



106 Ardsley Road
Upper Darby, PA 19082-1504,
USA

Phone: +1 646 508-0096
Fax: +1 832 213-1664
Website: www.earthMed.org
Email: info@earthMed.org

Tax ID #26-0462011

A 501(c)(3) public charity

PA Bureau of Charitable Organizations
207 North Office Building
Harrisburg, PA 17120
(717) 783-1720

July 26, 2019

Included in this submission are the documents listed below:

- PA BCO-10
- PA BCO-23
- earthMed IRS 990-N 2018-19
- earthMed Financial Statement 2018-19
- earthMed IRS Letter of Determination
- Attachment #1 (earthMed officer list)
- Check for \$15 made to "PA Bureau of Charitable Organizations"

Please contact me at (646) 508-0096 or e-mail me at lschonder@earthmed.org with any questions or concerns.

A handwritten signature in blue ink that reads "Louis W. Schonder".

Louis W. Schonder
Director, earthMed

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

**Charitable Organization
Registration Statement**

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 39059
(N/A if initial registration)

Fiscal year ended: 06 / 30 / 2019
MM DD YYYY

FEIN: 2 6 - 0 4 6 2 0 1 1

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: earthMed

☐ Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: Lou Schonder Contact's e-mail: lschonder@earthmed.org

4. Principal address of organization: 106 Ardsley Road Mailing address (if different than principal address): _____

Upper Darby, PA 19082-1504 _____

County: Delaware Phone number: +1 (646) 508-0096

800 number: _____ Fax number: +1 (832) 213-1664

Email (if different than Contact's email): _____

Website: http://www.earthmed.org

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
Nonprofit organization. 501(c)(3)

Where established: Upper Darby Date established: * 07/01/2007

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

earthMed, 106 Ardsley Road, Upper Darby, PA 19082

+1 (646) 508-0096

7. Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check “Not Applicable”:

- ☐ §162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- ☐ §162.7(a)(2) – Organizations which only solicit within the membership of the organization by other members of the organization. The term “membership” shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. “Member” means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- ☐ §162.7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- ☐ §162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- ☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If “Not Applicable” is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: ____/____/____
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. ____/____/____
MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(c)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Internet

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

Execute the mission of earthMed as an independent, non- sectarian, non-political organization,
providing carefully planned, appropriate services changing in response to the changing needs of those
we support, and fostering an atmosphere of growth within the organization to improve our abilities
to better carry out our mission.

14. Is the organization registered to solicit contributions in any other state or municipality?
☐ Yes ☒ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) ☐ Yes ☒ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: / /
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") ☐ Yes ☒ No ☐ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

Please see the attachment #1

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

Please see the attachment #1

B. Have final responsibility for the custody of contributions:

Please see the attachment #1

C. Have final responsibility for final distribution of contributions:

Please see the attachment #1

D. Are responsible for custody of financial records:

Please see the attachment #1

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? ☐ Yes ☒ No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
☐ Yes ☒ No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? ☐ Yes ☒ No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Lou Schonder

Digitally signed by Lou Schonder
DN: cn=Lou Schonder, o, ou,
email=lschonder@hotmail.com, c=US
Date: 2019.07.26 17:17:33 -04'00'

Signature of Chief Fiscal Officer

8/26/2019

Date

Louis William Schonder, Director

Type or print name and title of Chief Fiscal Officer

Dr. John Handy

Digitally signed by Dr. John Handy
DN: cn=Dr. John Handy, o=earthMed, ou,
email=jhandy@earthmed.org, c=US
Date: 2019.07.26 17:17:57 -04'00'

Signature of Other Authorized Officer

8/26/2019

Date

Dr. John Handy, Director of Surgery

Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☒ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME: **earthMed**CERTIFICATE NUMBER: **39059**FOR FISCAL YEAR ENDED: **Jun 30, 2019****Part I: Gross Contributions**

1) General Contributions	1	1,379
2) Gross Receipts from Special Events	2	
3) Contributions from Affiliates	3	
4) Contributions Received from Federated Fundraising Organizations	4	
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	
6) Gross Contributions (add lines 1 through 5)	➔ 6	1,379

Part II: Other Income

7) Program Service Revenues	7	
8) Bona Fide Membership Dues and Assessments	8	
9) Government Grants and Contracts	9	
10) Miscellaneous Income	10	
11) Total Income (add lines 6 through 10)	➔ 11	1,379

