** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	e 2021 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		47-11711	49
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 51099	Room/suite	E Telephone number 786-512-2	
	⊒return termir ated			G Gross receipts \$	6,182,160.
	Amen	ded DIDUAM NC 27717		H(a) Is this a group re	
	Applic	,		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1 7	27.67	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	1 ` ´	list. See instructions
		te: > HTTPS: //WWW.EDREPORTS.ORG/	01 021	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: NC
Pa	art I	Summary	L TCai	or formation. 2011	1 State of legal dofficile, 210
	_	Briefly describe the organization's mission or most significant activities: EDRE	PORTS	WILL INCREAS	SE THE
e	'	CAPACITY OF TEACHERS, ADMINISTRATORS, AND			
an	2	Check this box if the organization discontinued its operations or dispose			
Governance					13
é	3	Number of independent voting members of the governing body (Part VI, line 1a)			13
	l	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			42
ties					0
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ş		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	B	Net unrelated business taxable income from Form 990-1, Part 1, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,382,338.	5,602,901.
	l			319,500.	573,415.
	l			7,616.	5,844.
	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	11 12			3,709,454.	6,182,160.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,102,100.
	13 14			0.	0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,676,578.	5,133,744.
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa h	Total fundraising expenses (Part IX, column (A), line 25) 192, 1	75		•
Ä	1,0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,469,347.	1,584,853.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,145,925.	6,718,597.
	l	Revenue less expenses. Subtract line 18 from line 12		-2,436,471.	-536,437.
- X		nevenue less expenses. Subtract line 10 from line 12	Ba	ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)	D6	6,359,378.	5,799,627.
ASSE Ball	21	Total liabilities (Part X, line 26)		195,798.	172,484.
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		6,163,580.	5,627,143.
_	irt II	Signature Block		0/100/000	3/02//1130
		ulties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			Milowidago ana bonon, it io
,	001100	A and complete. Becautation of property (earlier than emost) to becode on an information of the	non properor	That any knowledge:	
Sigi	2	Signature of officer		Date	
Her		ERIC HIRSCH, EXECUTIVE DIRECTOR			
ici	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ANGELA T. DOTSON ANGELA T. DOTSO	I	1/15/22 of self-employ	
	arer	Firm's name APRIO, LLP	·• <u> </u> ±		57-1157523
	Only	Firm's address 2002 SUMMIT BOULEVARD, SUITE 120)	THIII 3 LIIV	·
	- ··· ,	ATLANTA, GA 30319	-	Phone no (4	04) 892-9651
May	the II	RS discuss this return with the preparer shown above? See instructions		Li nono no. (=	X Yes No
viay	uic II	io diocess and return with the property shown above; one instructions			163100

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print EDREPORTS.ORG, INC 47-1171149 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. BOX 51099 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DURHAM, NC 27717 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) **EDREPORTS** The books are in the care of ▶ P.O. BOX 51099 - DURHAM, NC 27717 Telephone No. ► 786-512-2396 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDREPORTS WILL INCREASE THE CAPACITY OF TEACHERS, ADMINISTRATORS, AND
	LEADERS TO SEEK, IDENTIFY AND DEMAND THE HIGHEST QUALITY INSTRUCTIONAL
	MATERIALS. DRAWING UPON EXPERT EDUCATORS, EDREPORTS' EVIDENCE-BASED
_	REVIEWS OF INSTRUCTIONAL MATERIALS AND SUPPORT FOR SMART DEMAND WILL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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 X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
	(Code:) (Expenses \$5 , 876 , 650including grants of \$) (Revenue \$573 , 415)
ти	EDREPORTS.ORG INC WAS CREATED TO IMPROVE K-12 EDUCATION BY PUBLISHING
	REVIEWS OF K-12 CURRICULUM MATERIALS, INCLUDING ANALYSIS, TEACHER
	FEEDBACK AND MEASURES OF EFFICACY. THE ORGANIZATION INCREASES THE
	CAPACITY OF TEACHERS, ADMINISTRATORS, AND LEADERS TO SEEK, IDENTIFY,
	AND DEMAND THE HIGHEST-QUALITY INSTRUCTIONAL MATERIALS.
	SINCE ITS INCEPTION IN 2014 THROUGH DECEMBER 31, 2017, THE ORGANIZATION
	OPERATED UNDER THE FISCAL SPONSORSHIP OF ROCKEFELLER PHILANTHROPY
	ADVISORS, A SECTION 501(C)(3) ORGANIZATION UNDER THE INTERNAL REVENUE
	CODE. THE TWO PARTIES ENTERED INTO A TAX-FREE NET ASSET TRANSFER
	AGREEMENT WHEREBY THE ORGANIZATION BECAME AN INDEPENDENT ORGANIZATION,
	EFFECTIVE JANUARY 1, 2018.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5,876,650.

