DLN: 93493316061089 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable EdVestors Incorporated □ Address change % MARINELL ROUSMANIERRE ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 140 Clarendon Street Suite 401 ☐ Amended return ☐ Application pending (617) 585-5740 City or town, state or province, country, and ZIP or foreign postal code Boston, MA $\,$ 02116 $\,$ G Gross receipts \$ 3,874,712 Name and address of principal officer H(a) Is this a group return for Marinell Rousmanierre ☐Yes **☑**No subordinates? 140 Clarendon Street Suite 401 H(b) Are all subordinates Boston, MA 02116 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www edvestors org L Year of formation 2005 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities EdVestors is a dynamic school change organization focused on accelerating substantive improvement in Boston schools Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 17 Total number of volunteers (estimate if necessary) 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 5,799 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,445,792 3,870,766 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,759 3,946 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,447,551 3,874,712 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 808,500 681,302 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,575,011 1,679,615 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶521,290 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 925,459 965,109 3,308,970 3,326,026 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 138,581 548,686 Net Assets or Fund Balances Beginning of Current Year End of Year 3,786,994 4,363,476 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 425,763 453,559 Net assets or fund balances Subtract line 21 from line 20 3,361,231 3,909,917 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here MARINELL ROUSMANIERRE President & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-15 P00540650 Paid self-employed Firm's name BDO USA LLP Firm's EIN ▶ Preparer Use Only Firm's address ► ONE INTERNATIONAL PLACE Phone no (617) 422-0700 BOSTON, MA 02110 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Par	Chatamant					Page 2					
	Statement	of Program Service	ce Accomplis	hments							
	Check If Sched	dule O contains a resp	onse or note to a	any line in this Part III .		🗹					
1	Briefly describe the o	rganızatıon's mıssıon		•							
	stors was founded in 2 is with promising school				ys public schools by identifyii	ng, shaping, and matching					
2	Did the organization i	undertake any signific	ant program serv	vices during the year whic	ch were not listed on						
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No					
	If "Yes," describe the	se new services on Sc	hedule O								
3	Did the organization of	cease conducting, or r	nake significant i	changes in how it conduct	s, any program						
	services?										
	If "Yes," describe these changes on Schedule O										
4		d 501(c)(4) organizati	ons are required	to report the amount of	rgest program services, as m grants and allocations to othe						
4a	(Code) (Expenses \$	985,360	including grants of \$	365,390) (Revenue \$	865,379)					
	See Additional Data		,			, . 					
4b	(Code) (Expenses \$	614,386	ıncludıng grants of \$	88,412) (Revenue \$	130,451)					
	See Additional Data										
4c	(Code) (Expenses \$	253,397	including grants of \$	30,000) (Revenue \$	395,660)					
	See Additional Data										
4d	Other program service	es (Describe in Sched	ule O)								
	(Expenses \$	630,760 inc	luding grants of	\$ 197,500	O) (Revenue \$	264,342)					
4e	Total program serv	ice expenses 🟲	2,483,9	03							

	990 (2010)			Page 3
Par	tiv Checklist of Required Schedules		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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 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	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	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 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Form	990 (2018)			Page 4
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	_
Pa	statements Regarding Other IRS Filings and Tax Compliance			_

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

0

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

Form **990** (2018)

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Research Ba, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•		iines ✓
Se	ection A. Governing Body and Management	• •		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? •	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
a h	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	65	163	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	e.)	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
L.	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1 1		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		10b	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
11 a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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	11a		
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes	
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b See	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b See	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b T6a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed A Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b T6a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed AA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
 - List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

areas and box in inciding the organization no	i any relaced of	J				utcu u	, -	iarrent officer, and	,	
(A) Name and Title	(B) Average hours per week (list any hours	Position than on the second se	ne bo	ox, ι n of	t ch unle ficei	ss per r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Wendell Knox Board Chair	10	Х		х				0	0	0
(2) David Simon	10	Х		х				0	0	0
(3) Katherine S McHugh Board Clerk	1 0	Х		х				0	0	0
(4) William Schawbel Board Member	0 0	Х						0	0	0
(5) Ian Deason Board Member	10	X						0	0	0
(6) Ruth Ellen Fitch Board Member	10	Х						0	0	0
(7) Katherine Gross Board Vice Chair	10	X		x				0	0	0
(8) Faith Parker Board Member	10	Х						0	0	0
(9) Ed Orazem Board Member till 4/1/2019	10	Х						0	0	0
(10) Pam Eddinger Board member	10	х						0	0	0
(11) Janet Anderson Executive Vice President	34 0			х				115,700	0	26,391
(12) Marinell Rousmaniere President & CEO	40 0			x				126,601	0	26,988
(13) Amy Mullen Luster v p finance & operations	32 0			х				100,478	0	2,961
(14) Anuradha Desai Senior VP - External	40 0					х		177,951	0	21,316
										Form 990 (2018)

Form 990 (2018)	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organization) (B) Reportable compensation from the organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (F) Reportable compensation from the organization and related organizations organizations)											
Part VII Section A. Officers, Dir	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	Average hours per week (list any hours for related organizations below dotted	than is a find widu	one booth and direct Institution	not cox, un office or/tru	less per and Highest con employee	son a F	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and related			

	l trustee ir	nal Trustee	oyee	ompensated			
					·		

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section	Α		▶□			
d Total (add lines 1b and 1c)				▶	520,730	0	77,656
				 		•	· · · · · · · · · · · · · · · · · · ·

	Total from continuation sheets to Part VII, Section A	0		77,656
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

u	Total (add lines 10 and 1c)	٧		77,030
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		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			

	of reportable compensation from the organization ▶ 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	103	
	services rendered to the organization? If "Yes," complete Schedule J for such person		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		V				
		4	Yes	1			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						
Se	ction B. Independent Contractors						
_							

	organization and related organizations greater than \$150,000 II Fes, complete schedule 5 for such			l				
	ındıvıdual	4	Yes					
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors.	mpensa	ition					

	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					
S						

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No				
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A) Name and business address	(B) Description of services		(C) ensation				

1	from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A) Name and business address	(B) Description of services	(C) Compensation						
	<u> </u>								

Form **990** (2018)