Part III: Expenses

12) Program Services	12	
13) Administrative Expenses	13	853
14) Fundraising Expenses	14	3
15) Payments to Affiliated Organizations	15	
16) Other Expenses from Special Events (other than fundraising expenses)	16	
17) Miscellaneous Expenses	17	
18) Total Expenses (add lines 12 through 17)	➔ 18	856

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	372
20) Net Assets or Fund Balances at Beginning of Year	20	6,592
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	➔ 22	6,965

(See Next Page for "Salaries and Expense Allowance Statement")

SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
1. NA	NA	0	0
2. NA	NA	0	0
3. NA	NA	0	0
4. NA	NA	0	0
5. NA	NA	0	0

Five Highest Paid Employees:

Officers:

Lou Schonder	Director/2	0	0
Dr. Patricia Babb	Medical Director/2	0	0
Linnea Nichols	Executive Secretary/2	0	0
Dustin Telford	Director, Clinical Engineering/2	0	0
Dr. John Handy	Advisor/2	0	0
Peter Allen	Advisor/2	0	0
Lee Evey	Advisor/2	0	0
Geraldine Pearce	Advisor/2	0	0

INSTRUCTIONS FOR COMPLETING FORM BCO-23

An organization which is not required to file an IRS 990 Return must file a BCO-23 Form. This includes an organization that files a 990N, 990EZ, or 990PF, or an affiliate whose parent organization files a 990 group return must file a BCO-23 Form in addition to filing a copy of the organization's IRS 990 Return.

- 1) **General Contributions:** Enter the total gross contributions, gifts, grants and similar amounts received, including contributions from individuals, commercial co-ventures, corporations and other businesses, foundations, public charities, exempt organizations (do not include amounts received from fundraising organizations or affiliates), trusts, and estates. Also include noncash contributions such as donated land, buildings, property, equipment, and materials (exclude the value of services donated to the organization and the free use of materials, equipment or facilities). Noncash items should be valued at their fair market values on the date of their contribution to the organization. **Exclude government grants and contracts.**
- 2) **Gross Receipts from Special Events:** Enter the **total** gross amounts received from all special events and activities conducted by the organization, or on its behalf. Include amounts received from events that were conducted primarily to raise funds to finance the organization's exempt activities. Events and activities include, but are not limited to, carnivals, dinners, dances, raffles, shows, sales to the public, bingo games, and other gambling activities. **Do not reduce the total gross amounts received by any expenses related to the events or activities. These expenses should be included on lines 14 or 16.**
- 3) **Contributions from Affiliates:** Enter the total contributions received from associated organizations such as affiliates, national organizations, or parent organizations.
- 4) **Contributions Received from Federated Fundraising Organizations:** Enter the total contributions received from fundraising organizations such as United Way, United Fund, and Community Chests.
- 5) **Receipts from Membership Dues in Excess of Bona Fide Dues:** Include only those dues that represent contributions from the public. Dues are considered to be contributions to the extent that they **exceed** the monetary value of the benefits available to the member. **Do not include the amounts received up to the value of the benefits available to the member. These amounts are bona fide membership dues and should be included on line 8.**
- 6) **Gross Contributions:** Add lines 1 through 5.
- 7) **Program Service Revenues:** Enter the gross amount of fees and revenues earned by the organization for providing services or performing activities that fulfill the organization's stated mission or purpose. Include income earned for providing a government agency with a service, product, or facility that directly benefited only the government agency. **Do not include any amounts received from a government agency that are used to serve the needs of the general public. These amounts should be included on line 9.**
- 8) **Bona Fide Membership Dues and Assessments:** Include only those dues and assessments received that do **not** exceed the monetary value of the benefits available to the member. **Do not include dues received by the organization to the extent that they exceed the monetary value of the benefits available to the member. These amounts should be included on line 5. If a member pays dues mainly to support the organization (not to obtain benefits) include this amount on line 5.**
- 9) **Government Grants and Contracts:** Include total grants or other payments received from a federal, state, or local governmental unit if its primary purpose is to enable the organization to provide a service, product, or maintain a facility for the primary benefit of the general public. **Do not include any amounts received that are used to serve the needs of the governmental agency. These amounts should be included on line 7.**

