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Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

A Fo	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 3	<u>30, 2</u>	010			
B Ch ap	eck if plicable	Please use IRS	D Em	ployer id	dentifica	tion number		
	Addres	label or EDVESTORS, INCORPORATED						
	Name change	tine		76-0794873				
	Initial return	See Number and street (or P O box if mail is not delivered to street address) Room/s	surte E Tel	ephone r	number			
	Termin ated					585-5740		
	Amend return	crty or town, state or country, and ZIP + 4	G Gro	ss receipts	.	4,374,595.		
	Application	DODION, NA 02110	H(a)	H(a) Is this a group return				
	pendin	F Name and address of principal officer:LAURA PERILLE SAME AS C ABOVE	ı	or affiliate		Yes X No		
				H(b) Are all affiliates included? Yes No				
		empt status: X 501(c) (3) ◀ (insert no.)				st. (see instructions)		
						number State of legal domicile MA		
Pa		Summary	rear of forma	tion 20	U J M	State of legal doffliche 1-12-		
		Briefly describe the organization's mission or most significant activities: EDVESTOR	S DRIV	ÆS C	HANG	E IN URBAN		
ဦ								
Ē	-	SCHOOLS THROUGH SMART, STRATEGIC PRIVATE INV Check this box if the organization discontinued its operations or disposed of its process.						
Š		Number of voting members of the governing body (Part VI, line 1a)		0,00,110	3	11		
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)			4	11		
8 S		Total number of employees (Part V, line 2a)			5			
₩		Total number of volunteers (estimate if necessary)			6	65		
ا 5		Total gross 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.		
			Pri	or Year	1	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		345,4	43.	4,365,664.		
Revenue		Program service revenue (Part VIII, line 2g)		<u> </u>		•		
8		investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,6	19.	8,931.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•		•		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,3	349,0	62.	4,374,595		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		555,8		1,824,647		
		Benefits paid to or for members (Part IX, column (A), line 4)						
စ္က	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		174,5	07.	518,020.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)						
ğΙ	<u>b</u>	Total fundraising expenses (Part IX, column (D), line 25) 153, 277.						
Ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		188,8		303,220		
		Total expenses. Add lines 1307 (must equal Part IX, column (A), line 25)	2,3	319,2		2,645,887.		
	19 9	Beveruerless expenses Subtract line 18 from line 12		29,8	51.	1,728,708		
58	1		Beginning			End of Year		
aga	20	Total assets (Bart X-Inne-16)		<u> 288,3</u>		3,121,852.		
Fund Balances	21	Total Tabilities (Fait X line 26)		179 , 8		1,284,648.		
		Net assets or fund balances. Subtract line 21 from line 20		<u>108,4</u>	96.	1,837,204.		
Pai	11	Signature Block						
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statement complete. Scharation of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the ledge	best of my	knowledge	and belief, it is true, correct,		
		Mayor Konild		1 11	112/	(L)		
Sign		Chatter of the control of the contro			10	10		
Here	•	Signature of officer		Date				
		LAURA PERILLE, EXECUTIVE DIRECTOR						
		Type or print name and title	Charle of		Desc 4	adaph fina ann a		
Paid		Preparer's Date	Check if self-		Preparer's (see instr	s identifying number uctions)		
Prepa	rer's	signature / 1/8/10	employed		l			
Use O		vours if	<u> </u>	EIN 🕨				
		self-employed), address, and						
		BOSTON, MA 02114		Phone no	▶ 61	7-742-7788		
		S discuss this return with the preparer shown above? (see instructions)				X Yes No		

932002 02-04-10

Part IV	Checklist of Required Schedules
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			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	١.		v
40	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 term, permanent, or quasi-endowments?	40		Х
44	If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	11	Х	
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
	Part VI.			
•	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.	1		
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	<u></u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	l		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l .
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	4.		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	X
20	DIG the organization operate one of more hospitals in Test, complete ochedule fi		990	2009)
		OHII	J JU ((2 009)

	1990 (2009) EDVESTORS, INCORPORATED 76-079	<u> 94873</u>	P	<u>age 4</u>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b		24b		
c		-		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		<u> </u>	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь		200		
_	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifie			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? 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		1
20	instructions for applicable filing thresholds, conditions, and exceptions):			
		200	Ì	Х
a	, , , , , , , , , , , , , , , , , , , ,	28a 28b	 	X
b	, , , , , , , , , , , , , , , , , , , ,		 	<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			X
20	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	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		X
24		30	<u> </u>	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		X
20	If "Yes," complete Schedule N, Part I	31	 	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		X
22	Schedule N, Part II	32	1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	├	<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity?			v
^-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		v
	If "Yes," complete Schedule R, Part V, line 2	35	├	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1		
	If "Yes," complete Schedule R, Part V, line 2	36	├	<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X