Form **990** (2021)

Form 990 (2021) EDREPORTS ORG , INC 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	Х	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	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,	Ť		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
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 donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		14a		X
14a b		 -a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_v
	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,			_V
	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		<u> </u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2021) EDREPORTS . ORG , INC Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,			
	Schedule K. If "No," go to line 25a	24a		<u> </u>			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-					
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		_			
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200					
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
	Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l			
	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v			
00	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x			
31	contributions? If "Yes," complete Schedule M	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51					
0 2	Schedule N, Part II	32		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	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V. line 1	34		Х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b					
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	36		<u> </u>			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	,						
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь			
· al	Check if Schedule O contains a response or note to any line in this Part V						
	Shook it Soliedule O contains a response of flote to any line in this Fart V		Yes	Na			
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No			
b	Enter the number reported in box 3 or Form 1090. Enter 40 in not applicable 1a 213 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
132004	¥ 12-09-21		990	(2021)			

Form 990 (2021) EDREPORTS . ORG , INC

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		V	N _a						
0-	Fater the growth are of applications are added as Farms M.O. Transposition of Manager of Tay Obstance to		Yes	No						
Za	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 42									
	, , , , , , , , , , , , , , , , , , , ,	ΟL	Х							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ							
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	JU								
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						
h		44								
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).									
E.o.		5a		х						
5a										
C	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c								
ua		6a		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua								
b		6b								
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD								
и а	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		х						
b	Tensor in the contract of the	7b								
C	Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75								
·	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X						
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?									
9	Sponsoring organizations maintaining donor advised funds.	8								
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
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:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
С	Enter the amount of reserves on hand									
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 on Schedule O	14b		<u> </u>						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **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 on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. X Own website X Upon request __ Other (explain on Schedule O) Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records EDREPORTS - 786-512-2396

Form **990** (2021)

64627 1

14011115 795476 64627

P.O. BOX 51099, DURHAM,

27717

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	pox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		Cei aii		lecio	i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	idual	tution	la la	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) ERIC HIRSCH	40.00	<u> </u>								
EXECUTIVE DIRECTOR					Х			301,424.	0.	58,264.
(2) LAUREN WEISSKIRK	40.00									
CHIEF STRATEGY OFFICER					Х			189,262.	0.	49,211.
(3) DONNIDRA JOHNSON	40.00									
CHIEF OPERATING OFFICER					Х			193,730.	0.	39,467.
(4) COURTNEY ALLISON	40.00	1								
CHIEF ACADEMIC OFFICER					X			189,617.	0.	18,926.
(5) DR MARIA KLAWE	1.00	ļ								_
BOARD CHAIR		Х		Х				0.	0.	0.
(6) MICHAEL HYDE	0.70	1								_
BOARD TREASURER		Х		Х				0.	0.	0.
(7) PETER TANG	0.70	1							_	_
BOARD SECRETARY		Х		Х				0.	0.	0.
(8) K SUE REDMAN	0.70	1							_	_
BOARD AUDIT COMMITTEE CHAIR		Х		Х				0.	0.	0.
(9) SARA ALLAN	0.50									
DIRECTOR		Х						0.	0.	0.
(10) DARREN BURRIS	0.50									
DIRECTOR		Х						0.	0.	0.
(11) KISHA DAVIS-CALDWELL	0.50									
DIRECTOR		Х						0.	0.	0.
(12) KATHLEEN MCGEE	0.70									
DIRECTOR		Х						0.	0.	0.
(13) AUDRA MCPHILLIPS	0.50									
DIRECTOR		Х						0.	0.	0.
(14) DANA NERENBERG	0.50									
DIRECTOR		Х						0.	0.	0.
(15) LIZ SIMON	0.50									
DIRECTOR		Х						0.	0.	0.
(16) LAUREN STUART	0.50]								
DIRECTOR		Х						0.	0.	0.
(17) DR LATONYA GOFFNEY	0.50]								
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2021)

