Department of the Treasury Internal Revenue Service

T

** 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)

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.



Α	For th	e 2022 calendar year, or tax year beginning and	ending						
В	Check if applicab	e: C Name of organization		D Employer identific	ation number				
Г	Addre	EDREPORTS ORG INC	EDREPORTS ORG INC						
	Name	pe Doing business as		47-117114	49				
	Initial returr		Room/suite	E Telephone number					
	Final return	P.O. BOX 51099		217.853.8					
	termii ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,419,702.				
	Amer	DORHAM, NC 2//1/		H(a) Is this a group re					
	Appli tion pendi	F Name and address of principal officer: DR • MARIA RLAWE		for subordinates	? Yes X No				
	-	SAME AS C ABOVE		H(b) Are all subordinates in					
		tempt status: X $501(c)(3)$ $501(c)()$ $(insert no.)$ $4947(a)(1)$	or 527	1	list. See instructions				
_	Websi			H(c) Group exemption					
		f organization: X Corporation Trust Association Other	L Year	of formation: 2014 N	State of legal domicile: NC				
P	art I	Summary							
ė	1	Briefly describe the organization's mission or most significant activities: EDRE: CAPACITY OF TEACHERS, ADMINISTRATORS, AND							
Activities & Governance									
ern	2	Check this box if the organization discontinued its operations or dispose			ets. 12				
00	3				12				
~	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			54				
ties	6	Total number of volunteers (estimate if necessary)			12				
tivi		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ac	l /a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
			<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		5,602,901.	6,194,761.				
nue	9	Program service revenue (Part VIII, line 2g)		573,415.	1,217,463.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,844.	7,478.				
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,182,160.	7,419,702.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,133,744.	5,952,417.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 254,10	01.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,584,853.	2,141,467.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,718,597.	8,093,884.				
	19	Revenue less expenses. Subtract line 18 from line 12		-536,437.	-674,182.				
s or			Be	ginning of Current Year	End of Year				
Assets	1 20	Total assets (Part X, line 16)		5,799,627.	5,286,349.				
Net As	-	Total liabilities (Part X, line 26)		172,484.	333,388.				
		Net assets or fund balances. Subtract line 21 from line 20		5,627,143.	4,952,961.				

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

Sign	Signature of officer		Date			
-	ERIC HIRSCH, EXECUTIVE DI					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	STACY CULLEN	STACY CULLEN	11/08/	23 self-employed P00974308		
Preparer	Firm's name APRIO, LLP			Firm's EIN 57-1157523		
Use Only	Firm's address 2002 SUMMIT BOULE					
	ATLANTA, GA 30319		Phone no. (404) 892-9651			
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No		
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) EDREPORTS ORG INC	47-1171149 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	EDREPORTS WILL INCREASE THE CAPACITY OF TE	ACHERS, ADMINISTRATORS, AND
	LEADERS TO SEEK, IDENTIFY AND DEMAND THE H	IGHEST QUALITY INSTRUCTIONAL
	MATERIALS. DRAWING UPON EXPERT EDUCATORS,	EDREPORTS' EVIDENCE-BASED
	REVIEWS OF INSTRUCTIONAL MATERIALS AND SUP	PORT FOR SMART DEMAND WILL
2	Did the organization undertake any significant program services during the year whi	ch were not listed on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it condu	icts, any program services?
	If "Yes," describe these changes on Schedule O.	, , , , , , , , , , , , , , , , , , ,
4	Describe the organization's program service accomplishments for each of its three la	argest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,998,773 • including grants of \$) (Revenue \$ 1,217,463.)
44	EDREPORTS.ORG INC WAS CREATED TO IMPROVE K	, (,,, , ,, ,, ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,
	REVIEWS OF K-12 CURRICULUM MATERIALS, INCL	•
	FEEDBACK AND MEASURES OF EFFICACY. THE ORG	
	CAPACITY OF TEACHERS, ADMINISTRATORS, AND	· · · · · · · · · · · · · · · · · · ·
	AND DEMAND THE HIGHEST-QUALITY INSTRUCTION	AL MATERIALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		, , , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A.1	Other program convices (Deservices or Ocheckula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses6,998,773.	000
		Form 990 (2022)
232002	2 12-13-22	
	3	

2022.05000 EDREPORTS ORG INC 64627_1

Form	990	(2022)

Form 990 (2022) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- 1		
8				x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, 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,			
u	Part VI	11a		х
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		х
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		х
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
232003	12-13-22	Form	330 ((2022)