Form **990** (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

The the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 4° of find applicable 1	Form	990 (2009) EDVESTORS, INCORPORATED		76-0	794	373	P	age 5
1a Enter the number reported in Box3 of Form 1006, Annual Summary and Transmittal of U.S. Information Returns. Enter 0 if not applicable between the number of Forms W20 included in Inso 1a. Enter 0 if not applicable contributions or special payments to vendors and reportable gaming (gambing) winnings to prace winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return. Statements. filed for the sum of lines 1a and 2a signature and 250, you may be required to e-fifth that serturn. (see instructions) 3b Did the organization have unrelated bissness gross income of \$1,000 or more during the year covered by this return? 3c Botthe organization have unrelated bissness gross income of \$1,000 or more during the year covered by this return? 3b If Yes, and filled a Form 900 fif for this year? If Yes, "provide an explaination in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Even as a bank account, securities account, or other financial account? 5c Was the organization a party to a prohibited tax shelter transaction? 6c If Yes, 1 to line 5a or 5b, did the organization that it was or a a party to a prohibited tax shelter Transaction? 6c Does the organization have annual gross recepts that are ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 1 did the organization may be a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8d If Yes, 2 did the organization will be organization and property for which it was required to file Form 8000 as required? 9d If Yes, 1 did the organization selection property for which it was required to file Form 8000 as required?	Par	Statements Regarding Other IRS Filings and Tax Compliance						
U.S. Information Returns. Enter 4- if not applicable Enter the number of Forms W2G moluded in line 1s. Enter 0- if not applicable Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 b If all least one is reported on line 2s, did the organization file a form gamma to the sum of lines 1s and 2s is greater than 250, you may be required to 6-file this return, (see instructions) 8 b If all least one is reported on line 2s, did the organization file for move an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 8 b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 9 b If "Yes," did not a party to a prohibited tax shelfer transaction at any time during the tax year? 9 b If any statistic organization and the foreign country (such as a bank account, securities account, or other financial account)? 1 b If "Yes," did the organization file form 8886-T, bisclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 1 b If "Yes," did the organization file form 8886-T, bisclosure by Tax Exempt Entity Regarding Prohibited any contributions that were not tax deductible? 1 b If "Yes," did the organization onclude with every solicitation an express statement that such contributions or grifts were not tax deductible? 1 b If "Yes," did the organization shall are payment in excess of \$75 made partly							Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0-f not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. B If 1 at least one is reported on line 2a, did the organization fille all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required for eith than seture, (see intertuctions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 If 1 Yes.* In a filled a Form 990 ff for this year? If 10,0° provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes.* In a filled a Form 990 ff for this year? If 10,0° provide an explanation in Schedule O 4 At any time during the calendar year, did the organization that it was or a party to a prohibited at sheller transaction? 5 If Yes,* to line 5a or 5b, did the organization that it was or a party to a prohibited tax sheller transaction? 5 If Yes,* to line 5a or 5b, did the organization that it was or a party to a prohibited and sheller transaction solicit any occintributions where an unal gross receipts that are normally greater than \$100,000, and did the organization solicit any occintributions for the endinance of the page. 5 If Yes,* to line 5a or 5b, did the organization that were not tax deductible? 6 If Yes,* to the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the page. 7 If Yes,* Indicate the number of Forms 8282 filed during the year	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
c Did the organization comby with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 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? 8 b If at least one is reported on line 28, did the organization file af required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return, (see instructions) 8 b City for a programation have united business gross income of \$1.000 or more dump the year covered by this return? 9 b If "Yes," has it filed a form 990-Tife this year? If "No," provide an explanation in Schedule O. 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 9 b If "Yes," enter the name of the foreign country; which as a bank account, securities account, or other financial accounts. 9 b If we will be a proposed to the foreign country (such as a bank account, securities account, or other financial accounts). 9 b If "Yes," cline the organization of programation file from 8886-T, Disclosure by Tax Exempl Entity Regarding Prohibited Tax Shalter Transaction? 9 b If "Yes," during the organization file from 8886-T, Disclosure by Tax Exempl Entity Regarding Prohibited Tax Shalter Transaction? 9 b If "Yes," during the organization file from 8886-T, Disclosure by Tax Exempl Entity Regarding Prohibited Tax Shalter Transaction? 9 b If "Yes," during the organization file from 8886-T, Disclosure by Tax Exempl Entity Regarding Prohibited Tax Shalter Transaction? 9 b If "Yes," during the organization file from 8886-T, Disclosure by Tax Exempl Entity Regarding Prohibited Tax Shalter Transaction? 9 b If "Yes," during the organization file from 8886-T, Disclosure by Tax E		U.S. Information Returns. Enter -0- if not applicable	1a		5			
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. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return, elementary than 1 and 2a is greater than 250, you may be required to e-file this return. Even cere than 250 if Yes, and 2 a large series than 250, you may be required to e-file this return. Even cere of this return? b if Yes, has filled a form 990-1 for this year if 1 %0, *provide an explaination in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, enter the name of the foreign country: P See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 'to line 5 ao r 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 'to line 5 ao r 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 'to line 5 ao r 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 'to line 5 ao r 5b, did the organization have annual gross recepts that are normally greater than \$100,000, and did the organizations solicit any contributions under section 170(c). 6c If Yes, 'do the organization notify the donor of the value of the goods or services provided? 6c If Yes, 'do the organization self-exchange,	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more unump the year covered by this return? b if "Yes," has filled a form 990-T for the year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country; IP— See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction? c if Yes," to line 5 a or 5b, did the organization life Form 8886*T, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction? 6 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b of the organization shaft may receive deductible contributions under section 170(c). b of the organization with a section of the value of the goods or services provided to the payor." b of the organization organization or otherwise disposes of tangible personal property for which it was required to file Form 8282? c if Yes, "indicate the number of Forms 8282 filed during the year. b of the organization organizations maintaining donor advised fund	C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng				
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Form 990 (2009) EDVESTORS, INCORPORATED 76-0794873 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
	Enter the number of voting members that are independent 11			
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	X	
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		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	<u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Describe an arrange land to the describes a security of the second	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44	and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11 11 A	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990		11	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	4.	
U	to conflicts?	12b	х	
^	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ļ		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
•	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza LAURA PERILLE - (617)585-5740	uon: ▶	_	
	140 CLARENDON STREET, SUITE 305, BOSTON, MA 02116			
	140 CHIMENDON DINEBLY BOTTH 303/ BODION/ FM 02110		000	2000