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

Part	VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any				🗆
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			revenue	revenue	512 - 514
र इ	1a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				
عَ دَ	c Fundraising events 1c				
itts ar 7	d Related organizations 1d				
ء ج	e Government grants (contributions)				
ons Si	f All other contributions, gifts, grants, and similar amounts not included				
te Per	above 1f 3,870,766				
즐	g Noncash contributions included in lines 1a - 1f \$				
	h Total. Add lines 1a-1f	0.070.766			
	Busines	3,870,766			<u> </u>
Service Revenue	2a	3 code			
3					
÷.	b				
Ę.	d				
S.	e				
Program	f All other program service revenue				
Æ	9Total. Add lines 2a−2f ▶	0			
	3 Investment income (including dividends, interest, and other	· 1			
	sımılar amounts)	3,946			3,946
		>			
	5 Royalties	<u> </u>	1		+
	6a Gross rents	\dashv			
	b Less rental expenses				
	c Rental income or 0	0			
	(loss)				
	d Net rental income or (loss)		1		<u> </u>
	7a Gross amount	\dashv			
	from sales of assets other				
	than inventory				
	b Less cost or other basis and				
	sales expenses	_			
	C Gain or (loss) d Net gain or (loss)				
	8a Gross income from fundraising events				
ne	(not including \$ of contributions reported on line 1c)				
₹		о			
Re	b Less direct expenses b	0			
Other Revenue	c Net income or (loss) from fundraising events				
₽	9a Gross income from gaming activities See Part IV, line 19				
	,	о			
	b Less direct expenses b	0			
	c Net income or (loss) from gaming activities)		
	10aGross sales of inventory, less returns and allowances				
		0			
	b Less cost of goods sold b	0			
	C Net income or (loss) from sales of inventory	(
	Miscellaneous Revenue Business Code 11a	_			
	b	+		1	+
	c				
	d All other revenue	1		-	-
	e Total. Add lines 11a-11d	1		1	+
	12 Total revenue. See Instructions			1	+
	: Star revenue: See Instructions	3,874,712	2	1	3,946 Form 990 (2018)
					FORM 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	-			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	681,302	681,302		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			_
5 Compensation of current officers, directors, trustees, and key employees	411,979	201,633	159,947	50,399
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	966,221	589,816	53,481	322,924
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,479	19,117	5,171	7,191
9 Other employee benefits	164,851	100,114	27,079	37,658
10 Payroll taxes	105,085	56,852	23,775	24,458
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	68,871	51,527	6,608	10,736
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	398,110	363,757	14,467	19,886

0

0

0

0

0

0

6,192

8,827

97,700

3,993

62,113

13,298

196,016

5,621

7,310

7,692

11,023

2,483,903

823

960

13,871

244

9,274

1,888

124

248

888

1,042

943

320,833

1,289

1,504

21,742

14,411

2,959

18

3,018

1,740

1,078 521,290

Form 990 (2018)

279

8,304

11,291

133,313

4,516

85,798

18,145

196,158

5,869

11,216

10,474

13,044

3,326,026

_	key employees	, i	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	
7	Other salaries and wages	966,221	į
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,479	

12 Advertising and promotion .

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O) a PROGRAM SERVICES

c COMMUNICATIONS

d ADMINISTRATIVE

e All other expenses

b PRINTING AND REPRODUCTION

13 Office expenses .

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

20 Interest . . .

23 Insurance .

Page **11**

0

0

0

0

136.854

247,047

191,200

0

0

0

0

0

0

15.312

453.559

1.054.279

2,855,638

3.909.917

4,363,476

Form **990** (2018)

4.363.476

0 11

0 12

0 14

752.754

150,396

184.990

0

٥

0 22

0

0

90.377

425.763

1.031.019

2,330,212

3,361,231

3,786,994

0 29

3.786.994

13

15

16

17

18

19

20

21

23

24

25

26

27

28

30

31 32

33

34

Form 990 (2018)

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Accounts payable and accrued expenses

Intangible assets

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			948,701	1	859,254
	2	Savings and temporary cash investments .		[773,377	2	1,051,205
	3	Pledges and grants receivable, net			1,175,000	3	2,192,000
	4	Accounts receivable, net		[0	4	0
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensation P art II of Schedule L Loans and other receivables from other disquals section $4958(f)(1)$, persons described in section contributing employers and sponsoring organization.	rsons (as defined under s(c)(3)(B), and	0	5	0	
ets	7	voluntary employees' beneficiary organizations Part II of Schedule L	0	7	0		
sset	8	Inventories for sale or use			0	8	0
4	9	Prepaid expenses and deferred charges			33,226	9	38,372
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	148,264			
	ь	Less accumulated depreciation	10 b	62,473	103,936	10 c	85,791

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>'</u>	,874,712
2	Total expenses (must equal Part IX, column (A), line 25)	2			,326,026
3	Revenue less expenses Subtract line 2 from line 1	3			548,686
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	,361,231
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,	,909,917
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

Audit Act and OMB Circular A-133? За

3b

Form **990** (2018)

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

Additional Data

Software ID:

Software Version:

Name: EdVestors Incorporated

EIN: 76-0794873

Schools (Continued on Schedule O) NOTE Balance of expenses covered by multiyear grants received in prior fiscal year

Form 990 (2018)

Form 990, Part III, Line 4a: Boston Public Schools Arts Expansion - a multi-year collaborative effort to expand equitable access to quality arts learning experiences for all students in Boston Public

Form 990, Part III, Line 4b: Zeroing in on Math sets out to ensure more middle grades math students in Boston have access to quality math instruction that prepares for rigorous high school academics and success in college, career, and life (Continued on Schedule O) NOTE Balance of expenses covered by general operating revenue of the organization

Form 990, Part III, Line 4c:

Career Pathways aims to seed, support, and structure Career Pathways in Bostons public high schools that equip students with the academic, technical, and social fluency to thrive in high school and beyond. Through the Career Pathways initiative, EdVestors helps high schools and the district to plan and provide quality career and technical

education opportunities for more Boston students, preparing them to qualify for the fields that hold the employment opportunities of the future

efil	e GR	APHIC prii	1t - DO NO	PROCESS	As Filed Data -			DLN: 9	3493316061089
SCHEDULE A (Form 990 or Com 990EZ)		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2018	
		f the Treasury		► Go to	www.irs.gov/Form			•	Open to Public Inspection
lam:	e of tl	he organiza corporated	tion					Employer identific	cation number
					(41)			76-0794873	
	rt I rganiz				us (All organization e it is (For lines 1 thro			see instructions.	
1			•		ssociation of churches	•		(A)(i).	
2		,		,	1)(A)(ii). (Attach Sch				
3					vice organization desc	,	, ,		
4		·	esearch organ	•	ed in conjunction with			•	inter the hospital's
5		An organiza			t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
6				,	governmental unit de	escribed in sectio	on 170(b)(1)(A	۸)(v).	
7				mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust descri	bed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
.0	✓	from activit	ies related to income and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	See section 509	(a)(4).	
2		more public	ly supported	organizātions (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509 (a	
a		Type I. A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	Ization operated fy a distribution	in connection wi	th its supported orga	
e		Check this	, box if the orga	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations				_	
g					upported organization(
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No		
ota	1								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	<u>.</u> 5F :	⊥ Schedule A (Form 9	90 or 990-EZ) 2018

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fai						ry under rait
	ection A. Public Support	is to quality at	ider the tests his	tea below, pieus	se complete run	C 111.)	
	Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(b)2015	(6)2016	(4)2017	(e)2018	(T)TOLAT
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)		1	12	
13	First five years. If the Form 990 is for	-			•	1 / 1 / -	
	check this box and stop here					<u> ▶ L</u>	
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2018 (line	e 6, column (f) d	ıvıded by line 11, o	column (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15	
	33 1/3% support test-2018. If the			on line 13, and lin	e 14 is 33 1/3% oi		box
	and stop here. The organization qualif					,	▶□
	33 1/3% support test—2017. If the				and line 15 is 22 i	/3% or more char	ok this
D		-			alid lille 13 15 33 1	73 70 OF HIOTE, CHEC	_
	box and stop here. The organization						▶□
17 a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	ne "racts-and-cir	cumstances" test	ine organization	qualifies as a publi	iciy supported	_
	organization						▶□
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	meets the "fact	s-and-circumstand	es" test The orga	nization qualifies a	as a publicly	
	supported organization						▶ □
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	_

20

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

	(Complete only if you o the organization fails to					to qualify unde	r Part II. If
Se	ection A. Public Support	y quality under t	ne tests listed b	elow, please co	inplete Fait II.)		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	2,295,971	1,820,812	2,656,423	3,445,792	3,870,766	14,089,764
	include any "unusual grants")	2,255,571	1,020,012	2,030,423	5,445,752	3,070,700	14,005,704
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						0
	any activity that is related to the						· ·
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						0
	business under section 513						Ü
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to						0
_	the organization without charge Total. Add lines 1 through 5	2,295,971	1,820,812	2,656,423	3,445,792	3,870,766	14,089,764
6 7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	640,000	520,000	550,000	1,275,000	1,095,000	4,080,000
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						0
	\$5,000 or 1% of the amount on line						_
	13 for the year						
	Add lines 7a and 7b	640,000	520,000	550,000	1,275,000	1,095,000	4,080,000
8	Public support. (Subtract line 7c from line 6)						10,009,764
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6	2,295,971	1,820,812	2,656,423	3,445,792	3,870,766	14,089,764
10a	Gross income from interest,	_,,	2,522,522	2,000,000	5,7.15,7.52	272.27.22	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	2,402	1,231	1,345	1,759	3,946	10,683
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						0
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,402	1,231	1,345	1,759	3,946	10,683
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						0
	regularly carried on						
12							_
	or loss from the sale of capital assets (Explain in Part VI)						0
13		2 200 272	1,822,043	2 657 769	2 447 551	2 074 712	14 100 447
	11, and 12)	2,298,373	, ,	2,657,768	3,447,551	3,874,712	14,100,447
14	First five years. If the Form 990 is fo	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501(c)(3) or	_
	check this box and stop here		_				▶⊔
	Public Support percentage for 2018 (In			column (f))		15	70.000.00
15 16	Public support percentage for 2016 (iii		•	.o.a (1 <i>))</i>		15 16	70 989 %
	ection D. Computation of Invest	<u> </u>	-			10	71 324 %
17	Investment income percentage for 20			ine 13. column (f))	17	0 076 %
18	Investment income percentage from 2	18	0 064 %				

19a 331/3% support tests—2018. 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

b 33 1/3% support tests—2017. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶ ☑

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5			
Pa	rt IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization	2					
S	ection C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
				<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103				
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard							
S	ection E. Type III Functionally-Integrated Supporting Organizations		l				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)					
	The organization satisfied the Activities Test Complete line 2 below	•					
	b						
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement						
,		2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	2~					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36					

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E								
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1							
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1 b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt use assets	2							
3	Subtract line 2 from line 1d	з							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 035	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
	Section C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
				1					

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 76-0794873

Name: EdVestors Incorporated

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493316061089OMB No 1545-0047

2018

Open to Public
Inspection

	me of the organization			Employer identification number
Eav	estors Incorporated			76-0794873
Pa	ort I Organizations Maintaining Donor Advis	sed Funds or Othe	er Similar Funds o	or Accounts.
	Complete if the organization answered "Ye			(L) [
1	Total number at end of year	(a) Donor ad	ivisea runas	(b)Funds and other accounts
2	,			
2 3	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year) Aggregate value at end of year			
	· · · · · · · · · · · · · · · · · · ·			hand Cardon do and black
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		ssets held in donor ad	Vised funds are the Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			
Pa	rt III Conservation Easements. Complete if th	ne organization answ	vered "Yes" on Forr	
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all that	apply)	·
	\square Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a d	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	gualified conservation	contribution in the for	rm of a concentration
_	easement on the last day of the tax year	qualified coffset vacion	contribution in the for	Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and	not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	ned, or terminated by	the organization during the
4	Number of states where property subject to conservatio	n easement is located	>	
5	Does the organization have a written policy regarding th			of violations
-	and enforcement of the conservation easements it holds	5?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violat	tions, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations,	and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{9}$	above satisfy the requ	urements of section 1	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organi		nse statement, and
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical		er Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to re public exhibition, educ	port in its revenue sta ation, or research in f	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items			
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$
ľ	ii)Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:			ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	(= /		▶ \$
	Assets included in Form 990, Part X			▶ \$
_				· -