232003 12-13-22

4

Form	990	(2022)
FUIII	990	(2022)

 Form 990 (2022)
 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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
A	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		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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		X
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			
	"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? <i>If</i>			v
20	"Yes," complete Schedule L, Part IV	28c 29		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization required, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
0L	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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 al				
	Check if Schedule O contains a response or note to any line in this Part V		Vcc	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 200		Yes	No
la b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 200 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22	Form		(2022)
	5			

2022.05000 EDREPORTS ORG INC 64627_1

Form	990 (2022) EDREPORTS ORG INC		47-1171	149	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued	d)							
•		1 1			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х				
				3a		x			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	a 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			4a		x			
b	If "Yes," enter the name of the foreign country		• • • • • • • • • • • • • • • • • • • •						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts	(FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· · · · · · · · · · · · · · · · · · ·	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did								
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices pro	ovided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	was requi	red						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file I			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation file	a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by the							
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
				9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
0	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12			-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
	Section 501(c)(12) organizations. Enter:	11							
	Gross income from members or shareholders	11a		-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
_	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	1 1		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-					
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>					
L	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	426							
•	organization is licensed to issue qualified health plans			1					
	Enter the amount of reserves on hand			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b					
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur								
5	excess parachute payment(s) during the year?			15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt incom	e?	16		x			
-	If "Yes," complete Form 4720, Schedule O.		·····						
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	activities							
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
32005	12-13-22			Form	990	(2022)			
	6					,			
11	08 795476 64627 2022.05000 EDREPORT	rs or	G INC		64	627			

09081108 795476 64627

	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.	
	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any c	other
	officer, director, trustee, or key employee?	
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision
	of officers, directors, trustees, or key employees to a management company or other person?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	
6	Did the organization have members or stockholders?	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	
	more members of the governing body?	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders	s, or
	persons other than the governing body?	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo	-
	The governing body?	
b	Each committee with authority to act on behalf of the governing body?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)
10a	Did the organization have local chapters, branches, or affiliates?	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	liates,
	and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	ng the for
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	?
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	be
	on Schedule O how this was done	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	
	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	
	taxable entity during the year?	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•
	exempt status with respect to such arrangements?	
	tion C. Disclosure	<u></u>

EDREPORTS ORG INC

1a Enter the number of voting members of the governing body at the end of the tax year

Section A. Governing Body and Management

Form 990 (2022)

47-1171149 Page 6

12

12

2

3

4

5 6

7a

7b

8a

8b

9

10a

10b

Х

Х

Yes

1a

X

Yes No

Х

Х

х

Х

х

х

х

х

No X

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.

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

Х 1? 11a Х 12a 12b 12c Х 13 14 х Х 15a Х 15b Х 16a 16b NC 17 List the states with which a copy of this Form 990 is required to be filed 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request ____ Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records EDREPORTS - 217.853.8840 P.O. BOX 51099, DURHAM, NC 27717 Form 990 (2022) 232006 12-13-22 7 09081108 795476 64627 2022.05000 EDREPORTS ORG INC 64627 1

Form 990 (2022)	EDREPORTS ORG INC	47-1171149	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employee	es, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if Se	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated E	mployees	
•	e for all persons required to be listed. Report compensation for the cale anization's current officers, directors, trustees (whether individuals or	, ,	