932006 02-04-10

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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)	compensate any current officer, direction (B) (C)							(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)					ŀν	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
REUBEN MUNGER											
BOARD CHAIR	1.00	X		X				0.	0.	0.	
DAVID SIMON											
BOARD TREASURER	1.00	X		X				0.	0.	0.	
KATHERINE S. MCHUGH											
BOARD VICE CHAIR	1.00	X		X		<u> </u>		0.	0.	0.	
WILLIAM SCHAWBEL											
BOARD MEMBER	1.00	X				<u> </u>	_	0.	0.	0.	
PHILIP GORDON									_		
BOARD CHAIR EMERITUS	1.00	Х						0.	0.	0.	
LINDA V. BEARDSLEY										•	
BOARD MEMBER	1.00	X	_		<u> </u>	<u> </u>		0.	0.	0.	
WILLIAM DANDRIDGE	1 00		ĺ							0	
BOARD MEMBER	1.00	X	<u> </u>		_	-	L	0.	0.	0.	
MICHAEL DOUVADJIAN	1 00	X	1					0.	0.	0.	
BOARD MEMBER KATE GUEDJ	1.00	^	├			-		0.		0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
JANICE JACKSON	1.00	^		-		 	┝		0.		
BOARD MEMBER	1.00	X			ĺ			0.	0.	0.	
STEVEN KOPPEL	1.00	1					-				
BOARD SECRETARY	1.00	X		X				0.	0.	0.	
JANET ANDERSON			t	-			<u> </u>				
ASSOCIATE DIRECTOR	24.00	İ		X				54,239.	0.	11,013.	
LAURA PERILLE			T	Ť		T	Г				
EXECUTIVE DIRECTOR	40.00		l			X		123,471.	0.	1,126.	
BRYAN SPENCE										-	
DIRECTOR OF PHILANTHROPI	40.00	<u> </u>			_	X	ļ	101,189.	0.	14,595.	
	<u>.</u>	<u> </u>								5000 (2000)	

11061108_711401 EDVESTORS

per week	other compensation
	from the organization and related organizations
compensation from the organization	26,734. 2
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 	5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensate the organization. NONE	
(A) Name and business address Description of services C	(C) compensation
	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0	5 000 (0000)

Form **990** (2009)

	_			ORPORATE	D		76-0794873 Page 9			
Pa	rt VI	Statement of Rever	nue	••••				·		
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
nts nts	1 a	Federated campaigns	1a							
ga or	b	Membership dues	1b							
and the	C	Fundraising events	1c							
Contributions, gifts, grants and other similar amounts		Related organizations	1d		1					
Sim	e	Government grants (contribut								
ž je	f	, 3		265 664						
불히	_	similar amounts not included abo		365,664.						
35		Noncash contributions included in lines Total. Add lines 1a-1f	3 1a-1f \$		4,365,664.					
		i iotal. Add lilles Taill		Business Code						
ا يو	2 a	.		Business code	†					
<u>Ş</u>	- t									
Se	•		·							
e a	c									
Program Service Revenue	e	•								
ا ته	f	All other program service reve	enue							
\rightarrow	ç	Total. Add lines 2a-2f		<u> </u>			.,			
	3	Investment income (including	dividends, inter		0.021			0 021		
	_	other similar amounts)			8,931.			8,931.		
	4	Income from investment of ta	x-exempt bond i	proceeds						
	5	Royalties	(A.Dal	60 Damasal				711		
	6 a	Gross Rents	(i) Real	(ii) Personal	-					
		Less: rental expenses			1					
		Rental income or (loss)			1					
		Net rental income or (loss)			1					
1		Gross amount from sales of	(i) Securities	(ii) Other			······································			
		assets other than inventory]					
1	t	Less: cost or other basis								
		and sales expenses								
	•	Gain or (loss)								
		d Net gain or (loss)		<u> </u>						
Other Revenue	8 a	 Gross income from fundraisin including \$ 								
<u> </u>		contributions reported on line	1c). See							
<u>.</u>		Part IV, line 18	а	· <u> </u>						
盲		Less: direct expenses	b	· <u> </u>						
_		Net income or (loss) from fund								
	9 a	Gross income from gaming ac								
		Part IV, line 19	а		-[
		Less: direct expenses	ti nina aatuutiaa	·	-					
		 Net income or (loss) from gan Gross sales of inventory, less 								
	10 6	and allowances	a							
	ŀ	b Less: cost of goods sold			1					
		Net income or (loss) from sale	•	•	1					
		Miscellaneous Revenu		Business Code	,					
	11 a	a								
	ŧ							_		
	•	c								
	•	d All other revenue		L						
		e Total. Add lines 11a-11d		•	4 274 EOF	0.	0.	0 021		
93200	<u>12</u> 9	Total revenue. See instructions		<u> </u>	4,374,595.			8,931.		
93200 02-04	-10							Form 990 (2009)		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl		not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,824,647.	1,824,647.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			***************************************	Ho
4 5	Benefits paid to or for members Compensation of current officers, directors,				
_	trustees, and key employees	436,433.	235,869.	98,754.	101,810.
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	46,289.	25,017.	10,474.	10,798.
10	Payroll taxes	35,298.	19,077.	7,987.	8,234.
11	Fees for services (non-employees):				
a	Management Legal				
ь	Accounting				
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	51,946.	28,074.	11,754.	12,118.
12	Advertising and promotion				
13	Office expenses	4,243.	2,293.	960.	990.
14	Information technology				
15	Royalties	46 502	25 101	10.540	10.060
16	Occupancy	46,593.	25,181.	10,543.	10,869.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	16,462.	8,897.	3,725.	3,840.
19 20	Conferences, conventions, and meetings Interest	3,772.	0,057.	3,772.	3,040.
21	Payments to affiliates	371121		3,772.	
22	Depreciation, depletion, and amortization	623.	337.	141.	145.
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	711 11			
а	ARTS INITIATIVE	130,259.	130,259.		
b	ADMINISTRATIVE	30,146.	2 222	30,146.	1 400
С	COMMUNICATIONS	6,165.	3,332.	1,395.	1,438.
d	COMPUTER & OFFICE PRINTING AND PUBLICATIO	4,931. 3,420.	2,665.	1,116.	1,150. 798.
e		4,660.	1,848. 2,518.	1,055.	1,087.
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	2,645,887.	2,310,014.	182,596.	153,277.
25 26	Joint costs. Check here following	2,043,007.	2,310,014.	102 370 •	13312116
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
_	educational campaign and fundraising solicitation				
932010	0 02-04-10				Form 990 (2009)

