

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

EDVESTORS, INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

140 CLARENDON STREET, SUITE 401

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02116

F Name and address of principal officer:

MARINELL ROUSMANIERRE

140 CLARENDON STREET SUITE 401 BOSTON, MA 02116

D Employer identification number

76-0794873

E Telephone number

(617) 585-5740

G Gross receipts \$

3,447,551.

H(a) Is this a group return for subordinates?Yes ☐ No ☒**H(b)** Are all subordinates included?Yes ☐ No ☐

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status:☒

501(c)(3)

501(c) ()

(Insert no.)

4947(a)(1) or

527

J Website: ▶ WWW.EDVESTORS.ORG**K** Form of organization:☒

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation: 2005**M** State of legal domicile: MA**Part I** 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 URBAN SCHOOLS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18.
6	Total number of volunteers (estimate if necessary)	6	105.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	4,663.

		Prior Year		Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,756,423.	3,445,792.	
	9	Program service revenue (Part VIII, line 2g)	0.	0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,345.	1,759.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,757,768.	3,447,551.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,030,100.	808,500.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,325,254.	1,575,011.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	524,196.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	876,856.	925,459.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,232,210.	3,308,970.	
	19	Revenue less expenses. Subtract line 18 from line 12	525,558.	138,581.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,880,414.	3,786,994.	
	21	Total liabilities (Part X, line 26)	657,764.	425,763.	
	22	Net assets or fund balances. Subtract line 21 from line 20	3,222,650.	3,361,231.	

Part II Signature Block

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

Sign
Here

Signature of officer

11/15/2018
Date

MARINELL ROUSMANIERRE

ACTING CEO

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

BRIAN VIGNEAULT

Preparer's signature

Date

10/29/2018

Check ☐ if
self-employed

PTIN

P00540650

Firm's name ▶ BDO USA, LLP

Firm's EIN ▶ 13-5381590

Firm's address ▶ ONE INTERNATIONAL PLACE BOSTON, MA 02110

Phone no. 617-422-0700

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

EDVESTORS' MISSION IS TO INCREASE THE NUMBER OF SCHOOLS IN BOSTON
DELIVERING DRAMATICALLY IMPROVED EDUCATIONAL OUTCOMES FOR ALL
STUDENTS. SINCE 2002, THE ENTREPRENEURIAL NON-PROFIT HAS RAISED AND
DIRECTED MORE THAN \$29 MILLION IN PRIVATE DONATIONS TO URBAN SCHOOLS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,033,003. including grants of \$ 446,000.) (Revenue \$ 1,368,468.)

BOSTON PUBLIC SCHOOLS ARTS EXPANSION - A MULTI-YEAR COLLABORATIVE
EFFORT TO EXPAND ARTS EDUCATION WITHIN BOSTON PUBLIC SCHOOLS BY
PROVIDING EQUITABLE ACCESS TO QUALITY ARTS LEARNING EXPERIENCES
FOR ALL STUDENTS. THIS PUBLIC-PRIVATE PARTNERSHIP INVOLVES A LARGE
AND COORDINATED NETWORK OF PARTNERS, INCLUDING SCHOOLS, ARTS
INSTITUTIONS, TEACHING ARTISTS, AND FUNDERS, AMONG OTHERS.
EDVESTORS IS THE LEAD IMPLEMENTATION PARTNER.

4b (Code:) (Expenses \$ 551,567. including grants of \$ 97,500.) (Revenue \$ 390,000.)

ZEROING IN ON MATH - SETS OUT TO DRAMATICALLY INCREASE STUDENT
ACHIEVEMENT IN MIDDLE GRADES MATH ACROSS BOSTON TO ENSURE MORE
STUDENTS ARE PREPARED FOR RIGOROUS HIGH SCHOOL ACADEMICS AND
SUCCESS IN COLLEGE AND CAREER. (SEE SCHEDULE O.)

NOTE: BALANCE OF EXPENSES COVERED BY GENERAL OPERATING REVENUE OF
THE ORGANIZATION.

4c (Code:) (Expenses \$ 289,319. including grants of \$ 165,000.) (Revenue \$ 160,200.)