132007 12-09-21 Form **990** (2021)

Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos			200	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensatio	compensation			of
		week		cer ar	nd a di	irecto	r/trus	tee)	from	from related	ı		other	
		(list any	ector						the	organization			pensa	
		hours for related	or dir	e e			ated		organization	(W-2/1099-MIS			om th	
		organizations	ustee	trust		9	suedu		(W-2/1099-MISC/	1099-NEC)			anizat	
		below	ual tr	tional		ploye	t con	_	1099-NEC)				d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iiZati	0113
		,	=	=	0	×	工业	ш.						
			ł											
1b	Subtotal							ightharpoons	874,033.		0.	16	5,8	<u>68.</u>
С	Total from continuation sheets to Part VII	, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	874,033.		0.	16	5,8	<u>68.</u>
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization													4
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual		•	-	•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	•							•	•		4	Х	
5	Did any person listed on line 1a receive or a													
_	rendered to the organization? If "Yes." com	•				•			•			5		х
Sec	tion B. Independent Contractors	Diete Geriedaie	<i>,</i> 0 /(<i>)</i> 30	<i>icii</i> ,	<i>JC13</i>	OII .							
1	Complete this table for your five highest cor	mnensated ind	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100 000 of comp		tion fro	nm	
•	the organization. Report compensation for t	•	•							•	CHISA		J111	
		irie Caleridai ye	Jai C	iluii	ig w	itire	JI VVI			cai.		(0	<u>,,</u>	
	(A) Name and business	address							(B) Description of s	ervices	С	ompe		n
WAN	MWAW, LLC DBA SOCIAL DR		<u>ევ</u>	0	15	тн		\dashv				-1		
	REET NW #1050W, WASHING					T 11						17	5,0	0.0
DIL	CLLI INW "IOJOW, WASHING	TOIN, DC		00	0			\dashv				<u> </u>	J, U	00.