CONTINUED ON PAGE #13

- 10) **Miscellaneous Income:** This figure represents the total income from all sources not covered by lines 1 through 5 and lines 7 through 9, including, but not limited to, interest, dividends and interest from securities, gross rental income, gross amounts from the sale of assets other than inventory, and gross sales of inventory (this does not include items that were sold through a special event or activity).
- 11) **Total Income:** Add lines 6 through 10.
- 12) **Program Services:** Include total costs of services or activities performed by the organization that fulfill its charitable purposes. Include any donations, grants, scholarships, or similar amounts given out in fulfillment of the organization's stated purposes. United Way and similar fundraising organizations should include allocations to participating agencies on this line. **Include allocated administrative expenses, if any. See instructions to line 13.**
- 13) **Administrative Expenses:** Include costs related to the overall administration and management of the organization. **If a portion of these costs relate to program services or fundraising, a reasonable allocation should be made among the applicable functions.**
- 14) **Fundraising Expenses:** Include costs incurred in soliciting contributions, gifts, grants, and similar amounts. Fundraising expenses normally include, but are not limited to, costs of acquiring and maintaining mailing lists, the cost of printing and mailing solicitation materials, as well as the expense of unsolicited merchandise sent out to encourage contributions. Include fundraising expenses related to the organization's special events. **Do not include expenses directly attributable to furnishing the goods or services sold at a special event. These expenses should be included on line 16. Include allocated administrative expenses, if any. See instructions to line 13.**
- 15) **Payments to Affiliated Organizations:** Include all payments to organizations affiliated, associated, or closely-related to the reporting organization. Include dues paid to an affiliated state or national organization, including predetermined quota support and dues.
- 16) **Other Expenses from Special Events (other than fundraising expenses):** Include only those expenses directly attributable to the goods or services the buyer received from a special event. **Do not include fundraising expenses related to the organization's special events. These expenses should be included on line 14.**
- 17) **Miscellaneous Expenses:** Include expenses that are not reportable on lines 12 thru 16, including all expenses that are attributable to the income reported on line 10.
- 18) **Total Expenses:** Add lines 12 through 17.
- 19) **Excess or (Deficit) for the Year:** Enter the difference between lines 11 and 18. If line 18 is greater than line 11, enter the difference in parentheses.
- 20) **Net Assets or Fund Balances at Beginning of Year:** Organizations using fund accounting should report the total sum of the various fund balances at the beginning of the reporting year on this line. Organizations not using fund accounting should report their net assets, which is the difference between total assets and total liabilities. These amounts should agree with the ending fund balance of the prior fiscal year.
- 21) **Other Changes in Net Assets or Fund Balances:** Attach a schedule explaining any changes in net assets or fund balances between the beginning and end of the year that were not accounted for by the amount on line 19. Amounts to report here include, but are not limited to, adjustments of earlier years' activity, unrealized gains and losses on investments carried at market value, and any differences between fair market value and book value of property given out as an award or grant.
- 22) **Net Assets or Fund Balances at End of Year:** Combine lines 19, 20, and 21.
- 23) **Salaries and Expense Allowance Statement:** Refer to Form BCO-23 for instructions.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 16 2009**

EARTHMED
106 ARDSLEY RD
UPPER DARBY, PA 19082-1504

Employer Identification Number:
26-0462011
DLN:
17053030328009
Contact Person: ZENIA LUK ID# 31522
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
September 04, 2007
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

EARTHMED

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

Attachment #1

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Compensation</u>
Mr. Lou Schonder	106 Ardsley Road, Upper Darby, PA 19082	Director	\$ -
Dr. Patricia Babb	155 North Harbor Drive, Apt 1603, Chicago, IL 60601	Medical Director	\$ -
Ms. Linnea Nichols	4825 Trey View Court, Mint Hill, NC 28227-8271	Executive Secretary	\$ -
Dr. John Handy	16955 Old River Dr Lake Oswego, OR 97034-5118	Advisor	\$ -
Mr. Peter Allen	27 Samuel Place, London, ON N6H 5G8	Advisor	\$ -
Mr. Lee Evey	11715 Spring Path Court, Tomball, TX 77377	Advisor	\$ -
Ms. Geraldine Pearce	1318 Windsor Harbor Dr, Jacksonville, FL 32225	Advisor	\$ -