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, box 6 of 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 nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per lice and advector metal and any back of the advector metal and advector metal and advector title and advector matching back of the advector matching organization Reportable compensation from field organization Estimated compensation from field organization (1) Exit C HIRSCH 40.00 x 304,596 0. 62,227. (2) DONNIDA JONNON 40.00 x 196,748 0. 40,999. (3) JANNA CEAN 40.00 x 196,748 0. 40,999. (3) JANNA CEAN 40.00 x 192,521 0. 20,170. (3) JANNA CEAN 40.00 x 192,212. 0. 20,170. (3) JANNA CEAN 40.00 x 192,212. 0. 20,170. (3) KAREGETING OFFICER x 192,212. 0. 20,170. (3) KAREGETING OFFICER x 192,212. 0. 20,142. (4) ORTHARE ALANGE 0.0 0. 0. 0. (3) K BUR ALANGE 0.0		1 1	l				1001	oure	i <i>í</i>		(5)
Name and the and the hours per works, more manore, hours, more manore, hou	(A)	(B)							(D)	(E)	(F)
	Name and title		(do not check more than one								
Week (ist ary organizations below line) Week (ist ary end of organizations below line) Intro- transform (weight of generations below line) Intro- transform (weight of generations (weight of generations) Intro- transform (weight of generations) Intro- generations) Intro- generations) Intro- generations) Intro- genetransfor (weight of generations) Intro- generat		1 :							· ·		
(1) ERIC HIRSCH 40.00 X 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN MANA CHAN MANA, CHAN 40.00 X 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. (5) LARM MEISSIK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. 0. (3) JEAR TANG 0.70 X X 0. 0. 0. (6) PERET TANG 0.70 X X 0. 0. 0. BOARD AUTIC COMITTEE CHAIR											
(1) ERIC HIRSCH 40.00 X 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN MANA CHAN MANA, CHAN 40.00 X 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. (5) LARM MEISSIK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. 0. (3) JEAR TANG 0.70 X X 0. 0. 0. (6) PERET TANG 0.70 X X 0. 0. 0. BOARD AUTIC COMITTEE CHAIR			lirecto							, and a second s	
(1) ERIC HIRSCH 40.00 X 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN MANA CHAN MANA CHAN MANA, CHAN 40.00 X 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. (5) LARM MEISSIK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. 0. (3) JEAR TANG 0.70 X X 0. 0. 0. (6) PERET TANG 0.70 X X 0. 0. 0. BOARD AUTIC COMITTEE CHAIR			e or c	tee			sated		, v		
(1) ERIC HIRSCH 40.00 x 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 x 192,521. 0. 20,170. (5) LARM NEISSIK 40.00 x 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 0.70 x x 0. 0. 0. (9) K SUE REDMAN 0.70 X x 0. 0. 0. (10) CAREY WRIGHT 0.70 X X 0. 0. 0. 0			ruste	l trus		/ee	m pen		· · ·	1000 NEO)	, °
(1) ERIC HIRSCH 40.00 x 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 x 192,521. 0. 20,170. (5) LARM NEISSIK 40.00 x 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 0.70 x x 0. 0. 0. (9) K SUE REDMAN 0.70 X x 0. 0. 0. (10) CAREY WRIGHT 0.70 X X 0. 0. 0. 0			dual t	utiona	L	u plo	st co	2			