Pa	rt X	Balance Sheet					
_				_	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			266,230.	1	67,573.
	2	Savings and temporary cash investments			529,562.	2	1,180,648.
	3	Pledges and grants receivable, net			445,000.	3	1,791,000.
	4	Accounts receivable, net			31,500.	4	32,250.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 499	58(c)(3)	(B). Complete			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,317.	9	34,499.
	10a	Land, buildings, and equipment: cost or other					1 1111
		basis. Complete Part VI of Schedule D	10a	28,134.			
	ь	Less: accumulated depreciation	10b	18,934.	1,073.	10c	9,200.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13	!	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			6,682.	15	6,682.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,288,364.	16	3,121,852.
	17	Accounts payable and accrued expenses	71,822.	17	5,255.		
	18	Grants payable			1,012,983.	18	1,141,030.
	19	Deferred revenue			50,000.	19	75,000.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,			
ap		highest compensated employees, and disqualif	ied per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			45,063.	25	63,363.
	26	Total liabilities. Add lines 17 through 25			1,179,868.	26	1,284,648.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
Ĕ	27	Unrestricted net assets			101,996.	27	173,914.
3ař	28	Temporanly restricted net assets			6,500.	28	1,663,290.
ᅙ	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117, c					
ō		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 ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			108,496.	33	1,837,204.
	34	Total liabilities and net assets/fund balances			1,288,364.	34	3,121,852.

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2009)

3ь

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009 Open to Public

Name of the organization

Attach to Form 880 of Form 880-EZ. See Separate instructions.

Inspection
Employer identification number

			EDVESTO	RS, INCORPORA	TED					76	0/94	<u>873</u>	
Pε	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See ınst	ructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1				s, or association of chur	-								
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)(A)(iii).					
4	\Box			operated in conjunction					(b)(1)(A)(iii	i). Enter ti	he hospital	's nam	э,
		city, and stat		,					. , , , ,	•	•		
5		-		benefit of a college or u	niversity ov	vned or or	erated by	a governr	nental uni	describe	ed in		
•		_	(b)(1)(A)(iv). (Comple	-			,	3					
6				ent or governmental unr	t describer	d in sectio	n 170(h)(1)(A)(v).					
7	一			eives a substantial part					r from the	general r	nublic desc	nbed ir	,
•	_	•	(b)(1)(A)(vi). (Comple	•	o. no oupp	01111011114	govonino	Thai offic o		gonora: p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
8		-		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	$\overline{\mathbf{X}}$	•		eives: (1) more than 33	•	•	rom contri	hutions m	nembershii	n fees an	d aross rea	ceints f	rom
Ť				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011100000		,o o.ga			0, 101	
10				perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	I).				
11	\sqcap	-	-	perated exclusively for the	•	•				out the	nurnoses d	of one c	r
• •	_	-	•	ations described in secti		-							
			• • •	organization and compl		•		,,		-,(-,-			
		a Type I	· · · · · · ·	7 Î		e III - Func		egrated		d 🖂	Type III - 0	Other	
е		• • •		at the organization is not			-	-	r more disc	aualified o	• •		1
			•	han one or more publicl		•	•	•					
f			-	ten determination from		-				. , ,			
			rganization, check th			•	. , ,,	, ,,					
8	ı	., -	•	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owina pers	sons?			
Ĭ		_		lirectly controls, either al			-					Yes	No
		•	•	upported organization?	J				```	,	11g(i)		
		_		n described in (i) above?	1						11g(ii)		
		•	•	person described in (i)		∍?					11g(iii)		
h	ı	Provide the fe	ollowing information	about the supported or	ganization	(s).							
			-		_	. ,							
/i'	Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	ı notıfy the	(vi) Is	the	(vii) An	nount of	i
(-)		anization	(, =	organization (described on lines 1-9	, , ,	sted in your			organization (i) organiz	on in col ed in the		port	
	•			above or IRC section	governing	document?	(i) of you	support?	" US	2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
										T			
					<u> </u>								
							-						_
.						1	1	[1				

932021 02-08-10

Form 990 or 990-EZ.

13

2009,04050 EDVESTORS, INCORPORATED

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))								
15	Public support percentage from 2008 Schedule A, Part II, line 14	15		<u>%</u>					
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
stop here. The organization qualifies as a publicly supported organization									
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 550,284. 1818751. 1476749. 2126559. 4240305.10212648. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 39,332. 206,798. 375,358. 281,884. 125,359. 1028731. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 2408443. 4365664.11241379. 589,616. 2025549. 1852107. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 11241379. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (**d)** 2008 (e) 2009 589,616. 2025549. 1852107. 2408443 4365664.11241379. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 6,575 8,931. 48,894. 7,301 13,417. 12,670. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 48,894. 7,301. 13,417. 12,670. 6,575 8,931. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 596,917. 2038966. 1864777. 2415018. 4374595.11290273. 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, $\triangleright X$ check this box and stop here Section C. Computation of Public Support Percentage % 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

