eN	Extended to April 18, 2017 Return of Organization Exempt From Income Tax						
Forn	Form <b>JJU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)						<sup>1S)</sup> 2015
		of the Treasury	Do not enter social secur				Open to Public
-		nue Service	Information about Form 9				Inspection
AF	or the		ar year, or tax year beginning SEP	1,2015 and	ending A	<u>UG 31, 2016</u>	
B C	heck if oplicabl	le:	organization			D Employer identific	cation number
	Addre	e Meri	dian Education Resou		с.		
	Name chang	e Doing bi	usiness as Whitefoord In				180056
	Ireturn		and street (or P.O. box if mail is not delivere		Room/suite	E Telephone number	4
	Final return termir		George W Brumley Way				523-2500
	ated Amen	City or t	own, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	4,480,967.
	Jreturn	ALIA	nta, GA 30317-1743			H(a) Is this a group re	
	Applic tion pendi	F Name a	nd address of principal officer: Yvett	e Hagins		for subordinates	
-		same	as C above			H(b) Are all subordinates in	
		empt status:		(insert no.) 4947(a)(1)	or 527	College Mark Social	list. (see instructions)
			whitefoord.org			H(c) Group exemption	
		and a second	X Corporation Trust Associa	ation Other ►	L Year	of formation: 1994 M	State of legal domicile: GA
Pa	rt I	Summary					
e	1		e the organization's mission or most sigr				
and	<ul> <li><u>community to ensure that all are healthy and children have what t</u></li> <li><u>community to ensure that all are healthy and children have what t</u></li> <li><u>check this box</u> if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> </ul>						
Activities & Governance	2	Check this bo	<ul> <li>if the organization discontinu</li> </ul>	ed its operations or dispo	sed of more	than 25% of its net as	
	3	Number of vo	ing members of the governing body (Par	t VI, line 1a)			16
	4	Number of inc	ependent voting members of the govern	ing body (Part VI, line 1b)			16
es	5	Total number	of individuals employed in calendar year	2015 (Part V, line 2a)			68
ivit	6		of volunteers (estimate if necessary)				110
Act	7 a	Total unrelate	d business revenue from Part VIII, colum	n (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990	T, line 34			0.
					·	Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			2,369,063.	3,121,714.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)			881,793.	947,268.
	10	Investment in	come (Part VIII, column (A), lines 3, 4, and	d 7d)		51,767.	225,624.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Par	t VIII, column (A), line 12)		3,302,623.	4,294,606.
	13	Grants and si	milar amounts paid (Part IX, column (A), li	nes 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), lir	ne 4)		0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part	IX, column (A), lines 5-10)		2,591,175.	2,775,207.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 7	11e)		0.	0.
xpe			ing expenses (Part IX, column (D), liné 25				
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f	-24e)		1,209,279.	1,107,819.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)		3,800,454.	3,883,026.
	19	Revenue less	expenses. Subtract line 18 from line 12			-497,831.	411,580.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
set	20	Total assets (	Part X, line 16)			1,825,523.	2,207,065.
at As	21	Total liabilities	(Part X, line 26)			283,512.	253,474.
			fund balances. Subtract line 21 from line	20		1,542,011.	1,953,591.
	nrt II			$\square$			
			I declare that I have examined this return, incl				y knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is	based on all information of w	hich preparer	has any knowledge.	
			let your yo				
Sig	n	Signatur	e of officer			Date	
Her	е		te Hagins, CEO	·			
		Type or	print name and title	11/1			
		Print/Type pre		parer's signature Alind		l if	X PTIN
Paic	1			ry Jo Alexand	ler 0	3/01/17 self-employ	ed P00002534
Prep	arer		▶ Mauldin & Jenkins			Firm's EIN 🕨	58-0692043
Use	Only	Firm's address	≥ 200 Galleria Pkwy				
			Atlanta, GA 30339-			Phone no. <b>77</b>	0-955-8600
May	/ the	IRS discuss th	s return with the preparer shown above?	(see instructions)	<u>,</u>		X Yes 🗌 No
5320	01 12-	16-15 LHA	For Paperwork Reduction Act Notice, s	see the separate instruct	ions.		Form <b>990</b> (2015)
	See Schedule O for Organization Mission Statement Continuation						

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See Schedule O for Organization Mission Statement Continuat