(1) ERIC HIRSCH 40.00 x 304,596. 0. 62,227. (2) DORNTORA JOINSON 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 196,748. 0. 40,999. (3) JANNA CRAN 40.00 x 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 x 192,521. 0. 20,170. (5) LARM NEISSIK 40.00 x 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 1.00 x x 0. 0. 0. (6) DR MARIA KLAME 0.70 x x 0. 0. 0. (9) K SUE REDMAN 0.70 X x 0. 0. 0. (10) CAREY WRIGHT 0.70 X X 0. 0. 0. 0			ndivi	nstitu	Offlice	key el	Highe	-orme			
EXECUTIVE DIRECTOR X 304,596. 0. 62,227. (2) DONNIDRA JOHNSON 40.00 X 196,748. 0. 40,999. (3) JANNA CHAN 40.00 X 196,748. 0. 40,999. (4) COURTNEY ALLISON 40.00 X 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. (5) LAUREN WEISSNIRK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 X X 0. 0. 0. BOAD CHAIR 0.70 X X 0. 0. 0. (7) MICHAEL HYDE 0.70 X X 0. 0. 0. BOAD TRASURER X X 0. 0. 0. 0. 0. (9) K SUE REMAN 0.70 X X 0. 0. 0. 0. BOAD TRASURER 0.70 X X 0. 0. 0.	(1) ERIC HIRSCH	40.00	_	-		-		4			
12) DONNIDRA JOHNSON 40.00 x 196,748. 0. 40,999. CHIEF OPERATING OFFICER 40.00 x 179,055. 0. 49,695. CHIEF MARKETING & COMMUNICATIONS OFF x 179,055. 0. 49,695. CHIEF MARKETING & COMMUNICATIONS OFF x 192,521. 0. 20,170. CHIEF ADDRIG OFFICER x 192,521. 0. 20,170. C5) LAUREN WEISSKIRK 40.00 x 192,212. 0. 20,142. C6) DR MARTA KLAWE 1.00 x x x 0. 0. BOARD CHAIR 0.70 x x 0. 0. 0. GAID TREASURER 0.70 x x 0. 0. 0. GAAD SECRETARY x x 0. 0. 0. 0. 0. GAAD TREASURER 0.70 x x 0. 0. 0. 0. GAAD TREASURER 0.70 x x 0. 0. 0.	EXECUTIVE DIRECTOR					x			304,596.	0.	62,227.
(3) JANNA CHAN 40.00 X 179,055. 0. 49,695. CHIEF MARKETING & COMMUNICATIONS OFF 40.00 X 192,521. 0. 20,170. CHIEF ACADEMIC OFFICER X 192,521. 0. 20,170. (5) LAUREN WEISSKIRK 40.00 X 192,212. 0. 20,142. CHIEF STRATEGY OFFICER 1.00 X X 0. 0. 0. GOAD CHAIR 0.70 X X 0. 0. 0. GARD TREASURER 0.70 X X 0. 0. 0. GARD TREASURER 0.70 X X 0. 0. 0. BOARD SECRETARY 0.70 X X 0. 0. 0. BOARD AUDIT COMMITTEE CHAIR 0.70 X X 0. 0. 0. GARD TRESOR X 0.50 0. 0. 0. 0. 0. IDARD TCOMITTEE CHAIR 0.50 X 0. 0. 0	(2) DONNIDRA JOHNSON	40.00									
CHIEF MARKETING & COMMUNICATIONS OFF X 179,055. 0. 49,695. (4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. CHIEF ACROBULC OFFICER X 192,521. 0. 20,170. (5) LAUREN WEISSKIRK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAWE 1.00 X 0. 0. 0. GOAD CHAIR X X 0. 0. 0. (7) MICHAEL HYDE 0.70 X X 0. 0. 0. BOARD TRASURER X X 0. 0. 0. 0. 0. (8) PETER TANG 0.70 X X 0. 0. 0. 0. (9) K SUE REDMAN 0.70 X X 0. 0. 0. 0. (10) CAREY WRIGHT 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. <	CHIEF OPERATING OFFICER					Х			196,748.	0.	40,999.
(4) COURTNEY ALLISON 40.00 X 192,521. 0. 20,170. (5) LAUREN WEISSKIRK 40.00 X 192,521. 0. 20,170. (5) LAUREN WEISSKIRK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAWE 1.00 X X 0. 0. 0. GOAD CHAIR X X 0. 0. 0. 0. 0. GOAD TRASUMER X X 0. 0. 0. 0. 0. 0. GOAD TRASUMER X X 0.	(3) JANNA CHAN	40.00									