		EDVESTORS, INCORPORA					16-0/94						
Par	<u>tl</u> (Organizations Maintaining Donor Advised	Funds or	Other Similar Fund	ds or A	ccounts	 Complete if 	the					
	0	rganization answered "Yes" to Form 990, Part IV, line 6											
			(a) Dor	nor advised funds	(i	(b) Funds and other accounts							
1	Total nu	mber at end of year											
2	Aggrega	te contributions to (during year)											
3	Aggrega	te grants from (during year)											
4	Aggrega	te value at end of year	<u></u>										
5	Did the	organization inform all donors and donor advisors in wr	iting that the	assets held in donor adv	vised fund	ds							
	are the	organization's property, subject to the organization's ex	clusive lega	i control?			Yes	No					
6	Did the	organization inform all grantees, donors, and donor adv	risors in writi	ing that grant funds can b	oe used o	nly							
	for char	table purposes and not for the benefit of the donor or o	donor advisc	or, or for any other purpos	se conferi	nng							
		ssible private benefit?			Yes	No No							
Pat	t# C	Conservation Easements. Complete if the organ	nization ansv	wered "Yes" to Form 990	, Part IV,	line 7							
1	Purpose	(s) of conservation easements held by the organization	ı (check all ti	h <u>at a</u> pply).									
	Pr	eservation of land for public use (e.g., recreation or ple	asure)	Preservation of an I	nistoricall	y importan	t land area						
	Pr	otection of natural habitat		Preservation of a ce	ertified his	storic struc	ture						
	L Pr	eservation of open space											
2	Complet	e lines 2a through 2d if the organization held a qualified	d conservati	on contribution in the for	m of a co	nservation	easement on	the last					
	day of th	ne tax year.				,							
						Held	at the End of t	the Tax Year					
а	Total nu	mber of conservation easements				2a							
b	Total ac	reage restricted by conservation easements				2b							
C	Number	of conservation easements on a certified historic struc	ture include:	d ın (a)		2c							
d	Number	of conservation easements included in (c) acquired aft	er 8/17/06:			2d							
3	Number	of conservation easements modified, transferred, release	ased, extingi	uished, or terminated by t	the organ	ızatıon dur	ing the tax						
	year 🕨												
4	Number	of states where property subject to conservation ease	ment is loca	ted ▶	_								
5	Does the	e organization have a written policy regarding the perio	dıc monitorir	ng, inspection, handling o	of								
	violation	s, and enforcement of the conservation easements it h	olds?				Yes	L∐ No					
6	Staff and	d volunteer hours devoted to monitoring, inspecting, ar	nd enforcing	conservation easements	during th	ne year 🟲							
7	Amount	of expenses incurred in monitoring, inspecting, and en	forcing cons	servation easements duri	ng the ye	ar ▶ \$		_					
8		ch conservation easement reported on line 2(d) above	satisfy the re	equirements of section 17	70(h)(4)(B	s)(i)							
	and sec	tion 170(h)(4)(B)(ii)?					Yes	L∐ No					
9	In Part >	(IV, describe how the organization reports conservation	ı easements	in its revenue and expen	ise stater	nent, and b	balance sheet	, and					
	ınclude,	if applicable, the text of the footnote to the organization	n's financial	statements that describe	es the org	janization's	accounting f	or					
B		ation easements.		• •=	A (<u> </u>							
۲aı		Organizations Maintaining Collections of			Otner :	Similar <i>P</i>	Assets.						
		complete if the organization answered "Yes" to Form 99	30, Part IV, III	ne 8.									
	10.11												
1a		ganization elected, as permitted under SFAS 116, not t	·										
		s, or other similar assets held for public exhibition, edu		search in furtherance of p	oublic ser	vice, provi	de, in Part XI\	, the text of					
		note to its financial statements that describes these ite											
D		ganization elected, as permitted under SFAS 116, to re	•										
		similar assets held for public exhibition, education, or r	esearch in ti	urtherance of public servi	ice, provi	de the folic	wing amount	s relating to					
	these ite												
		enues included in Form 990, Part VIII, line 1				5							
_	• •	ets included in Form 990, Part X											
2		ganization received or held works of art, historical treas			cial gain,	provide							
		wing amounts required to be reported under SFAS 116	relating to t	inese items:									
a		es included in Form 990, Part VIII, line 1				5 5 —							
Þ	Assets I	ncluded in Form 990, Part X				- \$							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 EDVESTO	RS, INCORPO	RATE	D				76-07	9487	3 Pa	age 2		
Par	art # Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)												
3 ୍	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sı	gnificant i	use of its o	collectio	n item	s		
	(check all that apply):												
а	Public exhibition	d	╵╚	Loan or excl	hange progra	ams							
b	Scholarly research	e	. 🗀	Other				_	_				
C	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 XIV.												
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets						
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?				Yes		No		
Par	t ₩ Escrow and Custodial Arran	gements. Compl	ete if org	anization ar	nswered "Yes	s* to For	n 990, Pa	rt IV, line 9	9, or				
	reported an amount on Form 990, Pa	t X, line 21.											
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		_		_		
	on Form 990, Part X?												
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:												
	Amount												
c	c Beginning balance												
d	d Additions during the year												
e	Distributions during the year												
f	f Ending balance												
2a													
b	b If "Yes," explain the arrangement in Part XIV.												
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back												
	(a) Current year (b) Prior year (c) Two years back (d) Three years bac												
1a	Beginning of year balance	******											
b	Contributions												
c	c Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	e Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the year	r end balance held a	as:										
а	Board designated or quasi-endowment		%										
ь	Permanent endowment ▶	%											
c	Term endowment	 %											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for ti	he organiz	ation					
	by:									Yes	No		
	(i) unrelated organizations								3a(i)				
	(ii) related organizations								3a(ii)				
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	dule R?					3b				
4	Describe in Part XIV the intended uses of the	•											
Par	t VI Investments - Land, Building				, Part X, line	10.							
	Description of investment	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k valu	e		
	•	basis (investi			(other)		oreciation						
1a	Land	-				,							
b	Buildings												
C	Leasehold improvements					_							
d	Equipment					-							
	Other			2	8,134.		18,9	34.		9,2	00.		
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur					•		9,2	00.		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 EDVESTORS, INCORPORATED				0794873	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment	<u></u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		4,374	<u>,595.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,645	<u>,887.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,728	,708.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10		1,728	,708.
Par	XII Reconciliation of Revenue per Audited Financial Stateme		nue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	4,278	,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_	
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV.)	2d		1		
e	Add lines 2a through 2d	()		2e		0.
3	Subtract line 2e from line 1			3	4,278	.164.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)		6,431.	1		
	Add lines 4a and 4b	- 40	0,1010	4c	96	.431.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	96 4,374	.595.
-	TXIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per			70301
1	Total expenses and losses per audited financial statements	OITO WILL EXP	moco por	1	2,554	.615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2,331	, 0 1 3 0
	Donated services and use of facilities	2a				
a				1		
b	Prior year adjustments	2b		1 1		
С	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d				٥
_	Add lines 2a through 2d			2e	2,554	615
3	Subtract line 2e from line 1			3	2,334	,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 272	-		
ь	Other (Describe in Part XIV.)	4b 9	1,272.		0.1	272
С	Add lines 4a and 4b			4c		<u>,272.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,645	,887.
	t XIV Supplemental Information	·				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	ll, lines 1a and 4; Pa	art IV, lines 1	b and 2	2b; Part V, line	4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this part to pro	ovide any ad	ditional	information.	
		<u> </u>				
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
SCI	OOL ON THE MOVE GRANTS - \$87,500					
INT	PEREST INCOME - \$8,931		***			
PAF	RT XIII, LINE 4B - OTHER ADJUSTMENTS:					
SCI	OOL ON THE MOVE GRANTS - \$87,500					
INT	EREST EXPENSE - \$3,772					
				Sched	lule D (Form 9	90) 2009