SCHOOL SOLUTIONS SEED FUND & SCHOOL-BASED INVESTMENTS. THE SEED
FUND IS A NIMBLE INVESTMENT PIPELINE FOR EDUCATORS TO RECEIVE
SUPPORT FOR PROBLEM-SOLVING, EXPERIMENTATION AND INNOVATION IN
THEIR SCHOOLS. EACH YEAR, EDVESTORS MAKES INITIAL SEED FUND
INVESTMENTS TO UP TO 10 PROMISING IDEAS, WITH A SMALLER NUMBER OF
THOSE PROJECTS RECEIVING LARGER, LONGER-TERM EXPANSION GRANTS
BASED ON EARLY SUCCESS AND THE POTENTIAL FOR IMPACT. (SEE SCHEDULE
O.)

NOTE: BALANCE OF EXPENSES COVERED BY GENERAL OPERATING REVENUE OF
THE ORGANIZATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 592,535. including grants of \$ 100,000.) (Revenue \$ 210,773.)

4e Total program service expenses 2,466,424.

Part IV 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.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b 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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	X
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	X
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	X
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	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		X
25b 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.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
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.		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c 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.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
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? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 34		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 18		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

Section 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 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.	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 MARINELL ROUSMANIERRE 140 CLARENDON STREET, SUITE 401 BOSTON, MA 02116 617-585-5740

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDELL KNOX BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) DAVID SIMON BOARD TREASURER	1.00 0.	X		X				0.	0.	0.
(3) KATHERINE S. MCHUGH BOARD VICE CHAIR & CLERK	1.00 0.	X		X				0.	0.	0.
(4) WILLIAM SCHAWBEL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) HARDIN COLEMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) IAN DEASON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) RUTH ELLEN FITCH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) KATHERINE GROSS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) FAITH PARKER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) ED ORAZEM BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) PAM EDDINGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) JANET ANDERSON EXECUTIVE VICE PRESIDENT	32.00 0.			X				92,945.	0.	25,699.
(13) MARINELL ROUSMANIERE SENIOR VP/ACTING CEO	32.00 0.			X				93,676.	0.	26,250.
(14) AMY MULLEN LUSTER V.P. FINANCE & OPERATIONS	32.00 0.			X				86,174.	0.	2,658.

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ANURADHA DESAI ----- SENIOR VP - EXTERNAL	40.00 0.					X		167,439.	0.	21,494.
16) LAURA PERILLE ----- FORMER PRESIDENT AND CEO	40.00 0.						X	176,064.	0.	5,304.
1b Sub-total								272,795.	0.	54,607.
c Total from continuation sheets to Part VII, Section A								343,503.	0.	26,798.
d Total (add lines 1b and 1c)								616,298.	0.	81,405.

