEIR FAMILY TO HAVE AN OPPORTUNITY TO ATTEND COLLEGE. THE CURRICULUM IS FREE. IT IS DISTRIBUTED NATIONALLY AND IN 2013 WAS DOWNLOADED MORE THAN 1,200 TIMES FROM THE ECMC FOUNDATION WEBSITE; THEREBY, REACHING UNTOLD NUMBERS OF STUDENTS AS EXPOSURE TO THE CURRICULUM CASCADES THROUGH THE EDUCATION COMMUNITY.<br><br>ECMC FOUNDATION SPONSORED THREE TRAINING SESSIONS DURING 2013 IN WHICH 330 EDUCATION PROFESSIONALS WERE TRAINED TO USE THE CURRICULUM.<br><br>REALIZING THE COLLEGE DREAM:<br>REALIZING THE COLLEGE DREAM IS A CURRICULUM GUIDE THAT SUPPORTS TEACHERS, COUNSELORS AND COMMUNITY-BASED ORGANIZATION STAFFS IN THEIR WORK TO INCREASE THE EXPECTATIONS OF ATTENDING COLLEGE BY HIGH SCHOOL STUDENTS. THE CURRICULUM HAS A FOCUS ON LOW-INCOME STUDENTS AS WELL AS THOSE STUDENTS WHO MAY BE THE FIRST MEMBER OF THEIR FAMILY TO HAVE AN OPPORTUNITY TO ATTEND COLLEGE. THE CURRICULUM IS FREE. IT IS DISTRIBUTED NATIONALLY AND IN 2013 WAS DOWNLOADED MORE THAN 1,200 TIMES FROM THE ECMC FOUNDATION WEBSITE; THEREBY, REACHING UNTOLD NUMBERS OF STUDENTS AS EXPOSURE TO THE CURRICULUM CASCADES THROUGH THE EDUCATION COMMUNITY. ACCORDING TO A USAGE STUDY CONDUCTED BY THE PELL INSTITUTE, THE MATERIALS COULD POTENTIALLY BE HAVING AN EFFECT ON THE LIVES OF HUNDREDS OF THOUSANDS OF STUDENTS.<br><br>ECMC FOUNDATION SPONSORED THREE TRAINING SESSIONS DURING 2013 IN WHICH 290 EDUCATION PROFESSIONALS WERE TRAINED.<br><br>PERSIST:<br>PERSIST IS A GUIDE FOR POSTSECONDARY EDUCATIONS TO HELP AT-RISK STUDENTS SUCCESSFULLY NAVIGATE THE VARIED ASPECTS OF THE COLLEGE EXPERIENCE. THIS GUIDE INCLUDES TOOLS TO HELP TO INCREASE THE SUCCESS RATES OF THOSE COLLEGE STUDENTS MOST AT RISK FOR DROPPING OUT: FIRST GENERATION COLLEGE STUDENTS, |