CHIEF ACADEMIC OFFICER X 192,521. 0. 20,170. (5) LAUREN WEISSKIRK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAME 1.00 X 192,212. 0. 20,142. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. BOARD TRASQUER X X 0. 0. 0. 0. BOARD ATRASQUER X X 0. 0. 0. 0. BOARD ATRASQUER X X 0. 0. 0. 0. (9) K use REDMAN 0.70 X 0. 0. 0. 0. (10) CAREY WRIGHT 0.70 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. </td <td>CHIEF MARKETING & COMMUNICATIONS OFF</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td>179,055.</td> <td>0.</td> <td>49,695.</td>	CHIEF MARKETING & COMMUNICATIONS OFF					Х			179,055.	0.	49,695.
(5) LAUREN WEISSKIRK 40.00 X 192,212. 0. 20,142. (6) DR MARIA KLAWE 1.00 X X 0. 0. 0. 0. (6) DR MARIA KLAWE 1.00 X X 0. 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. 0. BOARD TREASURER X X 0.	(4) COURTNEY ALLISON	40.00									
CHIEF STRATEGY OFFICER X 192,212. 0. 20,142. (6) DR MARIA KLAWE 1.00 X X 0. 0. 0. BOARD CHAIR X X 0. 0. 0. 0. (7) MICHABL HYDE 0.70 X X 0. 0. 0. BOARD TRASURER X X 0. 0. 0. 0. BOARD TRASURER X X 0. 0. 0. 0. BOARD SECRETARY X X 0. 0. 0. 0. BOARD SECRETARY X X 0. 0. 0. 0. BOARD AUGHT COMITTEE CHAIR X 0. 0. 0. 0. 0. BOARD VICE CHAIR 0.70 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	CHIEF ACADEMIC OFFICER					Х			192,521.	0.	20,170.
(6) DR MARIA KLAWE 1.00 X X X 0.	(5) LAUREN WEISSKIRK	40.00									
BOARD CHAIR X X X X 0. 0. 0. (7) MICHAEL HYDE 0.70 X X 0. 0. 0. BOARD TREASURER X X 0. 0. 0. 0. BOARD TREASURER X X 0. 0. 0. 0. (8) PETER TANG 0.70 X X 0. 0. 0. BOARD SCRETARY X X 0. 0. 0. 0. BOARD AUDIT COMMITTEE CHAIR 0.70 X X 0. 0. 0. BOARD VICE CHAIR 0.70 X X 0. 0. 0. BOARD VICE CHAIR 0.50 X 0. 0. 0. 0. DIRECTOR 0.50 X 0. 0. 0. 0. 0. DIRECTOR X 0.70 X 0. 0. 0. 0. DIRECTOR X 0.0 0. <t< td=""><td>CHIEF STRATEGY OFFICER</td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td>192,212.</td><td>0.</td><td>20,142.</td></t<>	CHIEF STRATEGY OFFICER					Х			192,212.	0.	20,142.
(7) MICHAEL HYDE 0.70 X X X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(6) DR MARIA KLAWE	1.00									
BOARD TREASURERXXX0.0.0.(8) PETER TANG0.70XXX0.0.0.BOARD SECRETARYXXX0.0.0.0.(9) K SUE REDMAN0.70X0.0.0.0.BOARD AUDIT COMMITEE CHAIRX0.0.0.0.BOARD VICE CHAIR0.70X0.0.0.BOARD VICE CHAIR0.50X0.0.0.DIRECTORX0.500.0.0.DIRECTORX0.0.0.0.(12) KISHA DAVIS-CALDWELL0.50X0.0.0.DIRECTORX0.0.0.0.0.(13) KATHLEEN MCGEE0.70X0.0.0.0.DIRECTORX0.0.0.0.0.0.(14) DANA NERENBERG0.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.(16) LAUREN STUART0.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.(17) DR LATONYA GOFFNEY0.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.	BOARD CHAIR		Х		Х				0.	0.	0.
(8) PETER TANG 0.70 X X X 0. 0. 0. BOARD SECRETARY X X X X 0. 0. 0. (9) K SUE REDMAN 0.70 X X 0. 0. 0. 0. BOARD ADDIT COMMITTEE CHAIR X 0. 0. 0. 0. 0. BOARD VICE CHAIR 0.70 X X 0. 0. 0. 0. BOARD VICE CHAIR 0.50 X 0. <	(7) MICHAEL HYDE	0.70									
BOARD SECRETARYXXX0.0.0.(9) K SUE REDMAN0.70X0.0.0.0.BOARD AUDIT COMMITTEE CHAIRX0.0.0.0.BOARD VICE CHAIR0.70X0.0.0.BOARD VICE CHAIR0.500.500.0.0.DIRECTORX0.0.0.0.(11) DARREN BURRIS0.500.0.0.0.DIRECTORX0.0.0.0.(13) KATHLEEN MCGEE0.700.0.0.0.DIRECTORX0.0.0.0.(14) DANA NERENBERG0.500.0.0.0.DIRECTORX0.0.0.0.(15) LIZ SIMON0.500.0.0.0.DIRECTORX0.0.0.0.(16) LAUREN STUART0.500.0.0.0.DIRECTORX0.0.0.0.(17) DR LATONYA GOFFNEY0.500.0.0.0.DIRECTORX0.0.0.0.0.	BOARD TREASURER		Х		Х				0.	0.	0.