Form 990       Department of the Treasury       Duder 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.       Do not enter social security numbers on this form as it may be made public.       Difference Service       Difference Service </th
Form SJU       Under section 501(c), 527, of 4947(a)(1) of the Internal Revenue Code (except private foundations)       Department of the Treasury       Do not enter social security numbers on this form as it may be made public.       Different Code (except private foundations)         A For the 2015 calendar year, or tax year beginning       SEP 1, 2015 and ending AUG 31, 2016       Demotorems90.         B Order, if the applicable       C Name of organization       Demotorems90.       Demotorems90.         Doing business as       Whitefoord Inc.       **-***0056         Doing business as       Whitefoord Inc.       **-***0056         Number and street (or P.0. boxit fmail is not delivered to street address)       Room/suite       E Telephone number         I Triver       City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$       4,480,967.         H(a) Is this a group return       F Name and address of principal officer Yvette Hagins       H(b) are all subordinates includer?       Yes       No         J Tax-exempt status:       X 501(c)(3)       501(c)()       (insert no.)       4947(a)(1) or       527         J Website:       WWW whitefoord.org       H(c) Group exemption number       Mo       Mo         Z Tax-exempt status:       X 501(c)(2)       Association       Other >       L Year of formation: 1994 M State of legal domicite: GA         Pa
Information about Form 990 and its instructions is at www.irs.gov/form990.       Inspection         A For the 2015 calendar year, or tax year beginning       SEP 1, 2015       and ending       AUG 31, 2016         B Greed if applicable       C Name of organization       D Employer identification number         A draftess       Meridian Education Resource Group, Inc.       **-***0056         Doing business as       Whitefoord Inc.       **-***0056         Number and street (or P.o. box if mail is not delivered to street address)       Room/suite       E Telephone number         A tanta, GA 30317-1743       H(a) Is this a group return for subordinates included?       Yes No         A tanta, GA 30317-1743       H(a) Is this a group return for subordinates included?       Yes No         Mebsite: ▶ www.whitefoord.org       H(b) Are all subordinates included?       Yes No         J Website: ▶ www.whitefoord.org       H(c) Group exemption number ▶         K form of organization is mission or most significant activities: To partner with families and the community to ensure that all are healthy and children have what they         2 Check this box ▶       if the organization is only evening body (Part VI, line 1a)       3       16         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       16         7a       O       7a       O         90 <td< td=""></td<>
A For the 2015 calendar year, or tax year beginning       SEP 1, 2015       and ending       AUG 31, 2016         B Check if applicable       C Name of organization       Meridian Education Resource Group, Inc.       **-***0056         Address and ending       Meridian Education Resource Group, Inc.       **-***0056         Doing business as       Whitefoord Inc.       **-***0056         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         1353 George W Brumley Way SE       G cross receipts \$       4.480,967.         Atlanta, GA 30317-1743       H(a) Is this a group return for subordinates?       Image Note Note Note Note Note Note Note Not
B       Cived: if applicable:       C       Name of organization       D       Employer identification number         Address Internet Berne Bernet Bernet Bernet Bernet Bernet Bernet Bernet Ber
Address       Meridian Education Resource Group, Inc.       **-**0056         Name       Doing business as Whitefoord Inc.       **-**0056         Initial       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial       Address of principal officer: Yvette Hagins       address of principal officer: Yvette Hagins       Forme and address of principal officer: Yvette Hagins         Same as C above       H(a) Is this a group return       for subordinates included?       Yes X No         I Tax-exempt status: X 501(c)(3) 501(c) () () (insert no.)       4947(a)(1) or 527       H(b) Are all subordinates included?       Yes X No         K Form of organization: X Corporation       Trust       Association       Other L       Year of formation: 1994 M State of legal domicile: GP         Part I       Summary       If the organization is mission or most significant activities: To partner with families and the       Community to ensure that all are healthy and children have what they         2       Check this box L       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       6
Print       Merridian Education Resource Group, Inc.       **-***0056         Doing business as Whitefoord Inc.       **-***0056         Internet       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Internet       1353 George W Brumley Way SE       404-523-2500         City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$ 4,480,967.         Atlanta, GA 30317-1743       H(a) Is this a group return         Fname       FName and address of principal officer: Yvette Hagins         same as C above       H(b) Are all subordinates included?         I Tax-exempt status:       X 501(c)(3)         J Website:       Wwww.whitefoord.org         K form of organization:       X Corporation         Tust       Association         Other       L Year of formation:         1 Briefly describe the organization's mission or most significant activities:       TO partner with families and the         community to ensure that all are healthy and children have what they       3         2 Check this box        if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of individuals employed in calendar year 2015 (Part V, line 1a)       3       16         4 Number of individuals employed in calendar year 201
Name print       Doing business as Whitefoord Inc.       **-***0056         Initial Final Fi
Initial       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E       Telephone number         Istribut       1353 George W Brumley Way SE       A04-523-2500         City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$       4,480,967.         Annended       Atlanta, GA 30317-1743       H(a) Is this a group return         Application       F Name and address of principal officer: Yvette Hagins       Same as C above       H(b) Are all subordinates included?       Yes X No         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes X No         K Form of organization:       X Corporation       Trust       Association       Other >       L Year of formation:       1994 M State of legal domicile: GA         Part I       Summary       I Briefly describe the organization is mission or most significant activities:       To partner with families and the         Community to ensure that all are healthy and children have what they       3       160         4       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       667         6       Total number of voling members of the governing body (Part VI, line 2a)       5       667         6 <t< td=""></t<>
Image: Second control of the secon
Terminater       City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$ 4,480,967.         Atlanta, GA 30317-1743       F Name and address of principal officer: Yvette Hagins same as C above       H(a) Is this a group return for subordinates ?       Yes X No         I Tax-exempt status: X 501(c)(3)