| Return Reference                   | Identifier   | Explanation  |
|------------------------------------|--|--|
|                                    |  | <p>THOSE FROM LOW-INCOME FAMILIES, COMMUTER STUDENTS AND NONTRADITIONAL AGE STUDENTS. IN 2013 THE GUIDE WAS DOWNLOADED MORE THAN 1,000 TIMES FROM THE ECMC FOUNDATION WEBSITE; THEREBY, REACHING UNTOLD NUMBERS OF STUDENTS AS EXPOSURE TO THE CURRICULUM CASCADES THROUGH THE EDUCATION COMMUNITY.</p> <p>ECMC FOUNDATION SPONSORED TWO TRAINING SESSIONS DURING 2013 IN WHICH 210 EDUCATION PROFESSIONALS WERE TRAINED.</p>  |
| FORM 990, PART VI, SEC A, LINE 6   | CLASSES OF MEMBERS OR STOCKHOLDERS                           | ECMC FOUNDATION HAS ONE MEMBER. THE MEMBER IS ECMC GROUP, INC. A DELAWARE, NON-STOCK, NON-PROFIT CORPORATION EXEMPT UNDER SECTION 501(C)(3). THERE ARE NO STOCKHOLDERS.  |
| FORM 990, PART VI, SEC A, LINE 7A  | MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY   | ECMC GROUP, INC. HAS THE RIGHT TO ELECT AND/OR APPROVE ALL THE DIRECTORS OF THE ECMC FOUNDATION BOARD OF DIRECTORS.  |
| FORM 990, PART VI, SEC A, LINE 7B  | DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS      | <p>ECMC GROUP, INC., THE SOLE MEMBER OF ECMC FOUNDATION, RETAINS THE FOLLOWING AUTHORITY OVER ECMC FOUNDATION:</p> <ol style="list-style-type: none"> <li>1. TO AUTHORIZE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS.</li> <li>2. TO APPROVE THE STRATEGIC AND FINANCIAL PLANS.</li> <li>3. TO ELECT AND/OR APPROVE THE MEMBERS OF THE BOARD OF DIRECTORS.</li> <li>4. TO OVERSEE COORDINATION OF PROGRAMS AND SERVICES OFFERED.</li> <li>5. TO AUTHORIZE FORMATION, GOVERNANCE AND DISSOLUTION.</li> </ol>  |
| FORM 990, PART VI, SEC B, LINE 11B | REVIEW OF FORM 990 BY GOVERNING BODY                         | ALL MEMBERS OF THE BOARD OF DIRECTORS AND EXECUTIVE MANAGEMENT ARE PROVIDED A COPY OF FORM 990 TO REVIEW AND PROVIDE COMMENTS PRIOR TO FILING. ALL MEMBERS OF THE BOARD OF DIRECTORS AND EXECUTIVE MANAGEMENT ARE PROVIDED WITH A COPY OF THE FINAL VERSION OF FORM 990 BEFORE IT HAS BEEN FILED.  |
| FORM 990, PART VI, SEC B, LINE 12C | CONFLICT OF INTEREST POLICY                                  | <p>OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO REAFFIRM ON AN ANNUAL BASIS THEIR UNDERSTANDING OF THE COMPANY'S CODE OF ETHICS AND BUSINESS CONDUCT. THE AFFIRMATION SPECIFICALLY REFERENCES THAT THE INDIVIDUAL WILL COMPLY WITH THE DIRECTIVES OF THE CODE OF ETHICS AND BUSINESS CONDUCT. CONFLICTS OF INTEREST AND DISCLOSURE OF POTENTIAL CONFLICTS IS INCLUDED IN THE CODE OF ETHICS AND BUSINESS CONDUCT. MONITORING AND ENFORCEMENT OF THE POLICY IS ACCOMPLISHED THROUGH THE REAFFIRMATION PROCESS.</p> <p>IN CASES WHERE A POTENTIAL CONFLICT EXISTS AT THE OFFICER AND KEY EMPLOYEE LEVELS, THE ISSUE IS DISCLOSED TO THE CEO AND DIRECTOR OF CORPORATE COMPLIANCE. FOR POTENTIAL OR REAL CONFLICTS INVOLVING THE CEO OR A MEMBER OF THE BOARD OF DIRECTORS, THE DISCLOSURE IS MADE TO THE BOARD CHAIR. THE BOARD MEMBER OR CEO WILL BE REQUIRED TO EXCUSE THEMSELVES FROM DELIBERATION AND VOTING ON MATTERS WHERE THEY MAY HAVE A CONFLICT OF INTEREST.</p> |
| FORM 990, PART VI, LINE 13         | WHISTLEBLOWER POLICY   | ECMC GROUP, INC. HAS A CODE OF ETHICS AND BUSINESS CONDUCT POLICY THAT IS AFFIRMED ANNUALLY BY ALL ECMC GROUP, INC. AND AFFILIATED COMPANIES' OFFICERS, DIRECTORS, AND EMPLOYEES. WHILE THERE IS NOT A SPECIFIC WHISTLEBLOWER POLICY, THERE IS A PROVISION INCORPORATED INTO THE CODE OF ETHICS AND BUSINESS CONDUCT POLICY THAT BINDS ALL EMPLOYEES. THE PROVISION STATES THAT THERE CAN BE NO REPERCUSSIONS FOR GOOD FAITH REPORTING OF POTENTIAL ILLEGAL PRACTICES OR VIOLATIONS OF CORPORATE POLICIES. ECMC FOUNDATION HAS ESTABLISHED AN ANONYMOUS WHISTLEBLOWER TELEPHONE HOTLINE AND WEBSITE ADMINISTERED BY AN OUTSIDE VENDOR.   |
| FORM 990, PART VI, SEC B, LINE 15A | PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | <p>AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, STEVEN BUMBAUGH. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.</p> <p>THE GOVERNANCE &amp; COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2013, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD &amp; PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD &amp; PORTER LLP PROVIDED A WRITTEN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD &amp; PORTER LLP INCLUDES SALARY AND INCENTIVE DATA FROM AN APPROPRIATE PEER GROUP UNDER IRS REGULATIONS AND INCLUDES BOTH NONPROFIT AND FOR PROFIT ENTITIES.</p>               |
| FORM 990, PART VI, SEC B, LINE 15B | PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES         | <p>AS NOTED IN PART VII OF FORM 990 AND SCHEDULE J, PART II, THE ONLY EXECUTIVE OFFICER COMPENSATED BY ECMC FOUNDATION WAS THE PRESIDENT, STEVEN BUMBAUGH. ALL OTHER EXECUTIVE OFFICERS' COMPENSATION WAS PAID BY RELATED ORGANIZATIONS.</p> <p>THE GOVERNANCE &amp; COMPENSATION COMMITTEE OF THE ECMC GROUP, INC. BOARD OF DIRECTORS IS WHOLLY COMPRISED OF INDEPENDENT, OUTSIDE DIRECTORS. IN 2013, THE COMMITTEE RETAINED EXECUTIVE COMPENSATION EXPERTS FROM GRANT THORNTON, A GLOBAL COMPENSATION CONSULTING ORGANIZATION, THROUGH ARNOLD &amp; PORTER LLP TO IDENTIFY APPROPRIATE CEO AND SENIOR EXECUTIVE COMPENSATION PACKAGES. ARNOLD &amp; PORTER LLP PROVIDED A WRITTEN OPINION ON THE REASONABLENESS OF THIS COMPENSATION. THE MARKET ANALYSIS PERFORMED BY GRANT THORNTON FOR ARNOLD &amp; PORTER LLP INCLUDES SALARY AND INCENTIVE DATA FROM AN APPROPRIATE PEER GROUP UNDER IRS REGULATIONS AND INCLUDES BOTH NONPROFIT AND FOR PROFIT ENTITIES.</p>               |
| FORM 990, PART VI, SEC C, LINE 19  | REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC                   | NO DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.   |