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations M	aintaining Col	lections of	Art, Histo	rical T	reası	ares, o	r Other	Similar A	ssets (c	ontınuea	1)
3		the organization's acq (check all that apply)	quisition, accessioi	n, and other re	ecords, chec	k any of	the fo	ollowing t	that are a	significant	use of its	collectio	n
а		Public exhibition			d		Loan	or exch	ange pro	grams			
b		Scholarly research			e		Othe	r					
c		Preservation for future	e generations										
4	Provid Part X	le a description of the	organization's col	lections and e	xplain how t	hey furt	her th	e organız	zation's e	xempt purpo	ose in		
5		g the year, did the org s to be sold to raise fui								nılar	☐ Yes	, [No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	90, Pari	t IV, li	ine 9, o	r reporte	ed an amo	unt on F	orm 99	0, Part
1a		organization an agent ed on Form 990, Part		an or other int	cermediary f	or contr	ıbutıor	s or othe	er assets	not	☐ Yes	, 	No
b	If "Ye	s," explain the arrange	ement ın Part XIII	and complete	the following	ng table					Amount		
c		ning balance		·		-			1c				
d	Addıtı	ons during the year							1d				
е	Distrib	outions during the yea	r						1e				
f	Ending	g balance							1f				
2 a		ie organization include									_	. 🗆	No
b		s," explain the arrange			•								
Pa	rt V	Endowment Fun	ds. Complete if										
1 2	Reginni	ng of year balance .		(a)Current y	ear (b	Prior yea	ar	(c)Iwo y	ears back	(d)Three ye	ars back	(e)⊦our y	ears back
	_	utions					-						
		estment earnings, gaii	ns and losses				_						
		or scholarships	•				_						
		expenditures for facilities					-+						
-		grams	e 5										
f	Adminis	strative expenses .											
g	End of	year balance											
2		le the estimated perce designated or quasi-e	=	ent year end b	alance (line	1g, colu	ımn (a)) held a	15	1			_
a		anent endowment >	indowinent P										
Ь													
С		orarily restricted endo		ld ogual 100%	_								
3a		ercentages on lines 2a iere endowment funds				nat are h	neld an	ıd admın	istered fo	or the			
		ization by			,							Ye	s No
	(i) un	related organizations									3a		
_		elated organizations										(ii)	
ь 4		s" on 3a(II), are the re Ibe In Part XIII the Inte	-		•		₹? .				. 3	b	
Pa	rt VI	Land, Buildings,											
		Complete of the or											-1
	Descrip	ption of property	(a) Cost or oth (Investme	, ,	b) Cost or oth	ier dasis i	(otner)	(c) Acc	umulated	depreciation	("	d) Book va	diue
1a	Land												
b	Building	gs											
c	Leaseh	old improvements					69,382			29,235			40,147
d	Equipm	ent					16,917			7,128			9,789
е	Other						61,965			26,110			35,855