Areended       Atlanta, GA 30317-1743       H(a) Is this a group return for subordinates?         Application       F Name and address of principal officer: Yvette Hagins same as C above       H(a) Is this a group return for subordinates?         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         J Website:       WWW.whitefoord.org       H(c) Group exemption number       K         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation: 1994       M State of legal domicile: GA         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       To partner with families and the community to ensure that all are healthy and children have what they         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       4       16         4       Number of independent voting members of the governing body (Part V, line 2a)       5       68         6       Total number of volunteers (estimate if necessary)       6       110         7a       O       7a       O       7a       0         6       1100       7a
Image: Solution of the pending pending pending pending pending pending pending same as C above       F Name and address of principal officer: Yvette Hagins for subordinates?       Image: Solution of the pending p
same as C above       H(b) Are all subordinates included?       Yes       No         I Tax-exempt status:       \$ 501(c)(3)       501(c) ( ) ◀ (insert no.)       4947(a)(1) or       527         J Website:       WWW.Whitefoord.org       H(c) Group exemption number       If "No," attach a list. (see instructions)         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1994       M State of legal domicile: GA         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       To partner with families and the community to ensure that all are healthy and children have what they       2         Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       16         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       16         4       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       66         5       Total number of volunteers (estimate if necessary)       6       1110         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7b       0.
I Tax-exempt status:       X 501(c)(3)       501(c) ( ) ◀ (insert no.)       4947(a)(1) or       527       If "No," attach a list. (see instructions)         J Website:       WWW.Whitefoord.org       H(c) Group exemption number       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1994       M State of legal domicile: GA         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       To partner with families and the community to ensure that all are healthy and children have what they         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       16         4       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       68         6       T100       7a       0.       7a       0.         7a       0.       7a       0.       7a       0.         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0.
K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1994       M State of legal domicile:       GAR         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       To partner with families and the community to ensure that all are healthy and children have what they         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3       16         3       Number of voting members of the governing body (Part VI, line 1a)       3       16         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       16         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       68         6       1100       7a       7a       0.       7a         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.       7b       0.         9       Net unrelated business taxable income from Form 990-T, line 34       2       2       3       121       714
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: To partner with families and the community to ensure that all are healthy and children have what they         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       16         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       16         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       68         6       Total number of volunteers (estimate if necessary)       6       110         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b       Net unrelated business taxable income from Form 990-T, line 34       7b       0.
9       1       Briefly describe the organization's mission or most significant activities: To partner with families and the community to ensure that all are healthy and children have what they         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 1b)         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)         6       Total number of volunteers (estimate if necessary)         7a       Total unrelated business revenue from Part VIII, column (C), line 12         b       Net unrelated business taxable income from Form 990-T, line 34         Prior Year         Current Year
Community to ensure that all are healthy and children have what they         Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of voting members of the governing body (Part VI, line 1a)       3       16         Number of independent voting members of the governing body (Part VI, line 1a)       3       16         Number of independent voting members of the governing body (Part VI, line 1b)       4       16         Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       68         Total number of volunteers (estimate if necessary)       6       110         Ta Total unrelated business revenue from Part VIII, column (C), line 12       7a       0         Net unrelated business taxable income from Form 990-T, line 34       7b       0         Prior Year       Current Year       2       26.0.63       3       121.714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
b Net unrelated business taxable income from Form 990-T, line 34       7b       0 •         Prior Year       Current Year         2 369 063       3 121 714
Prior Year Current Year 2 360 063 3 121 714
9 Program service revenue (Part VIII, line 2g) 881,793. 947,268.
8       Contributions and grants (Part VIII, line 1n)         9       Program service revenue (Part VIII, line 2g)         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Image: Construction of the investment income (r art viii, column (A), lines 5, 4, and vii)         0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         3, 302, 623.         4, 294, 606.
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)     0.
14 Benefits paid to or for members (Part IX, column (A), line 4)
2 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,591,175.       2,775,207.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       168,329.       1209,279       1,107,819
<sup><sup>(i)</sup></sup> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 209, 279. 1, 107, 819.
18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         3,800,454.         3,883,026.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.         20       Total assets (Part X, line 16)       1,825,523.       2,207,065.         21       Total liabilities (Part X, line 26)       283,512.       253,474.         22       Net assets or fund balances. Subtract line 21 from line 20       1,542,011.       1,953,591.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,800,454.       3,883,026.         19       Revenue less expenses. Subtract line 18 from line 12       -497,831.       411,580.