| Return Reference              | Identifier                          | Explanation  |
|-------------------------------|-------------------------------------|--|
| FORM 990, PART VII, SECTION A | DIRECTORS' COMPENSATION             | <p>ECMC FOUNDATION DIRECTORS DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ASSOCIATED WITH ECMC FOUNDATION, BUT DO RECEIVE COMPENSATION FOR THEIR SERVICE PROVIDED TO RELATED ORGANIZATIONS-ECMC AND ECMC GROUP, INC.</p> <p>WITH THE EXCEPTION OF THE PRESIDENT, STEVEN BUMBAUGH, THE EXECUTIVE OFFICERS OF ECMC FOUNDATION DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ASSOCIATED WITH ECMC FOUNDATION, BUT DO RECEIVE COMPENSATION FOR THEIR SERVICE PROVIDED TO RELATED ORGANIZATIONS-ECMC AND ECMC GROUP, INC.</p> <p>JAMES MURRAY, A FORMER DIRECTOR, HAD A CONSULTING AGREEMENT IN 2013.</p>  |
| FORM 990, PART X, LINE 12     | INVESTMENTS-OTHER SECURITIES        | <p>INVESTMENTS-OTHER SECURITIES OF \$101,751,667 ARE HELD IN THE ECMC GROUP, INC. INVESTMENT POOL. INVESTMENTS IN ECMC GROUP INVESTMENT POOL REPRESENT AN OWNERSHIP INTEREST IN THE INVESTMENT POOL MANAGED BY ECMC GROUP, NOT IN THE UNDERLYING ASSETS THEMSELVES. THE OWNERSHIP INTERESTS IN THIS POOL ARE NOT THEMSELVES PUBLICLY TRADED, NOR CAN THEY BE VALUED BASED ON DIRECT OR INDIRECT INPUTS AS DEFINED BY FINANCIAL ACCOUNT STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION 820. ECMC FOUNDATION'S INVESTMENTS CONSIST OF POOLED FUNDS INVESTED WITH ECMC GROUP THAT ARE GENERALLY REDEEMABLE UPON REQUEST. THE POOLED INVESTMENT IS, UNDER FAIR VALUE HIERARCHY, A LEVEL 2 INVESTMENT. THE INVESTMENT STRATEGY OF THE POOLED FUNDS OF ECMC GROUP IS TO DIVERSIFY RISK AND PROVIDE A RETURN THAT SATISFIES THE SHORT- AND LONG-TERM OBJECTIVES OF ECMC FOUNDATION. THE INVESTMENT POOL HAS UNFUNDED COMMITMENTS OF \$1,500,000 IN ALTERNATIVE INVESTMENTS AND \$25,698,938 IN MISSION RELATED DIRECT INVESTMENTS. ECMC FOUNDATION HAS NO UNFUNDED COMMITMENTS TO THE POOL AT DECEMBER 31, 2013.</p> |
| FORM 990, PART XI, LINE 5     | NET UNREALIZED GAINS ON INVESTMENTS | <p>NET UNREALIZED GAINS ON INVESTMENT IN THE ECMC GROUP, INC. INVESTMENT POOL = \$1,751,667.</p>   |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ECMC FOUNDATION**