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 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,445,792.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		3,445,792.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		1,759.			1,759.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	(i) Securities	(ii) Other				
		Gross amount 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)		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		3,447,551.			1,759.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	808,500.	808,500.		
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, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	556,730.	310,266.	136,900.	109,564.
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	743,215.	388,432.	76,804.	277,979.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,195.	18,208.	5,572.	7,415.
9 Other employee benefits	148,007.	86,391.	26,438.	35,178.
10 Payroll taxes	95,864.	48,378.	21,809.	25,677.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	68,562.	54,191.	5,883.	8,488.
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 O.)	267,730.	240,757.	9,481.	17,492.
12 Advertising and promotion	9,943.	7,515.	940.	1,488.
13 Office expenses	10,425.	7,875.	993.	1,557.
14 Information technology	0.			
15 Royalties	128,449.	93,945.	13,448.	21,056.
16 Occupancy	4,830.	3,995.	243.	592.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	97,956.	84,317.	4,935.	8,704.
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	17,745.	12,978.	1,858.	2,909.
22 Depreciation, depletion, and amortization	0.			
23 Insurance				
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 expenses on Schedule O.)				
a PROGRAM SERVICES	280,814.	280,814.		
b PRINTING AND REPRODUCTION	10,423.	6,716.	554.	3,153.
c COMMUNICATIONS	9,835.	7,038.	868.	1,929.
d ADMINISTRATIVE	11,807.	561.	11,240.	6.
e All other expenses	6,940.	5,547.	384.	1,009.
25 Total functional expenses. Add lines 1 through 24e	3,308,970.	2,466,424.	318,350.	524,196.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☒ **X**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,076,263.	1	948,701.
	2 Savings and temporary cash investments	1,230,862.	2	773,377.
	3 Pledges and grants receivable, net	1,376,000.	3	1,175,000.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	29,964.	9	33,226.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 148,264.		
	b Less: accumulated depreciation	10b 44,328.	10c	103,936.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	49,859.	15	752,754.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,880,414.	16	3,786,994.	
Liabilities	17 Accounts payable and accrued expenses	104,486.	17	150,396.
	18 Grants payable	338,035.	18	184,990.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	215,243.	25	90,377.
	26 Total liabilities. Add lines 17 through 25	657,764.	26	425,763.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,086,610.	27	1,031,019.
	28 Temporarily restricted net assets	2,136,040.	28	2,330,212.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,222,650.	33	3,361,231.
	34 Total liabilities and net assets/fund balances.	3,880,414.	34	3,786,994.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck 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	3,447,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,308,970.
3	Revenue less expenses. Subtract line 2 from line 1	3	138,581.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,222,650.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,361,231.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b** 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations.
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,250,258.	2,295,971.	1,820,812.	2,656,423.	3,445,792.	12,469,256.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
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 the organization without charge						0.
6 Total. Add lines 1 through 5.	2,250,258.	2,295,971.	1,820,812.	2,656,423.	3,445,792.	12,469,256.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	585,000.	640,000.	520,000.	550,000.	1,275,000.	3,570,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.	585,000.	640,000.	520,000.	550,000.	1,275,000.	3,570,000.
8 Public support. (Subtract line 7c from line 6.)						8,899,256.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	2,250,258.	2,295,971.	1,820,812.	2,656,423.	3,445,792.	12,469,256.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,225.	2,402.	1,231.	1,345.	1,759.	7,962.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,225.	2,402.	1,231.	1,345.	1,759.	7,962.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,251,483.	2,298,373.	1,822,043.	2,657,768.	3,447,551.	12,477,218.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	71.32 %
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	74.81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.06 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.07 %

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 .	11c	

Section 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	

Section 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	

Section 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?	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	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
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.			
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? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

76-0794873

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.	► \$ ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.	► \$ ► \$

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

Schedule D (Form 990) 2017

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i)** unrelated organizations ☐ Yes ☐ No
(ii) related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		69,382.	21,000.	48,382.
d Equipment		16,917.	2,328.	14,589.
e Other		61,965.	21,000.	40,965.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				103,936.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LONG-TERM PLEDGES RECEIVABLE	742,400.
(2) DEPOSIT	10,354.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	752,754.

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	
(2) FUNDS HELD FOR THE BENEFIT OF OTHER	90,377.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	90,377.

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
---------	---

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

1	Total revenue, gains, and other support per audited financial statements		1	3,461,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	14,300.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	14,300.
3	Subtract line 2e from line 1		3	3,447,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,447,551.

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	Total expenses and losses per audited financial statements		1	3,323,270.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 14,300.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e 14,300.	
3	Subtract line 2e from line 1		3 3,308,970.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5 3,308,970.	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

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 BELIEVE 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, 2018 AND 2017, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (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	(h) Purpose of grant or assistance
(1) ACTORS' SHAKESPEARE PROJECT, INC. 191 HIGHLAND AVE #2B SOMERVILLE, MA 02143	20-0815685		20,000.			N/A	ACTORS' SHAKESPEARE
(2) AFRICAN COMMUNITY ECONOMIC DEVELOPMENT OF N 89 SOUTH STREET BOSTON, MA 02111	51-0419358		7,000.			N/A	ACEDONE- HENNIGAN. T
(3) BALLESTROX 45 DANFORTH STREET JAMAICA PLAIN, MA 02130	04-3140205		12,000.			N/A	BALLET ROX -HALEY, H
(4) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 2300 WASHINGTON STREET, 5TH FLOOR	22-2514422		10,000.			N/A	CHARLESTOWN HS- ADAM
(5) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 2300 WASHINGTON STREET, 5TH FLOOR	22-2514422		8,000.			N/A	DONALD MCKAY K-8 - Z
(6) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 2300 WASHINGTON STREET, 5TH FLOOR	22-2514422		6,000.			N/A	EDISON K8 - AMELIA G
(7) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 2300 WASHINGTON STREET, 5TH FLOOR	22-2514422		6,000.			N/A	EXCEL HIGH SCHOOL -
(8) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 2300 WASHINGTON STREET, 5TH FLOOR	22-2514422		12,000.			N/A	MAKING MUSIC MATTERS
(9) BOSTON LYRIC OPERA 11 AVE DE LAFAYETTE BOSTON, MA 02111	04-2469627		13,000.			N/A	BOSTON LYRIC OPERA -
(10) BOSTON YOUTH SYMPHONY ORCHESTRA 855 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2790069		16,000.			N/A	BOSTON YOUTH SYMPHON
(11) BRIDGE BOSTON FOUNDATION 435 WARREN STREET ROXBURY, MA 02119	27-5256986		10,000.			N/A	BRIDGE BOSTON CHARTE
(12) CITY STAGE CO., INC. 539 TREMONT ST BOSTON, MA 02116	51-0147180		13,000.			N/A	CITY STAGE - TYNAN,