Sign Here	Signature of officer Yvette Hagins, CEO Type or print name and title		Date
Paid			L/17
Preparer	Firm's name <b>Mauldin &amp; Jenkins LLC</b>		Firm's EIN <b>** - * * * 2043</b>
Use Only	Firm's address 200 Galleria Pkwy SE S Atlanta, GA 30339-594		Phone no. 770 – 955 – 8600
May the I	RS discuss this return with the preparer shown above? (see ir	structions)	X Yes No
532001 12-	16-15 LHA For Paperwork Beduction Act Notice see the	separate instructions	Form <b>990</b> (2015)

12-16-15LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2015)See Schedule O for Organization Mission Statement Continuation

	990 (2015) Meridian Education Resource Group, Inc. **-**0056 Page 2 t 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: To partner with families and the community to ensure that all are
	healthy and children have what they need to succeed in school.
	nearchy and children have what they need to bacceed in behoor.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	If "Yes," describe these new services on Schedule O.
•	
3	
	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	
	Child Development Program- provides developmentally appropriate early
	childhood learning activities for children from six weeks of age to
	five years old. These activities are structured under infant/toddler
	program, two year old program, three year old program, and
	pre-kindergarten program. The academic and child care activities will
	enable children to be ready for school.
4b	(Code:) (Expenses \$ 148,621. including grants of \$) (Revenue \$24,306.)
-10	Beyond School Hours Program- provides afterschool programs from school
	aged children/youth with a concentration in reading and math skills.
	Activities including homework assistance. Students are also cultivated
	with various enrichment activities like art, music, dance, bike, state
	of the art computer technology through our year round afterschool and
	summer programs.
	summer programs.
4c	
	Health Centers- provides comprehensive primary care to students of our
	child development program, Whitefoord elementary, King middle and Crim
	high school, surrounding communities and everyone else with the goal of
	impacting children's overall health, school attendance, and academic
	performance. Our medical, dental, and mental health services
	incorporate health, education, and fitness/weight loss programs and
	foster healthy families through prevention as well as treatement.
4.4	Other program services (Describe in Schedule Q)
40	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 2,914,603.
40	Total program service expenses ► 2,914,603. Form <b>990</b> (2015)
53200	

	000		
Form	990	(2015)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
	complete Schedule G. Part III	19		ıΔ

Form **990** (2015)

 Form 990 (2015)
 Meridian Education Resource Group, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
c b	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	NUCE AND VITI 330 HIGHS ALC LEQUILEU LU CUTTINICLE OCHEQUILE U	00	~~	1

Form **990** (2015)

Form	990 (2015) Meridian Education Resource Group, In		**-***0		F	age <b>5</b>
Pa	t 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	able gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas reo	quired			
	to file Form 8282?	· · · · · · · · ·		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40	1			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-	1			
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>120</u>	I			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
5	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.			14b		

Form 9	90 (2	2015)
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	Form 990 (	
I	Part VI	Gov

## Meridian Education Resource Group, Inc.

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art 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				
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>		
b		12b	Х		
с			v		
	in Schedule O how this was done	12c	X X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х		
a ⊾	The organization's CEO, Executive Director, or top management official	15a	X		
a	Other officers or key employees of the organization	15b	~		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure	100		I	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$				
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) a	vailah	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website U 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	l finan	cial		
-	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	Michael B Bekele - 4045232500				
	1353 George W Brumley Way SE, Atlanta, GA 30317-1743				

Meridian Education Resource Group, Inc. \*

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) Lynett Jackson	1.00									
Co-secretary		X		Х				0.	0.	0.
(2) Alan Ferguson	1.00									
Treasurer		X		Х				0.	0.	0.
(3) Acquanette Chatman	1.00									
Trustee		X						0.	0.	0.
(4) Andrea N. Smith	1.00									
Trustee		X						0.	0.	0.
(5) Angela P Fowler-Allen	1.00									
Trustee		Х						0.	0.	0.
(6) Antuan Adderley	1.00									
Trustee		Х						0.	0.	0.
(7) Cora Head Samuel	1.00									
Trustee		Х						0.	0.	0.
(8) Dan Preister	1.00									
Trustee		Х						0.	0.	0.
(9) Denise Hare	1.00									_
Trustee		Х						0.	0.	0.
(10) Greer Gallagher	1.00									_
Trustee		Х						0.	0.	0.
(11) Ke'unnea Muttrie-White	1.00									-
Trustee		Х						0.	0.	0.
(12) Michael Weiss	1.00									
Trustee	1	х						0.	0.	0.
(13) Michele Wells	1.00									
Trustee	1 0 0	X						0.	0.	0.
(14) Toni Ingram	1.00									
Trustee		X						0.	0.	0.
(15) Gayle Gellerstedt	2.50	1								<b>^</b>
President		X		X				0.	0.	0.
(16) Nancy Brumley-Robitaille	2.50	1								<b>^</b>
Vice President		X		X				0.	0.	0.
(17) Yvette Johnson-Hagins	40.00	4						165 701		1 ( 000
CEO/Executive Director				Х				165,731.	0.	16,823. Form <b>990</b> (2015)