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

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Total revenue and the property of the property			Check if Schedule O contains a r	esponse (or note to any lir	ne in this Part VIII			
Tron tax under sections 512-514 The Federated campaigns 1s						(A)			
1 a Federated campaigns 1 a						Total revenue			
1 a Federated campaigns 1 a Demonstration dues 1 b Demonstration of the control of t							function revenue	business revenue	
b Membership dues c Fundraising events d Related organizations d Related organizations file d Related o									300110110 0 12 0 1 1
Business Code 900099 573,415. 573,415. Second	nts					4			
Business Code 900099 573,415. 573,415. Second	3ra Iou					_			
Business Code 900099 573,415. 573,415. Second	s, (Am		9			_			
Business Code 900099 573,415. 573,415. Second	ar F	d	Related organizations	1d					
Business Code 900099 573,415. 573,415. Second	s, (imi	е	Government grants (contributions)	1e					
Business Code 900099 573,415. 573,415. Second	ioi	f	All other contributions, gifts, grants, and	.					
Business Code 900099 573,415. 573,415. Second	but		similar amounts not included above	1f 5,	602,901.				
Business Code 900099 573,415. 573,415. Second	ÖĒ	g	Noncash contributions included in lines 1a-1f	1g \$					
Business Code 900099 573,415. 573,415. Second	Son	h	•			5,602,901.			
b c c c d d d d d d d d d d d d d d d d									
b c c c d d d d d d d d d d d d d d d d	σ.	2 a	EDUCATIONAL SERVICE	S FE	900099	573.415.	573.415.		
g Total. Add lines 2a-2f	Š				20002	0.0,1201	0.0,1201		
g Total. Add lines 2a-2f	er ue								
g Total. Add lines 2a-2f	m S								
g Total. Add lines 2a-2f	ar Be	a							
g Total. Add lines 2a-2f	jo l	е	' 						
3 Investment income (including dividends, interest, and other similar amounts)	Δ.	f				F72 41F			
other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses (b) c Rental income or (loss) 6 c Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (b) C Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses (b) 8 a Gross income from gaming activities See Part IV, line 19 9 b Less: direct expenses (b) 9 b Less: cost of goods sold (b) 10 a Gross sales of inventory (loss) from sales of inventory (los) fr		g				5/3,415.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 a Gross rents 6 a Gross rental expenses 6 b C Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 a Gross income from fundraising events (not including \$		3	· · · · · · · · · · · · · · · · · · ·						- 044
For a Gross rents 6 a Gross rents 6 a Gross rents 6 a Gross rental expenses 6 b Gc 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross income from fundraising events 8 a Gross income from fundraising events (not including \$			other similar amounts)			5,844.			5,844.
Ga Gross rents Ga Ga Ga Ga Ga Ga Ga G		4	Income from investment of tax-exemp	pt bond pr	roceeds				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b Less: cost or other basis and sales expenses 7 d Net gain or (loss) 8 a 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 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		5	Royalties						
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Description Company Description Desc		6 a	Gross rents 6a						
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assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			` ' 	curities	(ii) Other				
b Less: cost or other basis and sales expenses					()	-			
and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)		h	· · · · · · · · · · · · · · · · · · ·			-			
C Gain or (loss) 7c d Net gain	ø.	D							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code	ğ					-			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code	eve								
including \$									
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code	the	8 a	•						
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b Less: direct expenses			'						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code			Part IV, line 18			_			
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code									
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		С	Net income or (loss) from fundraising	events					
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code		9 a	Gross income from gaming activities.	. See					
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code			Part IV, line 19	9a					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		b							
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code									
and allowances 10a 10b c Net income or (loss) from sales of inventory Business Code									
b Less: cost of goods sold			•						
c Net income or (loss) from sales of inventory		h							
Business Code									
			The meeting of floor, mem calce of my	ontory					
Second Se	ns	11 a							
C c dela	neo We	a							
	ella Ver	2							
d All other revenue	isce	4							
e Total. Add lines 11a-11d	Σ	-			—				
12 Total revenue. See instructions						6,182,160.	573,415.	0.	5.844.

	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16			+	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	874,033.	764,850.	76,940.	32,243.
6	trustees, and key employees	0/4,033.	704,030.	70,940.	34,243.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	4050(-)(0)(D)				
7	Other salaries and wages	3,016,648.	2,639,813.	265,550.	111,285.
8	Pension plan accruals and contributions (include	0,010,010	_, ,		
3	section 401(k) and 403(b) employer contributions)	311,351.	272,457.	27,408.	11,486.
9	Other employee benefits	638,370.	558,625.	56,195.	23,550.
10	Payroll taxes	293,342.	256,698.	25,822.	10,822.
11	Fees for services (nonemployees):	,	,	,	•
а	Management				
b	Legal	2,313.		2,313.	
С	Accounting	77,245.		77,245.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	960,268.	887,756.	71,118.	1,394.
12	Advertising and promotion	143,897.	143,649.	248.	
13	Office expenses	20,224.	20,216.	8.	
14	Information technology	168,062.	160,410.	6,257.	1,395.
15	Royalties				
16	Occupancy	10 150	10 150		
17	Travel	10,150.	10,150.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E0 672	22 772	16 000	
19	Conferences, conventions, and meetings	50,672.	33,772.	16,900.	
20	Interest				
21	Payments to affiliates				
22 23		12,292.		12,292.	
23 24	Other expenses. Itemize expenses not covered	10,000		10,000	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	INSTRUCTIONAL MATERIALS	93,892.	93,892.		
b	RESEARCH	24,419.	24,419.		
c	OTHER EXPENSE	11,476.	,	11,476.	
d	MEMBERSHIP DUES & SUBSC	9,943.	9,943.	•	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,718,597.	5,876,650.	649,772.	192,175.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