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Financial derivatives (2) Closely-held equity interests (A) (B) (C) (D) (E) (F) (G) (H) Total: (Column (b) must equal Form 990, Part X, col (8) line 12) Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (6) (9)	Part VII Investments—Other Securities. Complete if the o	rganization answe	ered "Yes" on Form 9	Page : 90, Part IV, line 11b.
13 Print and all environces		Book	(c) Meth Cost or end-c	od of valuation f-year market value
(3) Other Assetts. Complete of the organization answered "rea" on Form 1900, Part X, line 115. See Form 1900, Part X, line 13. (4) Description of investments: (a) Description of investments: (b) Block value (c) Method of variation Coxes or end-of-vest market value (c) Method of variation Coxes or end-of-vest market value (d) Description of investments: (e) Description of investments: (e) Method of variation Coxes or end-of-vest market value (d) (e) Block value (e) Method of variation Coxes or end-of-vest market value (e) Method of variation Coxes or end-of-vest market value (e) Method of variation Coxes or end-of-vest market value (e) Method of variation Coxes or end-of-vest market value (e) Block value (e) Method of variation Coxes or end-of-vest market value (e) Block	(1) Financial derivatives	· ·		
(6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		· · ·		
(c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(A)			
(a) Description of most equal form 990, Part X, xin (@ into 221) (b) Sook value (c) Sook value (c) Sook value (d) Sook value (e) Part X, into 13. (e) Description of investments (f) Sook value (g) So	(B)			
Fig.	(C)			
(F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)			
(6) (7) (8) (9) (9) Total: (Column (b) must equal from 990, Part X, or (b) live 22) Part VIII Investments—Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (9) Part IX Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (9) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total: (Column (b) must equal form 990, Part X, col (b) line 12) Part IX Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (9) Fortial: (Column (b) must equal form 990, Part X, col (b) line 12) Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, col (b) line 12) Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Labilities. Complete if the organization answered Yes' on Form 990, Part X, line 11c or 12f. Part X Other Labilities of Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, line 11c or 12f. Part X Other Clumn (b) must equal form 990, Part X, line 12d. Part X Other Clumn (b) must equal form 990, Part X, line 12d. Part X Other Clumn	(E)			
Trada. (Column (a) must equal Form 990, Part X, (a) (B) No. (2) Trada. (Column (a) must equal Form 990, Part X, (a) (B) No. (2) (b) Book value (c) Mental value of (c) Mental value of (c) Mental value (c) Men	(F)			
Total, (Column (s) must equal Form \$90, Part X, cir (B) ine 12) Part YII Investments—Program Related. (a) Description of investment (b) Sook value (c) Method of valuation (d) Description of investment (l) Sook value (l) So	(G)			
Total Column (b) must equal Form 990, Part X, or (8) line 15	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11s. See Form 990, Part X, line 13.	Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
(a) Description of investment (b) Book value (c) Method of Valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, Column (b) must equal from 980, Part X, col (s) line 13) (b) Book value (b) Book value (c) (7) (8) (9) Total, Column (b) must equal from 990, Part X, col (s) line 13) (6) (7) (8) (9) Total, Column (b) must equal from 990, Part X, col (s) line 13) (6) (7) (8) (9) Total, Column (b) must equal from 990, Part X, col (s) line 15) Part X		n 990, Part IV, lın	e 11c. See Form 990	, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, cal (B) Into 15) (a) Description (b) Book value (c) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, cal (B) Into 15) Part X Other Liabilities. Complete if the organization answered Yees' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, cal (B) Into 15) Part X Other Liabilities. Complete if the organization answered Yees' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 25. (1) Federal mome taxes PUNDS HELD FOR THE BENEFIT OF (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	· · · · · · · · · · · · · · · · · · ·		(c) Meth	od of valuation
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 980, Part X, col (b) line 13] Part IX Other Assets, Complete if the organization answered Yes' on Form 990, Part IV, line 1d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal form 990, Part X, col (b) line 15) Part X Other Liabilities, Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Fart X, line 25. (a) Description of hability (b) Book value (c) Federal income taxes (a) Description of hability (b) Book value (c) Federal mome taxes (d) (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(1)		COSE OF CHAIC	year market value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) Inne 15) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) Inne 15) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) Inne 15) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, col (8) Inne 15) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Book value (d) Book value (d) Book value (e) Book value (f) Book value (f) Book value (g) Book value (h) Book va	(2)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Assets. Complete if the organization answered Ves' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (c) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization enswered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of lability (b) Book value (c) Federal income taxes (a) Period and income taxes (b) Book value (c) Form 990, Part X, line 25. (a) Description of lability (b) Book value (c) Federal income taxes (c) Form 990, Part X, line 12 or 11f. (d) Description of lability (e) Society of the Benefit of Society of Socie	(3)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part IX Other Assets. Complete if the organization answered Yes on Form 990, Part IV, inne 11d. See Form 990, Part X, line 15 (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)			
(8) (9)	(5)			
(8) (9)	(6)			
Total. Column (b) must equal Form 990, Part X, col (B) line 13 (a) Description (b) Book value	(7)			
Total. Column (b) must equal Form 990, Part X, col (B) line 13 (b) Book value	(8)			
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (c)	(9)			
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X Ine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes CPUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 1. (a) Description of liability (b) Book value (b) Book value 1. (a) Description of liability (b) Book value (c) Description of liability (b) Book value (d) Description of liability (b) Book value (a) Description of liability (b) Book value (b) Book value 1. (a) Description of liability (b) Book value (c) Description of liability (b) Book value (d) Description of liability (b) Book value (d) Description of liability (b) Book value (d) Description of liability (b) Book value 1. (a) Description of liability (b) Book value (b) Book value 1. (a) Description of liability (b) Book value (c) Description of liability (b) Book value 1. (a) Description of liability (b) Book value (d) Description of liability (b) Book value 1. (a) Description of liability (b) Book value 1. (b) Book value 1. (a) Description of liability (b) Book value (c) Description of liability (b) Book value 1. (a) Description of liability (b) Book value (d) Description of liability (b) Book value (d) Description of liability (b) Book value 1. (a) Description of liability (b) Book value (d) Description of liability (b) Book value (e) Description of lia				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		s on Form 990, Par	tiv, line iid See Form	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) For the sequel Form 990, Part X, col (B) line 25)				
1. (a) Description of liability (b) Book value (1) Federal income taxes 0 FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		· · · · · · · · · · · · · · · · · · ·	 m 990, Part IV, line 1	. ▶ .1e or 11f.
FUNDS HELD FOR THE BENEFIT OF 15,312 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(b) Bo	ok value	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) Federal income taxes		0	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			15,312	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 15,312 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ■ 15,312 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			15 343	
	2. Liability for uncertain tax positions In Part XIII, provide the text of the	footnote to the org	anızatıon's fınancıal stat	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 3,874,712 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 3,344,026 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 18,000 2b 2c c 2d Other (Describe in Part XIII) d

Add lines 2a through 2d 2e 18,000 3 3,326,026 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b Add lines **4a** and **4b** 4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3.326.026 Part XIII Supplemental Information

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

Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 76-0794873

Name: EdVestors Incorporated

Supplemental Information

Return Reference	Explanation
Sch D, Part X, Line 2	Under ASC 740, an organization must recognize the financial statement effects of a tax position taken for tax return purposes when it is more likely than not that the position will not be sustained under examination by a taxing authority. The Organization does not belie ve it has taken any material uncertain tax positions, and, accordingly, it has not recorded any liability for unrecognized tax benefits. The Organization has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, the Organization has filed IRS form 990 information returns, as required, and all other applicable returns in jurisdictions where so required. For the years ended June 30, 2019 and 2018, there were no interest or penalties recorded or included in the statements of activities.

DLN: 93493316061089 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number EdVestors Incorporated 76-0794873 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2**

(5) (6)

Schedule I (Form 990) 2018

(7)

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

Part IV

Explanation

Return Reference EDVESTORS MONITORS THE USE OF GRANTS IN DIFFERENT WAYS FOR EACH PROGRAM AREA FOR SEED FUND LEARNING GRANTS, RECIPIENTS SUBMIT A PROJECT-

Form 990, Part IX, Line 1 END REPORT IN MAY, AND RECEIVE A SITE VISIT OR PHONE CALL IN THE SPRING IF THEY APPLY FOR EXPANSION FUNDING ONE-YEAR SEED FUND EXPANSION PRELIMINARY REPORT IS DUE IN NOVEMBER AND A FINAL REPORT DUE IN JUNE FOR TWO-YEAR GRANTS THROUGH THE BPS ARTS EXPANSION, A PRELIMINARY

GRANT RECIPIENTS PARTICIPATE IN A FALL PHONE CALL AND SUBMIT A YEAR-END REPORT IN JUNE FOR ONE-YEAR GRANTS THROUGH THE BPS ARTS EXPANSION. A REPORT IS DUE IN JUNE AND A FINAL REPORT DUE THE FOLLOWING JUNE FOR ANY ARTS GRANT. MONITORING MAY ALSO INCLUDE SITE VISITS BY DONORS AND EDVESTORS STAFF MEMBER ONE-YEAR ZEROING-IN-ON-MATH AND CAREER TECHNOLOGY & EDUCATION GRANT RECIPIENTS RECEIVE ONGOING SUPPORT AND SUBMIT A YEAR-END REPORT IN JUNE Schedule I (Form 990) 2018