532007 12-16-15

								Group, Inc.	**_**	*0	056	Pag	le <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per		not c		ition more	) than is bot		(D) Reportable compensation	<b>(E)</b> Reportable compensation		Est	<b>(F)</b> imated ount of	
	week (list any hours for related organizations below line)				irecto	Highest compensated snut/ud employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	;	comp frc orga and	other pensation om the inization related nization	on n d
(18) Michael Bekele	40.00												_
CF0/CO0	40.00			X				109,232.		0.	23	3,86	6.
(19) Jada Moore Ruffin Medical Director	40.00				x			188,439.		0.	19	9,19	1.
										_			
1b Sub-total c Total from continuation sheets to Part VI	I, Section A							463,402. 0. 463,402.		0.0.0.		9,88 9,88	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization ►</li> </ul>								-	l ),000 of reportable	-		,00	3
										_		Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,		,		•			highest compensated e			3	x	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	=	le co	omp	ensa	atior	n and	d ot	her compensation from			4	x	
<ul> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com</li> </ul>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		x
Section B. Independent Contractors	piele Scheduk	901	or si	ucn	pers	SOIT .			<u></u>		5		
1 Complete this table for your five highest co the organization. Report compensation for										pens	ation fr	om	
(A) Name and business								(B) Description of s		C	( <b>C</b> ) ompen		
Emory University School of 1599 Clifton Road NE 3rd								Medical, Den Behavioral	tal,		216	5,98	3.
2 Total number of independent contractors (i \$100,000, of compensation from the organi	•	ot li	mite	d to	tho	se lis 1	stec	d above) who received r	nore than				

	990 ( r <b>t VII</b>			ation Re	source Gro	up, Inc.	**-***0	056 Page <b>9</b>
14		Chack if Schedula O cont		or poto to onvilir	a in this Dort VIII			
		Check if Schedule O cont	ans a response	or note to any in	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c f f h 2 a	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f Education	1c           1d           ions)         1e 1 ,           ts, and         1f 1 ,           1a-1f: \$	Business Code 611710	422,707.			
Program Service Revenue	c d e f		ICE		378,566. 86,852. 59,143. 947,268.			
Other Revenue	3 4 5 6 a b c d 7 a b c d	Investment income (including other similar amounts) Income from investment of ta Royalties Gross rents Less: rental expenses Rental income or (loss)	dividends, intere- x-exempt bond p (i) Real (i) Securities (i) Securities g events (not of 1c). See	est, and proceeds (ii) Personal (ii) Other 409,375. 186,361. 223,014.	2,610.			2,610.
Other	с 9а b с 10а b	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	draising events ctivities. See a b ing activities returns a b s of inventory e					
	b c d				4 294 606	947 268	0	225,624.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp		-		
<b>D</b> a	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	477,282.	189,630.	287,652.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,907,326.	1,561,211.	223,560.	122,555
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,724.	20,000.	16,099.	3,625
9	Other employee benefits	193,170.	162,040.	13,737.	17,393
10	Payroll taxes	157,705.	115,635.	32,637.	9,433
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting	20,200.		20,200.	
d		- ,			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	246,227.	205,514.	40,689.	24
12	Advertising and promotion	5,901.	1,832.	3,347.	722
13	Office expenses	163,122.	106,736.	52,545.	3,841
14	Information technology	45,394.	40,697.	3,355.	1,342
15	Royalties				_,
16		207,181.	183,105.	22,076.	2,000
17		13,411.	11,674.	1,711.	26
	Travel Payments of travel or entertainment expenses	10,1110	11/0/11		
8	,				
0	for any federal, state, or local public officials	40,954.	13,256.	27,462.	236
19 20	Conferences, conventions, and meetings		13,230.	2,,102.	250
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization	123,645.	101,000.	20,645.	2,000
		97,764.	65,262.	27,743.	4,759
23	Insurance Other expenses. Itemize expenses not covered	57,701.	05,202.	21,113.	=,155
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	59,529.	59,529.		
a b	Medical and Dental Supp	45,178.	45,178.		
	Program Activity Expens	24,530.	24,530.		
с С	Security	7,124.	5,542.	1,582.	
d		7,659.	2,232.	5,054.	373
	All other expenses	3,883,026.	2,232.	800,094.	168,329
25	Total functional expenses. Add lines 1 through 24e	5,005,020.	4,314,003.	000,094.	100,329
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2015)

Part X Balance Sheet

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		943.	1	943.
	2	Savings and temporary cash investments		267,962.		838,489.
	3	Pledges and grants receivable, net		2,046.	3	24,697.
	4	Accounts receivable, net		90,359.	4	89,106.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Compl	ete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
st		employees' beneficiary organizations (see instr). Complete Part II of Sch		6		
Assets	7	Notes and loans receivable, net			7	
<	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a2,668Less: accumulated depreciation10b1,414	494.	1 1 5 1 0 1 0		4 050 000
	b			1,464,213.		1,253,830.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1 005 500	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,825,523.	16	2,207,065.
	17	Accounts payable and accrued expenses		283,512.	17	253,474.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-		21	
ties	22	Loans and other payables to current and former officers, directors, trus	· ·			
Liabilities		key employees, highest compensated employees, and disqualified pers			00	
Lia	00	Complete Part II of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrelated third parties	F		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties	·····		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part	Xof			
					25	
	26	Schedule D Total liabilities. Add lines 17 through 25		283,512.	26	253,474.
		Organizations that follow SFAS 117 (ASC 958), check here				,
ŝ		complete lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		1,489,722.	27	1,686,302.
Net Assets or Fund Balances	28	Temporarily restricted net assets		52,289.	28	222,289.
d B	29	Permanently restricted net assets			29	45,000.
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here				
P		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	F		32	
z	~~	Total waters and such as found to all success	Г	1 5/2 011	~	1 923 201