SCHEDULE (Form 990)

General Information on Grants and Assistance

Part

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

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

Employer identification number 76-0794873 ▶ Attach to Form 990. EDVESTORS, INCORPORATED Name of the organization

1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		1
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monit	orno the use of grant	funds in the United	States			X Yes	ž
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	t received more tha	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							TRAINING	IIGH
BOSTON DEBATE LEAGUE 334 BOYLSTON ST., SUITE 500							SCHOOL TEACHERS TO USE DEBATE IN THEIR	M
BOSTON, MA 02116	59-3789722		100,000.	0.			CLASSROOMS	
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - 26 COURT STREET, 5TH FLOOR - BOSTON, MA 02108	22-2514422		.000,27	0.			EXPAND 8TH GRADE ALEGBRA	BRA
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - 26 COURT STREET, 5TH FLOOR - BOSTON MA 02108	22-2514422		75,000.	o			HIGH SCHOOL SUPPORT CREDIT RECOVERY	
ج ا							PROVIDE TRAINING TO	
POUNDATION - 26 COURT STREET, 5TH PLOOR - ROSTON MA 02108	22-2514422		90 000	0			TEACHERS OF ENGLISH LANGUAGE LEARNERS	
" "	22-2514422		100 000	o			DENVER ELEMENTARY SCHOOL DUAL LANGUAGE PROGRAM	1001
BOSTON EDUCATIONAL DEVELOPMENT								
-52			0	•			INSTRUMENTAL MUSIC	
FLOOR - BOSTON, MA 02108	22-2514422		000,00	0			HINSTRUCTION	
2 Enter total number of section 501 (c)(3) and government organizations 3 Enter total number of other organizations	and government ore	ganizations					A A	0.

Schedule I (Form 990) 2009

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I:1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Z NI AND A FINAL REPORT ZI GRANTEES Ø A PRELIMINARY REPORT IS DUE FOR ONE-YEAR GRANTS D T O.R THE EDVESTORS PORTFOLIO BY CONDUCTING A PHONE CALL CHECK-IN EACH SUBMIT PROGRESS REPORTS EACH (d) Amount of non-cash assistance IN ADDITION SITE VISITS TWO-YEAR GRANT FUNDS FOR ALL (c) Amount of cash grant THE FIRST YEAR EDVESTORS ALSO CONDUCTS IN-PERSON END OF THE SECOND YEAR OF THE GRANT. 2 FUNDS. (b) Number of recipients ARTS EXPANSION INTIATIVE, οŢ BEFORE THE RELEASE OF YEAR REPORT IN MAY OF NOVEMBER AND REQUESTING GRANTEES EDVESTORS MONITORS THE USE OF (a) Type of grant or assistance YEAR 1 REPORT, THE THE Ø MEETINGS WRITTEN JANUARY, JUNE AT THROUGH Part ==

Page 2

76-0794873

EDVESTORS, INCORPORATED

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

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OCTOBER AND A FINAL REPORT DUE IN JUNE.