Additional Data

Actors' Shakespeare Project

191 Highland Ave 2b

45 Danforth Street

Jamaica Plain, MA 02130

BalletRox

Somerville, MA 02143

Software ID: **Software Version:**

20-0815685

04-3140205

EIN: 76-0794873

Name: EdVestors Incorporated

20,000

12,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance

ln/a

n/a

(h) Purpose of grant

Actors' Shakespeare Project - BDEA, BINCA,

expand arts education for school children in Boston Public Schools, Round 11 2019-2020

Hennigan, Mather To expand arts education for school children in Boston Public Schools. Round 11 2019-2020

Brighton High To

Ballet Rox -Haley,

Henderson K-12,

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 6.000 In/a Donald McKay K-8 -Development Foundation ZUMIX To expand arts 2300 Washington Street 5th education for school children in Boston Public Schools, Round 11

Floor Boston, MA 02125

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2019-2020 6.000 Boston Educational 22-2514422 ln/a Edison K8 - Lindsay Development Foundation Fuori To expand arts 2300 Washington Street 5th education for school

Floor

Boston, MA 02125

children in Boston Public

Schools, Round 11 2019-2020

(c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance 22-2514422 8.000 In/a ICharlestown HS- Carven Boston Educational Development Foundation Bernadeau To expand 2300 Washington Street 5th arts education for school Floor children in Boston Public

Boston, MA 02125 Schools, Round 11 Boston Educational 22-2514422 10,000 ln/a

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

(b) EIN

2019-2020 Making Music Matters! -Development Foundation 2300 Washington Street 5th

Multiple To expand arts education for school children in Boston Public Floor

Boston, MA 02125 Schools, Round 11

2019-2020

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

8,900

(f) Method of valuation

(a) Description of

Math Intervention Te

(h) Purpose of grant

Round 11 2019-2020

Bridge Boston Charter

Expansion Grant 2017

School Seed Fund

Boston Lyric Opera	04-2469627	6,000		n/a	Boston Lyric Opera -
11 Ave de Lafayette					Everett, Winship To
Boston, MA 02111					expand arts education
					for school children in
					Boston Public Schools,

3.318

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Bridge Boston Foundation

435 Warren Street

Roxbury, MA 02119

(b) EIN

27-5256986

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 04-3444644 31.000 Company One In/a Company One -539 Tremont St Multiple To expand arts

6	04 0407070			,	
					2019-2020
					Schools, Round 11
					children in Boston Public
Boston, MA 02116					education for school

for school children in

Boston Public Schools. Round 11 2019-2020

Community Music Center of 04-2437973 32,000 In/a ICMCB - Multiple To Boston expand arts education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

34 Warren Ave

Boston, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Eliot School of Fine & Applied 04-2173050 35.000 In/a Eliot School of Fine and Applied Arts - Multiple Arts 24 Eliot St To expand arts Jamaica Plain, MA 02130 education for school children in Boston Public Schools, Round 11 2019-2020

Boston Public Schools, Round 11 2019-2020

Fenway High School Fund 04-6719813 14.000 In/a

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fenway High School -Multiple partners To 67 Alleghany St Boston, MA 02120 expand arts education for school children in

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 22-2659560 10.000 ln/a Huntington Theatre Huntington Theatre Company 264 Huntington Ave Company - Multiple Boston, MA 02115 schools To expand arts education for school

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

education for school children in Boston Public Schools, Round 11 2019-2020

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

Hyde Square Task Force 30 Sunnyside St Jamaica Plain, MA 02130 Children in Boston Public Schools, Round 10 2018-2019 Year 2 grant no n/a Hyde Square Task Force 4 Hyde Square Task Force 5 Hennigan Elementary To expand arts

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Josiah Quincy Orchestra 47-4232704 7.000 In/a Josiah Quincy Orchestra- JQES To Program 885 Washington Street expand arts education Boston, MA 02111 for school children in Boston Public Schools. Round 11 2019-2020

2019-2020

VSA Massachusetts Inc. 04-2699540 40.000 ln/a

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VSA Massachusetts -Multiple To expand arts education for school

89 South St 101 Boston, MA 02111 children in Boston Public Schools, Round 11

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Young Audiences of 04-6065276 16.000 In/a Young Audiencesmultiple schools To Massachusetts Inc 89 South St 603 expand arts education for school children in

Schools, Round 11 2019-2020

Boston, MA 02111

Boston Public School children in Boston Public Schools, Round 11 2019-2020

ZUMIX 04-3132674 10.000 n/a ZUMIX - Fast Boston

ZUMIX 04-3132674 10,000 n/a ZUMIX - East Boston High School To expand east Boston, MA 02128 Round 12019-2020 children in Boston Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 30.000 Seed Fund Expansion Development Foundation Grant Mattahunt 7 Palmer St Toussaint L'Ouverture Academy - Haitian Dual

Mamt 2018

Boston, MA 02119 Boston Educational 22-2514422 10,000 ln/a

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Language 2018 Seed Fund Expansion Development Foundation Grant Jeremiah E

7 Palmer St Burke HighSchool -Boston, MA 02119 Conscious Classroom

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 10.000 Clarence R Edwards In/a Development Foundation Middle School- Tiered

7 Palmer St Vocabulary Seed Fund Boston, MA 02119

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Learning Grant 2019 Boston Educational 22-2514422 10.000 Nathan Hale In/a Development Foundation

Elementary- Boys of Color & Literature Seed

2019

7 Palmer St Boston, MA 02119 Fund Learning Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 10.000 James Otis Elementary-In/a Science Seed Fund Development Foundation 7 Palmer St Learning Grant 2019

Seed Fund Learning

Grant 2019

Boston, MA 02119 Boston Educational 22-2514422 7.500 In/a

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IP A Shaw Elementary-Development Foundation Literacy & Culturally 7 Palmer St Responsive Teaching

Boston, MA 02119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 10.000 BPS OELs & Mario Development Foundation Umana Academy K-8-Connecting Dual