Form **990** (2021)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,751,607.	1	2,933,795
	2	Savings and temporary cash investments	37,627.	2	14
	3	Pledges and grants receivable, net	950,000.	3	508,625
	4	Accounts receivable, net	56,798.	4	214,717
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges	101,077.	9	21,697
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	222,471
	15	Other assets. See Part IV, line 11	1,462,269.	15	1,898,308
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,359,378.	16	5,799,627
	17	Accounts payable and accrued expenses	195,798.	17	162,359
	18	Grants payable		18	
	19	Deferred revenue		19	10,125
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	105 500	25	150 101
	26	Total liabilities. Add lines 17 through 25	195,798.	26	172,484
w		Organizations that follow FASB ASC 958, check here ▶ X			
Č		and complete lines 27, 28, 32, and 33.	4 701 507		4 610 504
<u>la</u> r	27	Net assets without donor restrictions	4,781,587.	27	4,612,504
Ä	28	Net assets with donor restrictions	1,381,993.	28	1,014,639
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ϋ́		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	6 162 500	31	E 607 1/2
ž	32	Total net assets or fund balances	6,163,580.	32	5,627,143.
	33	Total liabilities and net assets/fund balances	6,359,378.	33	5,799,627.

Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>6,18</u>						
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,71	8,5	<u>97.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	-53						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 5								
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	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?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	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	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 on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Total

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

2021
Open to Public

Inspection
Employer identification number

Name of the organization EDREPORTS . ORG, 47-1171149 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		15105054.	2939911.	3382338.	5602901.	27030204.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		15105054.	2939911.	3382338.	5602901.	27030204.
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)						11787502.
6	Public support. Subtract line 5 from line 4.						15242702.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		15105054.	2939911.	3382338.	5602901.	27030204.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			2,484.	7,616.	5,844.	15,944.
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						27046148.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	2,076,516.
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Public	Support Per	rcentage				
14	Public support percentage for 2021 (lin	ne 6, column (f), c	divided by line 11, c	olumn (f))		14	56.36 <u>%</u>
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	67.39 <u>%</u>
16a	33 1/3% support test - 2021. If the o	rganization did no	ot check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	rganization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	fies as a publicly	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances tes	st. The organization	on qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the orç	ganization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu		-		• • •		▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
Г	2		
L	За		
	3b		
	3с		
	00		
Г	4a		
L	4b		
	4c		
	5a		
	5b		
\vdash	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
\vdash	10a		
	10h		
	10b	~ 000\	2021

132024 01-04-21 Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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		
Sect	ion 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			
<u> </u>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			Г
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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		
Sect	ion 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 instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" 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.

132025 01-04-22

3b

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL & MELINDA GATES FOUNDATION	4,101,143.	3,560,220.
CARNEGIE CORPORATION OF NEW YORK	1,212,620.	671,697.
CHARLES & LYNN SCHUSTERMAN FOUNDATION	3,489,700.	2,948,777.
OVERDECK FAMILY FOUNDATION	2,345,000.	1,804,077.
PIVOT LEARNING	700,000.	159,077.
WALTON FAMILY FOUNDATION	642,500.	101,577.
WILLIAM & FLORA HEWLETT FOUNDATION	3,083,000.	2,542,077.
Total Excess Contributions to Schedule A, Part II, Line 5		11,787,502.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

47-1171149

Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization			
	[4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	[527 political organization			
Form 990-PF	[501(c)(3) exempt private foundation			
	[4947(a)(1) nonexempt charitable trust treated as a private foundation			
	[501(c)(3) taxable private foundation			
-	section 501(c)(7)	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules	s				
sect cont	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
cont litera	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year is ch purp	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \gamma \]				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

	отс	OPC	, INC
EDREPOI	CID.	ORG.	, TNC

47-1171149

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,512,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + +	\$566,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$312,620.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

EDREPORTS.ORG, INC

47-1171149

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
123/153 11-11	21		Schedule B (Form 990) (2021)	

Page 4

Name of organization **Employer identification number** EDREPORTS.ORG, 47-1171149 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