Page **11** 

1,953,591. 2,207,065. Form 990 (2015)

33

34

1,542,011. 1,825,523.

Form	Meridian Education Resource Group, Inc.	**_*	**0056	Pa	ge <b>12</b>			
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,29					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,88					
3	Revenue less expenses. Subtract line 2 from line 1	3			80.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,54	2,0	11.			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,95	3,5	91.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		_				
	Act and OMB Circular A-133?		3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х				

Form **990** (2015)

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 

Attach	to	Form	990	or	Form	990-	·ΕΖ.

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

Name of	the organization	dian Edu	cation Resourc	ne Gro	ד מוו	na		<pre>identification number * - * * * 0 0 5 6</pre>
Part I	Reason for Public	Charity Statu	S (All organizations must c	omplete th	<u>up</u> , I is part ) Se	nc .		
	nization is not a private found						5.	
1	A church, convention of ch			-	,			
2	A school described in sect							
3	A hospital or a cooperative					ii).		
4	A medical research organiz	•	•				.)(iii). Enter	the hospital's name,
	city, and state:	•						· ,
5	An organization operated for section 170(b)(1)(A)(iv).		a college or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
6	A federal, state, or local go	overnment or gove	ernmental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a sub	stantial part of its support	from a gov	ernmental	unit or from	the general	public described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8	A community trust describe	ed in <b>section 170</b>	(b)(1)(A)(vi). (Complete Par	rt II.)				
9	An organization that norma	ally receives: (1) m	nore than 33 1/3% of its su	pport from	contributi	ons, member	ship fees, a	and gross receipts from
	activities related to its exen	mpt functions - su	bject to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
	income and unrelated busi	iness taxable inco	ome (less section 511 tax) fi	rom busine	sses acqu	iired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
10	An organization organized	and operated exc	clusively to test for public s	afety. See s	section 50	)9(a)(4).		
11 📖	An organization organized	•	•	•		-	-	• •
	more publicly supported or	0	( ) (					Check the box in
_	lines 11a through 11d that							
a L			d, supervised, or controlled					
			o regularly appoint or elect	a majority (	of the dire	ctors or trust	ees of the s	supporting
	organization. You must o	-						
b 🗆			sed or controlled in connec			-		-
	-		organization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
Г	organization(s). You mus	-						
c L			rting organization operated				ally integrate	ed with,
a [			ions). You must complete				utod organi	ization(a)
d∟			upporting organization ope				-	
	•		anization generally must sa complete Part IV, Section	-		-	u an alleni	IVENESS
e	- · ·	,	d a written determination fro	-				
e∟	-		ctionally integrated support			турет, туре	; п, туре п	
f En	ter the number of supported							
	ovide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount o	f monetary	(vi) Amount of
	organization		(described on lines 1-9	listed i governing o		suppor	t (see	other support (see
			above (see instructions))	Yes	No	instruct	ions)	instructions)
Total								

OMB No. 1545-0047

2015

**Open to Public** 

Inspection

## Schedule A (Form 990 or 990-EZ) 2015 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2512687.	2185711.	2766071.	2369063.	3121714.	12955246.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2512687.	2185711.	2766071.	2369063.	3121714.	12955246.			
	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)						3107206.			
~							9848040.			
	Public support. Subtract line 5 from line 4.						9040040.			
	ction B. Total Support	() 00//	(1) 00 (0)	( ) 00 ( 0	( 1) 00 ( (	() 00/5	(0			
	ndar year (or fiscal year beginning in) 🕨	(a)2011 2512687.	(b)2012 2185711.	(c)2013 2766071.	(d) 2014 2369063.	(e) 2015 3121714.	(f) Total 12955246 •			
	Amounts from line 4	201200/.	2103/11.	2/000/1.	2309003.	5121/14.	12955240.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	0.046	4 9 5 5	4 4 4 5 5						
	and income from similar sources $\dots$	2,346.	1,357.	1,127.	1,155.	2,610.	8,595.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on $\dots$									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						12963841.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,391,145.			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stor	here								
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	75.97 %			
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	73.13 %			
	33 1/3% support test - 2015. If the o					nore, check this b	ox and			
	stop here. The organization qualifies									
k	33 1/3% support test - 2014. If the o									
	and stop here. The organization qual									
17=										
	7a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
۲	<b>b 10%</b> -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
L.		-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
40	•		•		,					
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a	ina see instruction	ıs 🕨 📖			