Pathway

7 Palmer St Boston, MA 02119 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7 Palmer St

Boston, MA 02119

Language & SLIFE Seed Fund Learning Grant Boston Educational 22-2514422 10,000 ln/a ICTE New Mission High Development Foundation School Biotechnology

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 10.000 CTE East BostonHigh In/a Development Foundation School Biotechnology

20.000

Pathway

Sschool

In/a

'School on the Move

International High

Finalist 2018 Snowden

7 Palmer St Boston, MA 02119 Boston Educational 22-2514422

Development Foundation

7 Palmer St

Boston, MA 02119

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Boston Educational 22-2514422 600 6.936 Math Intervention Te Phineas Bates Elementary School -

Intervention

Development Foundation 7 Palmer St ZioM Blended Learning. Boston, MA 02119 ST Math Intervention Math Intevention Tec Joseph Lee K-8 - ZioM

Boston Educational 22-2514422 4.320 7.680 Development Foundation Blended Learning, 7 Palmer St ıReady Math

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 02119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 02119

7 Palmer St

Development Foundation

Boston Educational Development Foundation 7 Palmer St Boston, MA 02119	22-2514422	7,500	4,138		Dr William W Henderson Inclusion - ZioM Blended Learning, Study Island Math Intervention
Boston Educational	22-2514422		7,221	math intervention te	Warren-Prescott K-8- ST

Math, Ten Marks Math

Intervention

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Boston Educational 22-2514422 12.270 Math Intervention Te Franklin D Roosevelt Development Foundation K-8- iReady Math

7 Palmer St Intervention Boston, MA 02119

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center for Collaborative 04-3241676 10.000 Seed Fund Expansion In/a Education Grant New Mission

33 Harrison Ave

Boston, MA 02111

High School T U N E

2018

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Friends of Big Picture Learning 12,000 IN/A Greater Egleston -MA Inc multiple partners To 325 Public Street expand arts education Providence, RI 02905 for school children in Boston Public Schools. Round 11 2019-2020 Lyrıc Stage - Hale,

To expand arts education for school children in Boston Public Schools, Round 11 2019-2020

Lyric Stage Company of Boston 10.000 IN/A 140 Clarendon Street Kenny, McKinley, Tynan

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 02116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Trinity Boston Foundation 10.000 IN/A John W McCormack 206 Clarendon Street Middle School-Boston, MA 02116 Photovoice Seed Fund Learning Grant 2019 English for New Bostonians 10.000 IN/A English for New 105 Chauncy Street Bostonians & Boston Boston, MA 02111 International Newcomers Academy-

EOL for H S Parents Seed Fund Learning Grant 2019

(a) Name and address of **(b)** EIN (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Academy of the Pacific Rim 10.000 N/A Academy of the Pacific

(e) Amount of non-

(f) Method of valuation

(a) Description of

CTE Dearborn STEM

Academy Computer

Science Pathway

N/A

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

Boston Plan for Excellence

PO Box 190904

Roxbury, MA 02119

Charter Public School				Rım Charter Public
1 Westinghouse Plaza				School- increasing
Hyde Park, MA 02136				college success through
				ACT Seed Fund
				Learning Grant 2019

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20.000 IN/A Friends of the Perry 'School on the Move 745 E Seventh Street Finalist 2018 Oliver South Boston, MA 02127 Hazard Perry K-8 Friends of Young Achievers 1.200 7.206 Imath intervention te-Young Achievers Science and Math Pilot 20 Outlook Road Mattapan, MA 02126 School- ZioM Blended Learning, ST Math

Intervention

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	Dat	a -	DLN: 934	9331	6061	.089
Sch	edule J	Compen	sat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers, Direct						
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2018		
Б		▶ A	ttack	to Form 990. instructions and the latest information.			o Pul	
•	tment of the Treasury al Revenue Service	F Go to <u>www.irs.gov/Forms9</u>	<u>U</u> 101			Insp	ectio	n
	ne of the organiza estors Incorporated	ition		Employe	r identificat	ion nu	ımber	
Luv	estors Incorporated			76-07948	73			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a				the following to or for a person listed on Form y relevant information regarding these items				
		or charter travel		Housing allowance or residence for personal u				
	_	companions	H	Payments for business use of personal resider	nce			
		ofication and gross-up payments ary spending account	H	Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef	1			
	Discretion	ary spending account		reisonal services (e.g., maid, chadhedr, cher	1			
b		es in line 1a are checked, did the organiza Il of the expenses described above? If "No,		ollow a written policy regarding payment or rei iplete Part III to explain	mbursement	1 b		
2		tion require substantiation prior to reimbui es, officers, including the CEO/Executive D				2		
	directors, truste	es, officers, including the CEO/Executive D	ii ecto	r, regarding the items checked in line 1a.				
3		f any, of the following the filing organization EO/Executive Director Check all that apply						
	_			CEO/Executive Director, but explain in Part III				
	Compans:	ition committee	П	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	·	of other organizations	✓	Approval by the board or compensation comm	nittee			
4			II, Se	ction A, line 1a, with respect to the filing organ	ızatıon or a			
	related organiza							
a		ance payment or change-of-control paymer		Ærd och och och och och och		4a		No
b	•	receive payment from, a supplemental no		·		4b 4c		No
·	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						110	
), 501(c)(4), and 501(c)(29) organizat						
5		d on Form 990, Part VII, Section A, line 1a online on the revenues of	ı, dıd	the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga	ınızatıon? 5a or 5b, describe in Part III				5b		No
_	-	·	.11	L I				
6		d on Form 990, Part VII, Section A, line 1a ontingent on the net earnings of	i, aia	tne organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	inization? 6a or 6b, describe in Part III				6 b		No
7	•	oa or ob, describe in Part III d on Form 990, Part VII, Section A, line 1a	ر طبط	the organization provide any pontived				
•		escribed in lines 5 and 6? If "Yes," describe				7		No
8		nts reported on Form 990, Part VII, paid or itial contract exception described in Regula		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe		8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the rebut	table	presumption procedure described in Regulation	ns section	9		
For I	Danorwork Body	ction Act Notice, see the Instructions	for F	orm 990. Cat No 50053T	Schedule 1	(Form	990)	2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
1 Anuradha Desai Senior VP - External	(i)				4,488	16,828	199,267	
2 Marinell Rousmaniere President & CEO	(ii) (i)	126,601			3,191	23,797	153,589	
	(ii)							
	+							
	\perp							
	+							
	+					I		
	+							
	+							
	+							
	+							