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

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

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

Schedule I (Form 990) (2017)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (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	(h) Purpose of grant or assistance
(1) COMPANY ONE 539 TREMONT ST BOSTON, MA 02116	04-3444644		32,000.			N/A	COMPANY ONE - MULTIP
(2) COMMUNITY MUSIC CENTER OF BOSTON 34 WARREN AVE BOSTON, MA 02116	04-2437973		102,000.			N/A	CMCB - MULTIPLE SCHO
(3) ELIOT SCHOOL OF FINE & APPLIED ARTS 24 ELIOT ST JAMAICA PLAIN, MA 02130	04-2173050		37,000.			N/A	ELIOT SCHOOL OF FINE
(4) FENWAY HIGH SCHOOL FUND 67 ALLEGHANY ST BOSTON, MA 02120	04-6719813		17,000.			N/A	FENWAY HIGH SCHOOL -
(5) HANDEL AND HAYDN SOCIETY 9 HARCOURT ST BOSTON, MA 02116	04-2126598		20,000.			N/A	HANDEL AND HAYDN SOC
(6) HUNTINGTON THEATRE COMPANY 264 HUNTINGTON AVE BOSTON, MA 02115	22-2659560		11,000.			N/A	HUNTINGTON THEATRE C
(7) HYDE SQUARE TASK FORCE 30 SUNNYSIDE ST JAMAICA PLAIN, MA 02130	04-3118543		12,000.			N/A	HYDE SQUARE TASK FOR
(8) JOSIAH QUINCY ORCHESTRA PROGRAM 885 WASHINGTON STREET BOSTON, MA 02111	47-4232704		7,000.			N/A	JOSIAH QUINCY ORCHES
(9) MASS LEAP 549 COLUMBUS AVENUE BOSTON, MA 02118	81-1668473		18,000.			N/A	MASSLEAP - URBAN SCI
(10) MASSACHUSETTS FOUNDATION FOR TEACHING & LEA 215 HARRIS STREET TAUNTON, MA 02780	22-2782827		15,000.			N/A	TOURNEY INTO EDUCATI
(11) METROPOLITAN OPERA GUILD 70 LINCOLN CENTER PLAZA, 6TH FLOOR	13-1681983		8,000.			N/A	METROPOLITAN OPERA G
(12) NORTH END MUSIC AND PERFORMING ARTS CENTER 16 CHARTER ST R BOSTON, MA 02113	04-3545228		16,000.			N/A	NEMPAC - ELIOT K-8 S