932102 02-02-10

SCHEDULE 1-1 (Form 990) Name of the organization

EDVESTORS, INCORPORATED

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 2009 Inspection

76-0794873

Employer identification number

INCREASE STUDENT INTEREST WARDED TO BCLA FOR MOST TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION IMPROVING PUBLIC SCHOOL AWARDED ANNUALLY TO THE IMPROVING PUBLIC SCHOOL AWARDED ANNUALLY TO THE IMPROVING PUBLIC SCHOOL SEMI-FINALIST FOR MOST SEMI-FINALIST FOR MOST OR SCHOOL CHILDREN IN OR SCHOOL CHILDREN IN BOSTON PUBLIC SCHOOLS SATEWAY INITIATIVE TO IN HEALTH AND SCIENCE BOSTON PUBLIC SCHOOLS INTERVENTION IN THREE (h) Purpose of grant or assistance ITERACY INSTRUCTION SCHOOL ON THE MOVE HROUGH POETRY AND BARLY LITERACY SONG-WRITING SCHOOLS (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö ö 。 ö ö ö ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 55,000. 37,500, 10,000, 32,100, 80 000 120,000 10,000 20,000 (c) IRC section if applicable 04-2679932 04-3241676 04-3433538 04-3481908 20-0815685 22-2514422 22-2581823 20-1745447 (b) EIN CENTER FOR COLLABORATIVE EDUCATION FOUNDATION - 26 COURT STREET, 5TH 1452 DORCHESTER AVENUE, 4TH FLOOR ART OF BLACK DANCE & MUSIC, INC. WARREN PRESCOTT FOUNDATION, INC. BOSTON EDUCATIONAL DEVELOPMENT 191 HIGHLAND AVENUE, SUITE 2E (a) Name and address of organization or government ACTOR'S SHAKESPEARE PROJECT PRIENDS OF YOUNG ACHIEVERS PLOOR - BOSTON, MA 02108 CHESTNUT HILL, MA 02467 CHARLESTOWN, MA 02129 SOMERVILLE, MA 02143 SOMERVILLE, MA 02143 DORCHESTER, MA 02122 BRIGHTON, MA 02135 MATTAPAN, MA 02126 32 CAMERON AVENUE 20 WARREN STREET 50 SCHOOL STREET TROUBADOUR, INC. 20 OUTLOOK ROAD 126 PAYSON ROAD | jund DOTWELL

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Schedule I-1 (Form 990) 2009

932241 02-01-10

SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION OSTON PUBLIC SCHOOLS TO TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION FOR SCHOOL CHILDREN IN OR SCHOOL CHILDREN IN FOR SCHOOL CHILDREN IN FOR SCHOOL CHILDREN IN OR SCHOOL CHILDREN IN OR SCHOOL CHILDREN IN OR SCHOOL CHILDREN IN BOSTON PUBLIC SCHOOLS BOSTON PUBLIC SCHOOLS SOSTON PUBLIC SCHOOLS SOSTON PUBLIC SCHOOLS SOSTON PUBLIC SCHOOLS BOSTON PUBLIC SCHOOLS EXPAND ARTS EDUCATION SOSTON PUBLIC SCHOOLS (h) Purpose of grant or assistance AWARDED TO MULTIPLE **Employer identification number** 76-0794873 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö ö ö ö Ö ö ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 20,000 20,000 15,000 86,000 29,200 27,000 247,000 44,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable EDVESTORS, INCORPORATED 65-1188279 57-0147180 04-3140205 04-3454898 22-2514422 51-0197209 66-6001087 04-3444644 (P) EIN FOUNDATION - 26 COURT STREET, 5TH COMMUNITY MUSIC CENTER OF BOSTON BOSTON ARTS ACADEMY FOUNDATION BOSTON EDUCATIONAL DEVELOPMENT 539 TREMONT STREET, SUITE 202 112 SHAWMUT AVENUE, SUITE 5B (a) Name and address of organization or government FLOOR - BOSTON, MA 02018 BOSTON CHILDREN'S CHORUS JAMAICA PAIN, MA 02130 CITI PERFORMING ARTS Name of the organization 174 IPSWICH STREET BOSTON, MA 02215 BOSTON, MA 02218 BOSTON, MA 02116 BOSTON, MA 02116 BOSTON, MA 02116 284 AMORY STREET BOSTON, MA 02116 270 TREMONT ST. CITY STAGE, CO. 539 TREMONT ST. 34 WARREN AVE. COMPANY ONE BALLETROX Parti

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SCHEDULE 1-1 (Form 990) Name of the organization

EDVESTORS, INCORPORATED

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number

76-0794873

Schedule I-1 (Form 990) 2009 TO EXPAND ARTS EDUCATION OR SCHOOL CHILDREN IN FOR SCHOOL CHILDREN IN BOSTON PUBLIC SCHOOLS SOSTON PUBLIC SCHOOLS BOSTON PUBLIC SCHOOLS SOSTON PUBLIC SCHOOLS (h) Purpose of grant or assistance (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö ٥. ö ö ö ö ö ö (e) Amount of assistance non-cash (d) Amount of cash grant 20,000 40,300. 15,000, 25,000, 25,000. 18,000 30,000 25,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 04-2173050 04-6719813 22-2659560 04-2678255 13-3806612 04-2635141 04-3118543 68-0631431 (P) EIN VISUAL UNDERSTANDING IN EDUCATION UP YOU MIGHTY RACE COMPANY, INC. APPLIED ARTS - P.O. BOX 300351 165 BROOKSIDE AVENUE EXTENSION BLIOT SCHOOL FOR THE VISUAL & (a) Name and address of organization or government HUNTINGTON THEATER COMPANY FENWAY HIGH SCHOOL FUND JAMAICA PAIN, MA 02130 JAMAICA PAIN, MA 02130 JAMAICA PAIN, MA 02130 HYDE SQUARE TASK FORCE 264 HUNTINGTON AVENUE SOCIEDAD LATINA, INC. 1530 TREMONT STREET WATERTOWN, MA 02472 174 IPSWICH STREET ROXBURY, MA 02120 65 RUSSELL AVENUE 266 BEACON STREET BOSTON, MA 02115 BOSTON, MA 02116 BOSTON, MA 02115 375 CENTRE ST. HOME, INC. Parti