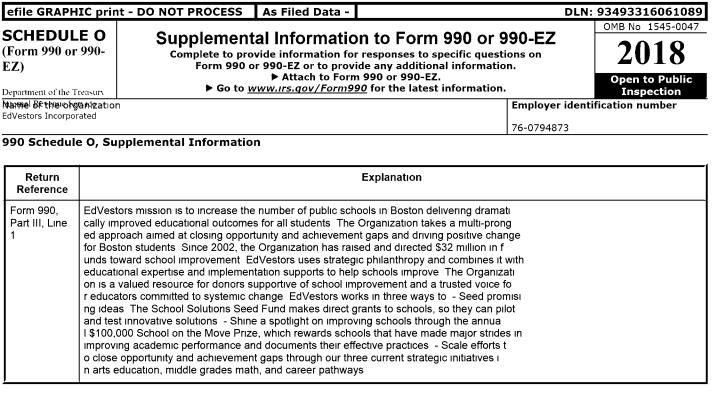
4	· - y				
Part III Supplemental Information					
Provide the information, explanation, or	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation				
· ·	THE PROCESS FOR DETERMINING COMPENSATION FOR TOP ORGANIZATION POSITIONS, INCLUDING CEO & PRESIDENT AND OTHER KEY EMPLOYEES IS AS FOLLOWS (A) ANNUAL PERFORMANCE AND SALARY/COMPENSATION REVIEW BY CEO & PRESIDENT FOR TOP MANAGEMENT AND KEY EMPLOYEES AND BY THE				

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

Page 3

FOLLOWS (A) ANNUAL PERFORMANCE AND SALARY/COMPENSATION REVIEW BY CEO & PRESIDENT FOR TOP MANAGEMENT AND KEY EMPLOYEES AND BY THE GOVERNING BOARD, AT RECOMMENDATION OF EXECUTIVE COMMITTEE, AS PART OF THE ORGANIZATIONS'S ANNUAL BUDGET APPROVAL PROCESS (B) COMPARABILITY DATA IS GATHERED TO INFORM RECOMMENDED

Schedule J (Form 990) 2018



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	This public-private partnership involves a large and coordinated network of partners, including schools, arts institutions, teaching artists, and funders, among others. As a result of this public-private partnership, 17,000 more students annually receive arts education as compared with a decade ago and our private investment has leveraged 5.1 an increase in
	the BPS district budget for arts education. EdVestors is the lead implementation partner f

as compared with a decade ago and our private investment has leveraged 5.1 an increase in the BPS district budget for arts education. EdVestors is the lead implementation partner for BPS Arts Expansion. In 2019, EdVestors partnered with Bloomberg Philanthropies to bring the Bloomberg Arts Internship to Boston, providing 25 high school students with summer in ternships at the citys foremost cultural institutions and organizations.

990 Schedule O, Supplemental Information Return Explanation

ahead by three to five months beyond the year of expected progress

Reference	
Form 990, Part III, Line	Through Zeroing in on Math, EdVestors works with 19 Boston schools and 140 teachers to add ress this crisis, boosting math skills for 3,800 students and preparing them to take algeb
4b	ra and other advanced math courses that pave the way to college and career success. Zeroin g in on Math seeing promising results, the proficiency of participating students has moved
	g in on wain seeing promising results, the promoterity of participating structure has moved

Return Reference	Explanation
Form 990, Part III, Line 4d	Other Program Services includes the School on the Move Prize, School Solutions Seed Fund, and other programmatic expenses. The School on the Move Prize is Bostons premier award for Boston public schools. The annual prize includes a monetary award to one of BPS most rapidly improving schools, with smaller grants to the two finalists. The Prize also comes with public recognition and the opportunity for the winning school to document and share their successful improvement strategies to inform the work of educators. Through the School Solutions Seed Fund, EdVestors makes small investments to up 10 projects each winter to provide schools with the opportunity to move quickly to test, plan, or pilot a solution to ongoing challenges impacting student learning. A smaller number of projects receive larger, longer-term expansion grants based on early success and the potential for impact. Investing in on-the-ground solutions, in partnership with our funders, is an essential part of EdVes tors approach to strategic philanthropy. Expenses \$630,760 including grants of \$197,500, R evenue \$264,342. NOTE. Balance of expenses covered by general operating revenue of the organization.

Return Explanation
Reference

Line 11a

Form 990,
Part VI,
Section B,

The executive committee will have the opportunity to review the Form 990. The form 990 will then be shared with all members of the governing board prior to submission.

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 12c
Section B,
Line and throughout the year as new members join the governing board Members are required to disclose annually any interests that could give rise to conflicts. A conflict of interest form will be updated by each board me mber and submitted to EdVestors management, in advance of the annual meeting each Septembe r and throughout the year as new members join the governing board. Members are required 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.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15 and Schedule J, Part II	The process for determining compensation for top organization positions, including CEO and other key employees is as follows (A) Annual performance and salary/compensation review by CEO for top management and key employees and by the governing board executive committee for CEO 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI,	EdVestors makes these documents available upon request. In addition, annual financial stat ements are filed with the Massachusetts division of charities and are available for public
Section C	VIEWING .

Section C, viewing Line 19

Return Explanation

Form 990,
Part VII,
Section A,
Line 3

During the fiscal year, EdVestors named the Acting President and CEO as the President and CEO as the President and CEO as of January 23, 2019 In addition, one Board member resigned in June 2019 before the end of the fiscal year ending June 30, 2019

Return Explanation

Form 990,
Part XII, Line
2c
The organization has a committee that assumes responsibility for oversight of the audit, r
eview or compilation of its financial statements and selection of an independent accountan
t No changes have been made to this process from the prior years

Return Explanation
Reference

FORM 990 DESCRIPTION PROFESSIONAL FEES TOTAL FEES 398110
PART IX
LINE 11G