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (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	(h) Purpose of grant or assistance
(1) NORTH BENETT STREET SCHOOL 150 NORTH ST BOSTON, MA 02109	04-2103830		9,000.			N/A	BPS PIANO TUNING 201
(2) TRANSFORMATIVE CULTURE PROJECT 100R WARREN ST ROXBURY, MA 02119	80-0214659		24,000.			N/A	TCP- MULTIPLE SCHOOL
(3) THE PREPARATORY FOUNDATION 885 RIVER ST BOSTON, MA 02136	11-3690799		22,000.	2,100.		EVALUATION CONSULTING	YOUNG MAN WITH A PLA
(4) VERONICA ROBLES CULTURAL CENTER (VROCC) 175 MCCLELLAN HIGHWAY EAST BOSTON, MA 02128	81-3595731		19,000.			N/A	JORGE ARCE - BRIGHTO
(5) VSA MASSACHUSETTS, INC. 89 SOUTH ST #101 BOSTON, MA 02111	04-2699540		47,000.			N/A	VSA MASSACHUSETTS -
(6) WEST END HOUSE BOYS AND GIRLS CLUB 105 ALLSTON ST ALLSTON, MA 02134	04-2105825		7,000.			N/A	JACKSON MANN K-8 - W
(7) YOUNG AUDIENCES OF MASSACHUSETTS, INC. 89 SOUTH ST #603 BOSTON, MA 02111	04-6065276		21,000.			N/A	YOUNG AUDIENCES- MUL
(8) ZUMIX 260 SUMNER ST EAST BOSTON, MA 02128	04-3132674		23,000.			N/A	ZUMIX - EAST BOSTON
(9) BOSTON COLLEGIATE CHARTER SCHOOL FOUNDATION 11 MAYHEW ST DORCHESTER, MA 02125	06-1503911		45,000.			N/A	DIY COACHING. SEED
(10) AND STILL WE RISE PRODUCTIONS 72 WYMAN ST #2 JAMAICA PLAIN, MA 02130	32-6076864		8,000.			N/A	AND STILL WE RISE- M
(11) ARCK (ART RESOURCE COLLABORATIVE FOR KIDS) 36 BROMFIELD ST #301 BOSTON, MA 02108	45-5442979		13,000.			N/A	ARCK - BLACKSTONE. T
(12) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	BURKE HIGH - CONSCIO

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2017

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▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	CHARLESTOWN HIGH & B
(2) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	JF KENNEDY SCHOOL ST
(3) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	MATTAPAN EARLY ELEME
(4) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	EXCEL HIGH - LINKED
(5) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	DONALD MCKAY K-8 WIT
(6) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	WARREN-PRESCOTT K-8
(7) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		80,000.			N/A	MILDRED AVENUE K-8 S
(8) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	PATRICK J. KENNEDY E
(9) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	DONALD MCKAY K-8 SCH
(10) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		1,500.	6,846.		MATH INTERVENTION TEGARDNER PILOT MATH I	
(11) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422			9,360.		MATH INTEVENTION TEGARDNER PILOT MATH I	
(12) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422			5,605.		MATH INTERVENTION TEGARDNER PILOT MATH I	

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (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	(h) Purpose of grant or assistance
(1) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422		10,000.			N/A	EDISON MATH INTERVEN
(2) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422			9,930.		MATH INTERVENTION TEFREDERICK MIDDLE - S	
(3) BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER ST BOSTON, MA 02119	22-2514422			10,950.		MATH INTERVENTION TEROOSEVELT MATH INTER	
(4) CENTER FOR COLLABORATIVE EDUCATION 33 HARRISON AVE BOSTON, MA 02111	04-3241676		10,000.			N/A	NEW MISSION T.U.N.E.
(5) THE CITY ON A HILL FOUNDATION 58 CIRCUIT ST ROXBURY, MA 02119	04-3217458		10,000.			N/A	CITY ON A HILL CIRCU
(6) THE HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135	04-2104764		10,000.			N/A	THE HOME FOR LITTLE
(7) BOSTON GREEN ACADEMY FOUNDATION 20 WARREN ST BRIGHTON, MA 02135	46-4779019			5,983.		MATH INTERVENTION TEBOSTON GREEN ACADEMY	
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							55.
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2017)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

FORM 990, PART IX, LINE 1:

EDVESTORS MONITORS THE USE OF GRANTS IN DIFFERENT WAYS FOR EACH PROGRAM AREA. FOR SEED FUND LEARNING GRANTS, RECIPIENTS SUBMIT A PROJECT-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 GRANT RECIPIENTS PARTICIPATE IN A FALL PHONE CALL AND SUBMIT A YEAR-END REPORT IN JUNE. FOR ONE-YEAR GRANTS THROUGH THE ARTS EXPANSION INITIATIVE, A PRELIMINARY REPORT IS DUE IN NOVEMBER AND A FINAL REPORT DUE IN JUNE. ONE-YEAR ZEROING IN ON MATH GRANT RECIPIENTS RECEIVE ONGOING SUPPORT AND SUBMIT A YEAR-END REPORT IN JUNE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ **Complete** if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ **Attach** to Form 990.
▶ **Go to** www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAURA PERILLE FORMER PRESIDENT AND CEO	(i) 176,064. (ii) 0.	0.	0.	5,304.		181,368.	
2 ANURADHA DESAI SENIOR VP - EXTERNAL	(i) 167,439. (ii) 0.	0.	0.	4,940.	16,554.	188,933.	
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) 2017

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Part III Supplemental Information

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

PART I, LINE 3:

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 GOVERNING BOARD EXECUTIVE COMMITTEE FOR CEO & PRESIDENT, WITH FINAL APPROVAL BY FULL GOVERNING BOARD, AT RECOMMENDATION OF EXECUTIVE COMMITTEE, AS PART OF THE ORGANIZATIONS'S ANNUAL BUDGET APPROVAL PROCESS.