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number  
**41-1990628**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) EDUCATIONAL CREDIT MGMT CORP (41-1778617)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128 | GUARANTOR               | MN   | 501(C)(3)                  | g   | ECMC GROUP, INC.                 |  | ✓  |
| (2) ECMC GROUP, INC. (41-1991995)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128             | EDUCATION FINANCE       | DE   | 501(C)(3)                  | 11 - TYPE II  | N/A                              |  | ✓  |
| (3) -----   |                         |  |                            |   |                                  |  |    |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| (5) -----   |                         |  |                            |   |                                  |  |    |
| (6) -----   |                         |  |                            |   |                                  |  |    |
| (7) -----   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) See Statement                                     |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) OAKDALE INVESTMENT MANAGEMENT CORPORATION (35-2085743)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128 | HOLDING INVESTMENTS     | DE   | ECMC GROUP, INC.                 | C CORPORATION                                    |                              |                                    |                             |  |    |
| (2) ECMC HOLDINGS CORPORATION (41-1991992)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128                 | STRATEGIC OVERSIGHT     | DE   | ECMC GROUP, INC.                 | C CORPORATION                                    |                              |                                    |                             |  |    |
| (3) EDUCATIONAL CREDIT SERVICES CO (41-1992001)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128            | PRIVATE LOANS           | DE   | N/A                              | C CORPORATION                                    |                              |                                    |                             |  |    |
| (4) ECMC RECORDS & REC MGMT CORPORATION (41-1989959)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128       | DOCUMENT MANAGEMENT     | DE   | N/A                              | C CORPORATION                                    |                              |                                    |                             |  |    |
| (5) ECMC MANAGEMENT SERVICES CORPORATION (41-1989960)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128      | MANAGEMENT SERVICES     | DE   | N/A                              | C CORPORATION                                    |                              |                                    |                             |  |    |
| (6) ECMC TECHNOLOGY SERVICES CORPORATION (41-1989958)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128      | TECHNOLOGY SERVICES     | DE   | N/A                              | C CORPORATION                                    |                              |                                    |                             |  |    |
| (7) ECMC SOLUTIONS CORPORATION (27-1854584)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128                | DEFAULT PREVENTION      | DE   | N/A                              | C CORPORATION                                    |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .                  |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | ✓   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | ✓   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | ✓   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | ✓   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | ✓   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | ✓  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | ✓  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII** **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