(9)K SUE REDMAN0.70BOARD AUDIT COMMITTEE CHAIRX0.0.(10) CAREY WRIGHT0.70X0.BOARD VICE CHAIRX0.0.(11) DARREN BURRIS0.50X0.DIRECTORX0.0.(12) KISHA DAVIS-CALDWELL0.50X0.DIRECTORX0.0.0.(13) KATHLEEN MCGEE0.700.0.DIRECTORX0.0.0.(14) DANA NERENBERG0.50X0.0.DIRECTORX0.0.0.(15) LIZ SIMON0.50X0.0.DIRECTORX0.0.0.(16) LAUREN STUART0.50X0.0.DIRECTORX0.0.0.0.17) DR LATONYA GOFFNEY0.50X0.0.DIRECTORX0.0.0.	(8) PETER TANG	0.70									
BOARD AUDIT COMMITTEE CHAIRX0.0.0.(10) CAREY WRIGHT0.70X0.0.0.BOARD VICE CHAIRX0.0.0.0.(11) DARREN BURRIS0.50X0.0.0.DIRECTORX0.0.0.0.(12) KISHA DAVIS-CALDWELL0.50X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.(13) KATHLEEN MCGEE0.700.0.0.0.DIRECTORX0.0.0.0.(14) DANA NERENBERG0.500.0.0.0.DIRECTORX0.0.0.0.(15) LIZ SIMON0.500.0.0.0.DIRECTORX0.0.0.0.(16) LAUREN STUART0.500.0.0.0.DIRECTORX0.0.0.0.(17) DR LATONYA GOFFNEY0.500.0.0.0.DIRECTORX0.0.0.0.0.	BOARD SECRETARY		Х		X				0.	0.	0.
(10) CAREY WRIGHT 0.70 X 0.	(9) K SUE REDMAN	0.70									
BOARD VICE CHAIR X 0.	BOARD AUDIT COMMITTEE CHAIR		Х						0.	0.	0.
(11) DARREN BURRIS 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(10) CAREY WRIGHT	0.70									
DIRECTOR X 0. <t< td=""><td>BOARD VICE CHAIR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	BOARD VICE CHAIR		Х						0.	0.	0.
(12) KISHA DAVIS-CALDWELL 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(11) DARREN BURRIS	0.50									
DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(13) KATHLEEN MCGEE 0.70 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (14) DANA NERENBERG 0.50 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (15) LIZ SIMON 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (16) LAUREN STUART 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (17) DR LATONYA GOFFNEY 0.50 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00	(12) KISHA DAVIS-CALDWELL	0.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(14) DANA NERENBERG 0.50 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (15) LIZ SIMON 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (16) LAUREN STUART 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (17) DR LATONYA GOFFNEY 0.50 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00	(13) KATHLEEN MCGEE	0.70									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) LIZ SIMON 0.50 X 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (16) LAUREN STUART 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 (17) DR LATONYA GOFFNEY 0.50 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00		0.50								_	_
DIRECTOR X 0. 0. 0. (16) LAUREN STUART 0.50			Х						0.	0.	0.
(16) LAUREN STUART 0.50 X 0. <td></td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0.50									
DIRECTORX0.0.0.(17) DR LATONYA GOFFNEY0.500.0.0.DIRECTORX0.0.0.0.		0.70	х						0.	0.	0.
(17) DR LATONYA GOFFNEY0.50X0.500.00.0DIRECTORX00.00.00.0		0.50							_		
DIRECTOR X 0. 0. 0.			X						0.	0.	0.
		0.50							_		
	DIRECTOR		Х						0.	0.	Eorm 990 (2022)