EDREPORTS.ORG, INC

Employer identification number 47-1171149

Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(b) Funda and other accounts
		(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 v	_	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	3 3	•
	for charitable purposes and not for the benefit of the donor or	, , , , , ,	
Pai		anization answered "Ves" on Form 990 Par	
1	Purpose(s) of conservation easements held by the organization		tiv, line 7.
'	Preservation of land for public use (for example, recreat		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	Freservation of a	certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the form of a	Held at the End of the Tax Year
а	Total number of conservation easements		
b			I I
c	Number of conservation easements on a certified historic stru		***
	Number of conservation easements included in (c) acquired a		
ŭ	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rele		
•	year >	accou, changaiones, or commission by the or	gamaanon aanng me tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservation	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footness	ote to the organization's financial statement	s that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under FASB AS	_	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

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

Par	t III Organizations Maintaining Col	lections of Ar	t, Histor	ical Tre	asures, or	Other S	imilar <i>i</i>	Assets	(continu	ed)
3	Using the organization's acquisition, accession,	and other record	s, check a	ny of the f	ollowing that	make sign	ificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗌 Lo	an or exc	hange progra	m				
b	Scholarly research	е	e 🔲 01	ther						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explair	n how they	further th	e organizatio	n's exemp	t purpose	in Part X	III.	
5	During the year, did the organization solicit or re	eceive donations of	of art, histo	orical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the o	rganizatio	n answered "	Yes" on Fo	orm 990, I	Part IV, lii	ne 9, or	
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for co	ntributions	s or other ass	ets not inc	luded			
	on Form 990, Part X?							🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	llowing tab	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance						1f			
2 a	Did the organization include an amount on Form	n 990, Part X, line	21, for esc	crow or cu	ıstodial accou	ınt liability	?	🗀	Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch									
Par	t V Endowment Funds. Complete if the									
	 	a) Current year	(b) Prid	or year	(c) Two year	s back (d) Three yea	ars back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	e (line 1g, d	column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possessi	on of the organiza	ation that a	re held ar	nd administere	ed for the	organizati	on	<u></u>	
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Dar	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmer		wment fun	ids.						
Pai	Complete if the organization answered ") Dov+ I\/ I	ina 11a C	aa Farm 000	Dort V lin	o 10			
								<u> </u>		
	Description of property	(a) Cost or o basis (investr			or other	` '	umulated		(d) Book	/alue
	Land	Dasis (IIIVestr	nent)	บสอเอ	(other)	uepre	eciation			
_	Land									
b	Buildings									
C C	Leasehold improvements	1								
	Equipment		+					+		
	Other		V a=1: ··	/D) !:= : = 1	00)					0.
ı uldı	. Add iii lee Ta ti ii dagii Te. (Cojumn (a) must eau	ai ruiiii 990. Part	∧. coiumn	ווווווווווווווווווווווווווווווווווווו	JU.J					•

Schedule D (Form 990) 2021

	(Form 990) 2021 EDREPORTS • O	RG, INC	47	-1171149 Page 3
	Investments - Other Securities.	-		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	5 000 B 1 N 1	44 O E 000 B 1 V II 40	
	Complete if the organization answered "Yes"			
	(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) Tababa (0aba)	h)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I dit ix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	-	Description	Tru. Gee Form 330, Fart X, line 13.	(b) Book value
(4) DE	STRICTED CASH	Description		1,898,308
	BIRICIED CASII			1,090,300
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lin	0.15)	_	1,898,308
Part X	Other Liabilities.	c 10.)		2/050/000
	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
	leral income taxes			
(2)	is a modified taxtoo			
(3)				
(4)				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(7) (8)

	dule D (Form 990) 2021 EDREI ORID: ORG, INC	······································			LITITED Page T
Par	t XI Reconciliation of Revenue per Audited Financial State		evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		. 1	C 17C 21C
1				1	6,176,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	l I			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,176,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,844.		
С	Add lines 4a and 4b			4c	5,844.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,182,160.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With E	Expenses per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	6,718,597.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,718,597.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		I	5	6,718,597.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b ar	nd 2b: Part V. line 4:	Part X	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
	, , , , , , , , , , , , , , , , , , , ,				
PAF	RT X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL ANI	STATE I	NCOME TAXES	s un	IDER
					<u>, </u>
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE (CODE (THE	CODE). EXC	СЕРТ	ON ANY
		(11111	2222,, 111		
NET	INCOME DERIVED FROM UNRELATED BUSINESS	ACTIVITI	ES. THE ORG	GANI	IZATION

DOES NOT BELIEVE IT HAS UNRELATED BUSINESS INCOME TO BE REPORTED FOR INCOME TAX PURPOSES.