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 TO EXPAND ARTS EDUCATION TO EXPAND ARTS EDUCATION POR SCHOOL CHILDREN IN FOR SCHOOL CHILDREN IN BOSTON PUBLIC SCHOOLS BOSTON PUBLIC SCHOOLS (h) Purpose of grant or assistance **Employer identification number** 76-0794873 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 25,000. 105,000. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable EDVESTORS, INCORPORATED 04-3132674 04-2437973 (P) EIN COMMUNITY MUSIC CENTER OF BOSTON (a) Name and address of organization or government EAST BOSTON, MA 02128 Name of the organization 260 SUMMER STREET BOSTON, MA 02116 34 WARREN AVE. Parti H

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organizati

EDVESTORS, INCORPORATED	76-0794873
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
TO ACCELERATE CHANGE IN URBAN SCHOOLS BY IDENTIFYING AND	SHAPING THE
MOST EFFECTIVE INITIATIVES, PARTNERING WITH DONORS TO INV	EST IN THESE
EFORTS, AND SUPPORTING PROJECT LEADERS WITH HANDS-ON EXPE	RTISE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
PROJECT LEADERS WITH HANDS-ON EXPERTISE.	
FORM 990, PART VI, SECTION A, LINE 2: SOME BOARD MEMBERS	HAVE BUSINESS
RELATIONSHIPS WITH ONE ANOTHER AS DISCLOSED ON THEIR CONF	LICT OF INTEREST
FORMS. ONE BOARD MEMBER SERVES AS FINANCIAL ADVISOR TO A	NOTHER.
FORM 990, PART VI, SECTION A, LINE 8B: EACH COMMITTEE DOE	S NOT HAVE THE
AUTHORITY TO ACT ON THE BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE/AUDIT	COMMITTEE OF THE
GOVERNING BOARD WILL HAVE THE OPPORTUNITY TO REVIEW THE F	ORM 990. THE FORM
990 WILL THEN BE SHARED WITH ALL MEMBERS OF THE GOVERNING	BOARD PRIOR TO
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C: GOVERNING BOARD O	FFICERS AND
MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS T	HAT COULD GIVE
RISE TO CONFLICTS. A CONFLICT OF INTEREST FORM WILL BE U	PDATED BY EACH
BOARD MEMBER AND SUBMITTED TO EDVESTORS MANAGEMENT AND T	HE EXECUTIVE

35

COMMITTEE IN ADVANCE OF THE ANNUAL MEETING IN SEPTEMBER, AND THROUGHOUT THE

11061108 711401 EDVESTORS

YEAR AS NEW MEMBERS JOIN THE GOVERNING BOARD.

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

2009-04050 EDVESTORS, INCORPORATED

Schedule O (Form 990) 2009

BOARD MEMBERS ARE REQUIRED

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number 76-0794873

TO INFORM THE BOARD CHAIR OF ANY POTENTIAL CONFLICTS AND NEED TO RECUSE

THEMSELVES FROM VOTING ON ANY ACTION ITEMS FOR WHICH THEY HAVE A POTENTIAL

CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

COMPENSATION FOR TOP ORGANIZATION POSITIONS, INCLUDING EXECUTIVE DIRECTOR

AND OTHER KEY EMPLOYEES (INCLUDING THE ASSOCIATE DIRECTOR AND DIRECTOR OF

PHILANTHROPIC SERVICES) IS AS FOLLOWS:

- (A) ANNUAL PERFORMANCE AND SALARY/COMPENSATION REVIEW BY EXECUTIVE DIRECTOR
 FOR TOP MANAGEMENT AND KEY EMPLOYEES (ASSOCIATE DIRECTOR AND DIRECTOR OF
 PHILANTHROPIC SERVICES) AND BY THE GOVERNING BOARD EXECUTIVE COMMITTEE FOR
 EXECUTIVE DIRECTOR, WITH FINAL APPROVAL BY FULL GOVERNING BOARD, AT
 RECOMMENDATION OF EXECUTIVE COMMITTEE, AS PART OF THE ORGANIZATIONS ANNUAL
 BUDGET APPROVAL PROCESS.
- (B) COMPARABILITY DATA IS GATHERED TO INFORM RECOMMENDED SALARY LEVELS FOR ALL NEWLY CREATED MANAGEMENT AND KEY EMPLOYEE POSITIONS.
- (C) EDVESTORS MANAGEMENT WILL INSTITUTE A SALARY COMPENSATION REVIEW EVERY

 2-3 YEARS (OR FIND COMPARABLE EXISTING REPORT FROM EXTERNAL SOURCE) FOR

 CURRENT KEY EMPLOYEE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: EDVESTORS MAKES THESE DOCUMENTS

AVAILABLE UPON REQUEST. IN ADDITION, ANNUAL FINANCIAL STATEMENTS ARE FILED

WITH THE MASSACHUSETTS DIVISION OF CHARITIES AND ARE AVAILABLE FOR PUBLIC

VIEWING.

4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return. 990

OMB No 1545-0172

Sequence No 67 Business or activity to which this form relates Name(s) shown on return Identifying number EDVESTORS, INCORPORATED FORM 990 PAGE 10 76-0794873 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 623. 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery period (a) Classification of property year placed in service (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property b 5-year property 7-year property 10-year property d 15-year property е 20-year property f S/L 25-year property 25 yrs. 9 S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM C Part IV Summary (See Instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 623. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

LHA For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs

23

Form 4562 (2009)

Form	4562	(2009)	EDV	ESTORS,	INCO	RPOR	ATED						76-	0794	873	Page 2
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29 A	dd am	ounts in column	(i), line 26. E	nter here and	on line	7, page	1							29	L	
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Form **4562** (2009)

916252 11-04-09

44 Total. Add amounts in column (f). See the instructions for where to report