8

232007 12-13-22

	990 (2022) EDREPORTS	GORG IN	DI							47-117	1149 Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box offi	not cl , unles	ss per	itior more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	, Section A		·····					1,065,132. 0. 1,065,132. eceived more than \$100,	0	. 193,233. . 0. . 193,233. 5
3 4 5	Did the organization list any former officer, line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> " <i>Yes</i> ," <i>com</i>	uch individual m of reportable),000? If "Yes, uccrue compen	e co " <i>co</i> Isati	mpe mple on fr	ensa ete S rom	tion Sche any	and edule unre	oth of <i>J f</i> elate	ner compensation from t for such individual ed organization or individ	he organization dual for services	Yes No 3 X 4 X 5 X
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t										sation from
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to f	thos (ted	above) who received m	ore than	Form 990 (2022)

232008 12-13-22

Boundary Biological Stress State Stress <th< th=""><th>Form</th><th>ו 99</th><th>0 (2</th><th>2022) EDREPORTS OR</th><th>G INC</th><th></th><th></th><th>47-1171</th><th>149 Page 9</th></th<>	Form	ו 99	0 (2	2022) EDREPORTS OR	G INC			47-1171	149 Page 9	
Image: second processing	Pa	rt V	/111	Statement of Revenue						
Total rownus Petite brukes Total rownus Petite brukes Total rownus Petite brukes Total rownus Petite brukes				Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII				
Book Mumbanip dues Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Proceed contributions, gifts grants, and similar amounts on linking events, and similar amounts on linking events, and similar amounts on linking events events 6, 194, 761. 0 Periodic events 6, 194, 761. 6, 194, 761. 0 Periodic events 6, 194, 761. 900099 1 Patial Add lines ta 11 Periodic events 6, 194, 761. 0 Periodic events 6, 194, 761. Periodic events 1 Patial Add lines 2e2f 1, 217, 463. Periodic events 1 Patial Add lines 2e2f 1, 217, 463. Periodic events 3 Intertimet Income (rolosi) Periodic events Periodic events 4 Income from Investment of tax-events bond proceeds Periodic events Periodic events 6 Gross rents Be Be Periodic events Periodic events 1<							Related or exempt	Unrelated	Revenue excluded	
Book Mumbanip dues Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Periodialing events Ib 0 Proceed contributions, gifts grants, and similar amounts on linking events, and similar amounts on linking events, and similar amounts on linking events events 6, 194, 761. 0 Periodic events 6, 194, 761. 6, 194, 761. 0 Periodic events 6, 194, 761. 900099 1 Patial Add lines ta 11 Periodic events 6, 194, 761. 0 Periodic events 6, 194, 761. Periodic events 1 Patial Add lines 2e2f 1, 217, 463. Periodic events 1 Patial Add lines 2e2f 1, 217, 463. Periodic events 3 Intertimet Income (rolosi) Periodic events Periodic events 4 Income from Investment of tax-events bond proceeds Periodic events Periodic events 6 Gross rents Be Be Periodic events Periodic events 1<	s ts	1	а	Federated campaigns 1a						
But including & Direct Provided in the second biology of the seco	ran									
But including & Direct Provided in the second biology of the seco	¶g.		с	Fundraising events 1c						
But including & Direct Provided in the second biology of the seco	ar <i>I</i>					_				
But including & Direct Provided in the second biology of the seco	is, (е	Government grants (contributions) 1e		_				
But including & Direct Provided in the second biology of the seco	tion S		f							
But including & Direct Provided in the second biology of the seco	j t p				<u>,194,761.</u>	-				
But including & Direct Provided in the second biology of the seco	onti od C		-			C 104 7C1				
generation generation <thgeneration< th=""> <th generati<="" td=""><td><u>o</u> e</td><td></td><td>h</td><td>Total. Add lines 1a-1f</td><td></td><td>0,194,/01.</td><td></td><td></td><td></td></th></thgeneration<>	<td><u>o</u> e</td> <td></td> <td>h</td> <td>Total. Add lines 1a-1f</td> <td></td> <td>0,194,/01.</td> <td></td> <td></td> <td></td>	<u>o</u> e		h	Total. Add lines 1a-1f		0,194,/01.			
90 00 <td< td=""><td></td><td></td><td>_</td><td>FDUCATIONAL SERVICE FE</td><td></td><td>1 217 463</td><td>1 217 463</td><td></td><td></td></td<>			_	FDUCATIONAL SERVICE FE		1 217 463	1 217 463			
9 Total. Add lines 24:21 1, 217, 463. 9 Total. Add lines 11a.11d 1, 217, 463. 1 1 1, 217, 463. 1 Investment income (including dividends, interest, and other similar amounts) 7, 478. 4 Income from investment of tax exempt bond proceeds 7, 478. 5 Royalties 0) Real 0) Personal 6 a Gross rents 6a 0 6 a Gross amoun from sales of assets other than inventory Ta 0) Securities 0) Other 7 a Gross income from fundraising events (not including \$	vice	2				1,217,403.	<u>, , , , , , , , , , , , , , , , , , , </u>			
9 Total. Add lines 24:21 1, 217, 463. 9 Total. Add lines 11a.11d 1, 217, 463. 1 1 1, 217, 463. 1 Investment income (including dividends, interest, and other similar amounts) 7, 478. 4 Income from investment of tax exempt bond proceeds 7, 478. 5 Royalties 0) Real 0) Personal 6 a Gross rents 6a 0 6 a Gross amoun from sales of assets other than inventory Ta 0) Securities 0) Other 7 a Gross income from fundraising events (not including \$	Serv									
9 Total. Add lines 24:21 1, 217, 463. 9 Total. Add lines 11a.11d 1, 217, 463. 1 1 1, 217, 463. 1 Investment income (including dividends, interest, and other similar amounts) 7, 478. 4 Income from investment of tax exempt bond proceeds 7, 478. 5 Royalties 0) Real 0) Personal 6 a Gross rents 6a 0 6 a Gross amoun from sales of assets other than inventory Ta 0) Securities 0) Other 7 a Gross income from fundraising events (not including \$	s m		_							