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX POSITIONS TAKEN THROUGH DECEMBER 31, 2021 AND, THEREFORE, HAS NO RELATED INCOME TAX DUE FOR ALL YEARS WHERE THE STATUTE OF LIMITATIONS REMAINS OPEN, WHICH IS GENERALLY THREE YEARS FOR FEDERAL FILINGS AND FOUR YEARS FOR STATE FILINGS.

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

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.

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

EDREPORTS.ORG, INC Employer identification number 47-1171149

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account 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	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the 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.						
	X Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X 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:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С		4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5							
	contingent on the revenues of:			37			
а	The organization?	5a		X			
b	Any related organization?	5b		_X_			
	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:			v			
	The organization?	6a		X			
b	Any related organization?	6b		<u> </u>			
_	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	_		v			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		1			

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

Schedule J (Form 990) 2021

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.

	(B) Breakdown of V	V-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ERIC HIRSCH (i)	292,750.	5,855.	2,819.	0.	58,264.	359,688.	0.	
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LAUREN WEISSKIRK (i)		3,692.	950.	0.	49,211.	238,473.	0.	
CHIEF STRATEGY OFFICER (ii)		0.	0.	0.	0.	0.	0.	
(3) DONNIDRA JOHNSON (i)		3,780.	950.	0.	39,467.	233,197.	0.	
CHIEF OPERATING OFFICER (ii)		0.	0.	0.	0.	0.	0.	
(4) COURTNEY ALLISON (i)		3,692.	1,305.	0.	18,926.	208,543.	0.	
CHIEF ACADEMIC OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
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(i) (ii)								
(i)								
(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
EXECUTIVE COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY. THE
BOARD APPROVES ALL EXECUTIVE COMPENSATION AND USES COMPARABLE NONPROFITS TO
DETERMINE IF THAT COMPENSATION IS REASONABLE.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

EDREPORTS.ORG, INC

Employer identification number 47-1171149

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND DEMAND THE HIGHEST QUALITY INSTRUCTIONAL MATERIALS. DRAWING UPON
EXPERT EDUCATORS, EDREPORTS' EVIDENCE-BASED REVIEWS OF INSTRUCTIONAL
MATERIALS AND SUPPORT FOR SMART DEMAND WILL EQUIP TEACHERS WITH
EXCELLENT MATERIALS NATIONWIDE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EQUIP TEACHERS WITH EXCELLENT MATERIALS NATIONWIDE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WILL BE MADE AVAILABLE TO THE BOARD OF DIRECTORS BEFORE THE RETURN
IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY. THE
BOARD APPROVES ALL EXECUTIVE COMPENSATION AND USES COMPARABLE NONPROFITS TO
DETERMINE IF THAT COMPENSATION IS REASONABLE.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL DOCUMENTS AND TAX RETURNS WILL BE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
PAYROLL SERVICES:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 41,290.
FUNDRAISING EXPENSES 0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 20

132211 11-11-21

Schedule O (Form 990) 2021	Page
Name of the organization EDREPORTS • ORG , INC	Employer identification number 47-1171149
TOTAL EXPENSES	41,290.
GENERAL CONSULTING:	
PROGRAM SERVICE EXPENSES	70,518.
MANAGEMENT AND GENERAL EXPENSES	29,828.
FUNDRAISING EXPENSES	1,394.
TOTAL EXPENSES	101,740.
EDUCATION AND CONTENT CONSULTING:	
PROGRAM SERVICE EXPENSES	704,064.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	704,064.
INFORMATION TECHNOLOGY CONSULTING:	
PROGRAM SERVICE EXPENSES	46,184.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,184.
EDUCATIONAL TRAINING:	
PROGRAM SERVICE EXPENSES	66,990.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,990.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	960,268.
FORM 990 PART XII, LINE 2C:	
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Name	of the organization ED :	REPO	RTS.ORG	, INC				Employer identification number 47-1171149
THE	ORGANIZAITON	HAS	MADE NO	CHANGES	то	THEIR	PROCESSES.	