(B) COMPARABILITY DATA IS GATHERED TO INFORM RECOMMEND 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

EDVESTORS, INCORPORATED

Employer identification number

76-0794873

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR STRATEGIC IMPROVEMENT EFFORTS. IN ALL OF OUR WORK, EDVESTORS USES
STRATEGIC PHILANTHROPY, EDUCATION EXPERTISE, AND TACTICAL SUPPORT FOR
SCHOOLS AND PARTNERS TO FOSTER INNOVATION, DEVELOP SOLUTIONS, AND SPREAD
KNOWLEDGE SO THAT MORE SCHOOLS CAN IMPROVE. EDVESTORS PROVIDES SEED
FUNDING FOR A WIDE RANGE OF EMERGING SCHOOL IMPROVEMENT IDEAS THROUGH THE
SCHOOL SOLUTIONS SEED FUND; WE SHED LIGHT ON PROMISING PRACTICES IN
BOSTON PUBLIC SCHOOLS THROUGH THE \$100,000 SCHOOL ON THE MOVE PRIZE; WE
DRIVE CITYWIDE, SYSTEMATIC CHANGE AT SCALE TO CLOSE OPPORTUNITY AND
ACHIEVEMENT GAPS FOR STUDENTS THROUGH OUR STRATEGIC INITIATIVES INCLUDING
BPS ARTS EXPANSION, FOCUSING ON EQUITABLE ACCESS TO QUALITY, SEQUENTIAL
ARTS INSTRUCTION IN SCHOOLS; ZEROING IN ON MATH, AIMED AT INCREASING MATH
PROFICIENCY IN THE MIDDLE GRADES; AND OUR EMERGING WORK TO EXPAND CAREER
TECHNICAL EDUCATION (CTE) PATHWAYS FOR HIGH SCHOOL STUDENTS. THE
ORGANIZATION IS A VALUED RESOURCE FOR DONORS SUPPORTIVE OF EDUCATION
REFORM AND A TRUSTED VOICE FOR EDUCATORS COMMITTED TO SYSTEMIC CHANGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ZEROING IN ON MATH CURRENTLY PARTNERS WITH 16 SCHOOLS TO PILOT
INTERVENTION STRATEGIES USING TECHNOLOGY AS A TOOL TO CLOSE KNOWLEDGE AND
SKILL MATH GAPS IN GRADES 3-8. THE MATH FELLOWS CONNECTS ENTHUSIASTIC AND
COMMITTED MATH TEACHERS CITY-WIDE TO IDENTIFY STRATEGIES AND SOLUTIONS TO
IMPROVE MATH TEACHING AND LEARNING. ZEROING IN ON MATH ALSO PARTNERS
WITH FIVE SCHOOLS IN A DEEPER LEARNING COHORT TO SUPPORT TEACHER TEAMS IN