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056 Page 3 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Add lines 1 through 5						
10	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(a) 2012	(d) 2014	(a) 2015	(f) Total
		(d) 2011	(b) 2012	(c) 2013	( <b>u</b> ) 2014	(e) 2015	(1) TOTAL
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	anization,
	check this box and <b>stop here</b>						
Se	ction C. Computation of Public	ic Support Pe	ercentage				
15	Public support percentage for 2015 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Parl	t III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	<b>15</b> (line 10c. colu	mn (f) divided by li	ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a	-					
k	<b>33 1/3% support tests - 2014.</b> If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	ported organiza	tion
20	Private foundation. If the organizatio	<u>n did not check a</u>	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see in	structions	<b>.</b>

## Schedule A (Form 990 or 990-EZ) 2015 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056 Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below*.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

## Schedule A (Form 990 or 990 EZ) 2015 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056 Page 5

Гd	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		N <sub>2</sub>	N
4	Were a majority of the examination's divertors of tructure during the tay year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<b>'</b>		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

_	dule A (Form 990 or 990 EZ) 2015 Meridian Education Reso			**-***0056 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting or	ragnization (soo

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

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990 EZ) 2015 Meridian Education Resource Group, Inc. **-***0056 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV Section A lines 1 2 3b 3c 4b 4c 5a 6 9a 9b 9c 11a 11b and 11c Part IV Section B lines 1 and 2 Part IV Section C
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1; Part V, Sectin B, line 1; Part V, Sectin B, line
	(See instructions.)

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	

## Schedule of Contributors

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 .

OMB No. 1545-0047

15

Name of the organiz	Employer identification number	
	Meridian Education Resource Group, Inc.	**-***0056
Organization type (c	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organiz	ration is covered by the General Rule or a Special Rule.	
	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir om any one contributor. Complete Parts I and II. See instructions for determining a contributo	• • • •
Special Rules		
sections 509 any one cor	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ntributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or <b>(2)</b> 2% of the amou 990-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
-	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fron ontributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu	

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year \_\_\_\_\_ \* \_

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Department of the Treasury Internal Revenue Service

(Form 990)

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

	Meridian Education Resource Group, Inc.	**-***0056				
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	l funds				
	are the organization's property, subject to the organization's exclusive legal control?	YesNo				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	ed only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	onferring				
_	impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
	Preservation of land for public use (e.g., recreation or education)					
	Protection of natural habitat	ed historic structure				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of					
	day of the tax year.	Held at the End of the Tax Year				
a						
b	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic structure included in (a)					
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure					
~	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the tax				
4	year ▶ Number of states where property subject to conservation easement is located ▶					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
5	violations, and enforcement of the conservation easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	······································				
Ũ		valion casements danny the year				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year				
-						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense si					
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for				
	conservation easements.					
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	nt and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service, provide the following amounts				
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	ain, provide				
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X	🕨 \$				

Schedule D	(Form	990	2015
Ochiculuic D		550	, 2010

Sche		n Education				-			*0056	
Pa	rt III Organizations Maintaining C	Collections of Ar	t, His	torical Tr	easures,	or Othe	r Simila	r Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	s, chec	k any of the	following that	at are a sig	gnificant u	se of its	collectior	ı items
	(check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of		,		,			_	-	_
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_	7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
t	Ending balance						_ <b>_ 1</b> f _			
	Did the organization include an amount on F								Yes	No
Pa	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete						<u></u>			
1 0		(a) Current year			(c) Two yea			are back	(a) Four	years back
10	Paginning of year balance	(a) Current year	(a) F	Prior year	(C) TWO yea	IS DACK (		ais Dauk	(e) i oui	years Dack
1a հ	Beginning of year balance	45,000.								
0	Contributions	43,000.								
с d	Net investment earnings, gains, and losses									
u	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
י מ	Administrative expenses End of year balance	45,000.								
9 2	End of year balance Provide the estimated percentage of the cur	,	o (lino 1	a column (c	)) hold as:					
2 a	Board designated or quasi-endowment	Territ year erru balaric	%	g, column (a	a)) Heiu as.					
a h	Permanent endowment  100.00	%								
c c	Temporarily restricted endowment	%								
Ũ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for th	e organiz:	ation		
	by:						e ergunz		Г	Yes No
	(i) unrelated organizations								3a(i)	X
	<b>7</b>									X
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere		), Part I	V, line 11a. S	See Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or of			or other		cumulated	a	(d) Book	value
		basis (investr			(other)		reciation			
1a	Land			1	6,984.				16	5,984.
b	Buildings				0,554.	6	37,77	2.		2,782.
	Leasehold improvements									
	Equipment				0,575.		19,08			L,491.
	Other			47	0,381.	3	57,80		112	2,573.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	0c.)				1,253	3,830.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	Meridian	Education	Resource	Group,	Inc.	**-***0056	Page <b>3</b>
Part VII Investments	- Other Securities	).					