| Return Reference | Identifier  | Explanation  |
|------------------|---|--|
| PART III         | IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP      | PREMIERE CREDIT OF NORTH AMERICA, LLC AND OAKDALE STUDENT LOAN FUNDING, LLC ARE DISREGARDED ENTITIES OF ECMC HOLDINGS CORPORATION AND ECMC GROUP, INC., RESPECTIVELY.  |
| PART V, LINE 1C  | GIFT, GRANT, OR CAPITAL CONTRIBUTION FROM RELATED ORGANIZATION(S)     | \$153,837,971 CONTRIBUTION MADE BY ECMC GROUP, INC. TO ECMC FOUNDATION TO FUND INNOVATIVE OUTREACH PROGRAMS AND SCHOLARSHIP PROGRAMS TO CONVEY TO STUDENTS THE IMPORTANCE OF COMPLETING HIGH SCHOOL AND TO DEVELOP AND DISTRIBUTE PROGRAMS THAT FOCUS ON ACCESS, RETENTION AND SUCCESS IN HIGHER EDUCATION, THEREBY HELPING LOW-INCOME INDIVIDUALS AS WELL AS THOSE WHO MAY BE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE FURTHERING THEIR EDUCATION GOALS. |
| PART V, LINE 1N  | SHARING OF FACILITIES, EQUIPMENT, OR OTHER ASSETS WITH RELATED ORG(S) | \$672,137 ALLOCATED EXPENSES FOR FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS SHARED WITH ECMC GROUP, INC.  |
| PART V, LINE 1O  | SHARING OF PAID EMPLOYEES WITH RELATED ORGANIZATION(S)                | \$273,708 ALLOCATED EXPENSES FOR PAID EMPLOYEES SHARED WITH ECMC GROUP, INC.   |
| PART V, LINE 1O  | SHARING PAID EMPLOYEES WITH RELATED ORGANIZATION(S)                   | \$188,983 ALLOCATED EXPENSES FOR PAID EMPLOYEES SHARED WITH EDUCATIONAL CREDIT MANAGEMENT CORPORATION.   |
| PART V, LINE 1P  | REIMBURSEMENT PAID TO RELATED ORGANIZATION(S) FOR EXPENSES            | \$217,150 REIMBURSEMENT PAID TO ECMC GROUP, INC. FOR EXPENSES.   |
| PART V, LINE 1Q  | REIMBURSEMENT PAID BY RELATED ORGANIZATION(S) FOR EXPENSES            | \$214,508 SEVERANCE PAID BY ECMC FOUNDATION TO STEVEN BUMBAUGH WAS REIMBURSED BY ECMC GROUP, INC.  |

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

| (a) Name, address and EIN of related organization  | (b) Primary Activity     | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? |    | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |    | (k) Percentage ownership |
|--|--------------------------|---|-------------------------------|---|---------------------------|---------------------------------|-----------------------------------|----|---|----------------------------------|----|--------------------------|
|  |                          |   |                               |   |                           |                                 | Yes                               | No |   | Yes                              | No |                          |
| (1) PREMIERE CREDIT OF NORTH AMERICA, LLC (35-2085743)<br>2002 WELLESLEY BLVD #300, INDIANAPOLIS, IN 46219 | ACCOUNTS RECEIVABLE MGMT | IN  | N/A                           | N/A   |                           |                                 |                                   |    |   |                                  |    |                          |
| (2) OAKDALE STUDENT LOAN FUNDING, LLC (27-1914648)<br>1 IMATION PLACE, BLDG 2, OAKDALE, MN 55128           | HOLDING FFELP LOANS      | DE  | N/A                           | N/A   |                           |                                 |                                   |    |   |                                  |    |                          |





Department of Treasury  
Internal Revenue Service  
Ogden UT 84201

|                    |  |
|--------------------|--|
| Notice             | CP211A                                   |
| Tax period         | December 31, 2013                        |
| Notice date        | July 21, 2014                            |
| Employer ID number | 41-1990628                               |
| To contact us      | Phone 1-877-829-5500<br>FAX 801-620-5555 |

Page 1 of 1

034247.315692.141842.6839 1 AT 0.406 373



ECMC FOUNDATION  
% RICHARD BOYLE  
1 IMATION PLACE BLDG 2  
OAKDALE MN 55128-3422



034247

Important information about your December 31, 2013 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990. Your new due date is November 15, 2014.

---

### What you need to do

File your December 31, 2013 Form 990 by November 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

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