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GRADES 3-5 TO PROVIDE RIGOROUS INSTRUCTION AND APPROPRIATE SUPPORTS FOR ALL STUDENTS IN MATHEMATICS. THROUGH ALL THESE EFFORTS, ZEROING IN ON MATH REACHED 4,000 STUDENTS AND APPROXIMATELY 130 TEACHERS IN THIS SCHOOL YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GRANTEES ARE FEATURED IN THE ANNUAL SHOWCASE, WHERE DONORS HAVE A UNIQUE OPPORTUNITY TO HEAR DIRECTLY FROM PROGRAM LEADERS ABOUT THEIR STRATEGIES AND OPPORTUNITIES FOR INVESTMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICE ACTIVITIES:
OTHER PROGRAM SERVICES INCLUDES SCHOOL ON THE MOVE PRIZE, CAREER AND TECHNICAL EDUCATION (CTE), AND OTHER PROGRAMMATIC EXPENSES. SCHOOL ON THE MOVE PRIZE - IS BOSTON'S PREMIER AWARD FOR BOSTON PUBLIC SCHOOLS. THE ANNUAL PRIZE INCLUDES A MONETARY AWARD TO A RAPIDLY IMPROVING SCHOOL, WITH SMALLER GRANTS TO THE TWO FINALISTS. THE PRIZE ALSO COMES WITH PUBLIC RECOGNITION OF EXISTING PUBLIC EDUCATION SUCCESS STORIES AND THE OPPORTUNITY FOR WINNING SCHOOLS TO DOCUMENT AND SHARE REPLICABLE STRATEGIES FOR IMPROVEMENT, WHICH EDVESTORS DISSEMINATES TO THE BROADER FIELD OF URBAN EDUCATION THROUGH ANNUAL RESEARCH AND REPORTS. CAREER AND TECHNICAL EDUCATION (CTE) IS EDVESTORS' MOST RECENT EFFORT TO ACHIEVE CITYWIDE STUDENT IMPACT FOCUSING ON EXPANDING PATHWAYS IN BOSTON HIGH SCHOOLS. EDVESTORS HAS WORKED CLOSELY WITH EAST BOSTON HIGH SCHOOL TO LAUNCH NEW CAREER PATHWAYS WHILE SIMULTANEOUSLY PARTNERING WITH THE BPS CENTRAL OFFICE TO DEVELOP A COHESIVE DISTRICT-WIDE CTE STRATEGY. EDVESTORS PROVIDES EXPERT STRATEGY AND IMPLEMENTATION SUPPORT, AS WELL AS

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FINANCIAL RESOURCES THAT DRIVE SCHOOL PLANS FORWARD WITH DEPTH AND FIDELITY.

OTHER PROGRAM SERVICES ALSO INCLUDE OTHER PROGRAMMATIC EXPENSES IN SUPPORT OF ALL PROGRAMS.

EXPENSES \$606,835 INCLUDING GRANTS OF \$100,000, REVENUE \$210,773.

NOTE: BALANCE OF EXPENSES COVERED BY GENERAL OPERATING REVENUE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11A:

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.

FORM 990, PART VI, SECTION B, LINE 12C:

GOVERNING BOARD OFFICERS AND 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 MEMBER AND SUBMITTED TO EDVESTORS MANAGEMENT, IN ADVANCE OF THE ANNUAL MEETING EACH SEPTEMBER 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.

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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 ORGANIZATION'S
ANNUAL BUDGET APPROVAL PROCESS.
- (B) COMPARABILITY DATA IS GATHERED TO INFORM RECOMMENDED SALARY LEVELS
FOR ALL NEWLY CREATED MANAGEMENT AND KEY EMPLOYEE POSITIONS.
- (C) EDVESTORS MANAGEMENT WILL INSTITUTE A SALARY COMPENSATION REVIEW
EVERY 2-3 YEARS (OR FIND COMPARABLE EXISTING REPORT FROM EXTERNAL SOURCE)
FOR CURRENT KEY EMPLOYEE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EDVESTORS MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST. IN ADDITION,
ANNUAL FINANCIAL STATEMENTS ARE FILED WITH THE MASSACHUSETTS DIVISION OF
CHARITIES AND ARE AVAILABLE FOR PUBLIC VIEWING.

FORM 990, PART VII, SECTION A, LINE 3:

AT THE END OF THE PAST FISCAL YEAR, EDVESTORS CEO RESIGNED, AND A CURRENT
STAFF MEMBER WAS NAMED NEW ACTING CEO AS OF JUNE 28, 2018. IN ADDITION,
ONE BOARD MEMBER RESIGNED IN JULY 2018 JUST AFTER THE END OF THE FISCAL
YEAR ENDING JUNE 30, 2018.

FORM 990, PART X, LINE 17 AND LINE 25:

WE HAVE RESTATED THE BEGINNING BALANCE SHEET TO MOVE THE SEPARATELY

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STATED ACCRUED EXPENSES FROM LINE 25 TO BE INCLUDED ON LINE 17 PER THE
INSTRUCTIONS.

FORM 990, PART XI, LINE 9:

IN-KIND CONTRIBUTIONS \$14,300

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. NO CHANGES HAVE BEEN MADE TO
THIS PROCESS FROM THE PRIOR YEARS.