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	edule D (Form 990) 2015 Meridian Education Resourc	e Group,	Inc.	**_	***0056 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue pe		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,294,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				4,294,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,294,606.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses p	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,883,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,883,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,883,026.
Do	rt XIII Supplemental Information.				

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

## Part V, line 4:

The purpose of the Endowment is to support the education objectives of

Meridian Education Resource Group, Inc.

Part X, Line 2:

The Organization is exempt from income taxes under the provisions of

Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue

Service has also determined that the Organization is not a private

foundation as defined by Section 509(a)(1) of the Code.

FASB ASC 740, Income Taxes (ASC 740), requires the use of a two-step

approach for recognizing and measuring tax benefits taken or expected to <sup>522054</sup> <sup>09-21-15</sup> Schedule D (Form 990) 2015 
 Schedule D (Form 990) 2015
 Meridian Education Resource Group, Inc. \*\*-\*\*\*0056
 Page 5

 Part XIII
 Supplemental Information (continued)

be taken in a tax return and disclosures regarding uncertainties in income

tax positions. Only tax positions that meet the more likely than not

recognition threshold may be recognized.

Management does not believe that the Organization has any material

uncertain tax positions at August 31, 2016 and 2015.

SC	HEDULE J   Compensation Information	ON	1B No. 1	545-00	47	
	For certain Officers, Directors, Trustees, Key Employees, and Highest		2015			
•	Compensated Employees			2015		
	tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Or	oen to	Publi	ic	
	tment of the Treasury al Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99		Inspe			
Nam		nployer identi			mber	
	Meridian Education Resource Group, Inc.	**_**(	005	6		
Pa	rt I Questions Regarding Compensation					
		_		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal reside	ence				
	Tax indemnification and gross-up payments					
	Discretionary spending account	)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	·····	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
~		- 1-				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish componentian of the CEO/Executive Director, but evelop in Part III.	10				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation commensation commensat	mittoo				
		lince				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	F	4b		Х	
с	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	·····	5a		X	
b	Any related organization?	·····	5b		Х	
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:				37	
	The organization?		6a		X	
b	Any related organization?	····· .	6b		X	
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		-		х	
<u> </u>	not described on lines 5 and 6? If "Yes," describe in Part III	····· -	7		~	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract a upper lead in Deputie in Deputies and a contract that was subject to the		8		х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		9			
	Regulations section 53.4958-6(c)?           For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	-	. 000	2015	
гпа	ror raperwork neurcion Act Notice, see the instructions for Form 390.	Schedule J	(FOLD	1 990)	2013	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (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.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation										
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	other deferred benefits compensation		in column (B) reported as deferred on prior Form 990					
(1) Yvette Johnson-Hagins	(i)	165,731.	0.	0.	4,995.	11,828.	182,554.	0.					
CEO/Executive Director	(ii)	0.	0.	0.	0.	0.		0.					
(2) Jada Moore Ruffin	(i)	188,439.	0.	0.	5,743.	13,448.							
Medical Director	(ii)	0.	0.	0.	0.	0.	0.	0.					
	(i)												
	(ii)												
	(i)												
	(ii)												
	(i)												
	(ii)												
	(i)												
	(ii)												
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	(ii)												
	(i)												
	(ii)												
	(i)												
	(ii)												
	(i)												
	(ii)												

## Part III Supplemental Information

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

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Meridian Education Resource Group, Inc.

Employer identification number \*\*-\*\*\*0056

Form 990, Part I, Line 1, Description of Organization Mission:

need to succeed in school.

Form 990, Part VI, Section B, line 11:

Form 990 will be made available for review by Board Members at one of its

regularly scheduled Board meetings.

Form 990, Part VI, Section B, Line 12c:

The organization has a written conflict of interest policy. Annually, each member signs a statement affirming compliance with the policy. Also, in order to ensure that the organization operates in a manner consistent with its charitable purposes, the organization conducts periodic revuews of the policy.

Form 990, Part VI, Section B, Line 15:

A compensation committee, written employment contract, reference to other organization's Form 990, a compensation survey or study, and approval by the Baord or compensation committee are all used in establishing the executive director's compensation. The organization has established salary grade and compensation data that has been approved by the board for all other employees. The operation and finance committee of the board revisits the data, as necessary, to make sure that it reflects current competitive compensation data in the industry.

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization Meridian Education Resource Group, Inc.	Employer identification number **-**0056
non-profits (Guidestar Org) The organizations also makes	its form 990
available to the public upon request. The organzation's	by laws and
conflict of interest policy are available to interested p	aries upon
request. Financial statements are availble to the genera	l public through
annual report on the organization's website.	
Form 990 Part XII Line 2c	
The process for selection of auditors and financial state	ment oversight
has changed from the prior year.	
532212 09-02-15 Scher	lule O (Form 990 or 990-EZ) (2015)