9 Total. Add lines 24:21 1, 217, 463. 9 Total. Add lines 11a.11d 1, 217, 463. 1 1 1, 217, 463. 1 Investment income (including dividends, interest, and other similar amounts) 7, 478. 4 Income from investment of tax exempt bond proceeds 7, 478. 5 Royalties 0) Real 0) Personal 6 a Gross rents 6a 0 6 a Gross amoun from sales of assets other than inventory Ta 0) Securities 0) Other 7 a Gross income from fundraising events (not including \$	Ba									
g Total. Add lines 2a2t 1, 217, 463. 3 Investment income (including dividends, interest, and other similar amounts) 7, 478. 4 Income from investment of tax exempt bond proceeds 7, 478. 5 Royaties 0) Personal 6a 0) Personal 0 b Less: rental expenses 6b 0 c Rental income or (loss) 0) Securities 0 7 a Gross amout from sales of acsets other than inventory 0. 0 7 a Gross income from fundraising events 0 0 c Gain or (loss) 7c 1 1 a Gross income from fundraising events 0 0 0 8 a Gross income from fundraising events 0 0 0 0 8 b Less: direct expenses 8b 0 0 0 0 9 a Gross income from fundraising events 0 0 0 0 0 9 a Gross income from fundraising events 0 0 0 0 0 9 a Gross income from gaming activities 0 0 0	Pro		f	All other program service revenue						
3 Investment income (including dividends, interest, and other similar amounts) 7,478. 7,478. 4 Income from investment of tax exempt bond proceeds 6 7,478. 7,478. 5 Royatties 0						1,217,463.				
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6 b Gross rents 7 a Gross rents 7 b Gross rents 8 a Gross rents 9 a Gross rents 9 a Gross rents </td <td></td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		3								
5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 a (ii) Personal b Less: rental expenses 6 b (ii) Personal c Rental income or (loss) 6 c (iii) Other assess other than inventory Ta (iii) Other assess other than inventory (iii) Other (iii) Other assess other than inventory (iii) Other (iii) Other assess other than inventory (iii) Other (iii) Other B a Gross income from fundraising events (iii) Other B a				other similar amounts)		7,478.			7,478.	
6 a Gross rents 6 a (i) Real (ii) Personal b Less: rental expenses 6 b		4		Income from investment of tax-exempt bond	proceeds					
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or there has is: and sales expenses 7b c Gain or (loss) 7c c Gain or (loss) 7c d Net gain or (loss)		5		Royalties						
b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c 7 Gross amount from sales of assets other than inventory 7a 7a b Less: cost or other basis and sales expenses 7b 7b c Gain or (loss) 7c 7c d Net gain or (loss) from fundraising events (not including \$ 7c ga Gross income from gaming activities. See 8a 8b 8b b Less: cost of goods sold 7d 7d d A cost of goods sold 7d 7d d A cost of goods sold 7d 7d d					(II) Personal	-				
c Rental income or (loss) Gc		6				-				
d Net rental income or (loss) i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						-				
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 6 Gain or (loss) 7b 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7a 6 Gain or (loss) 7a 7a 7a 7a 7a 7a 7a 7a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses To To c Gain or (loss) To To d Net gain or (loss) To To 8 a Gross income from fundraising events (not including \$ or contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events		7								
Bot Less: cost or other basis and sales expenses Tb c Gain or (loss) Tc d Net gain or (loss) Tc e Gross income from fundraising events Sc e Net income or (loss) from fundraising events Sc g Gross sincome from gaming activities Sc d Net income or (loss) from gaming activities Sc floa Sc Sc Sc d Cross siales of inventory, less returns and allowances Sc Sc b Less: cost of goods sold Sc Sc Sc c Met income or (loss) from sales of inventory Sc Sc <td< td=""><td></td><td>'</td><td>a</td><td></td><td>() C</td><td>-</td><td></td><td></td><td></td></td<>		'	a		() C	-				
and sales expenses 7b 7c 7c c Gain or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c d Net gain or (loss)			b			-				
e Gain or (loss) Tc Tc d Net gain or (loss)	e									
d Net gain or (loss)	/ent		с							
8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18	Be									
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contribution of the second of	Jer	8	а	Gross income from fundraising events (not						
Part IV, line 18 Ba b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 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 9 c Net income or (loss) from gaming activities 0 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 0 c Net income or (loss) from sales of inventory 0 c All other revenue 0 c Total. Add lines 11a-11d 7, 419, 702.1, 217, 463. 0.	₹			including \$ of						
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 <				. ,						
c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b 10b 10b c Net income or (loss) from sales of inventory Business Code 10a 10a s Int a Business Code 10a 10a 10a c All other revenue Intervenue Intervenue 10a 10a 10a 12 Total revenue. See instructions 7,419,702.1,217,463. 0.7,478 0.7,478						-				
9 a Gross income from gaming activities. See 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0 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 0 b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 f 11 a 10b 0 c All other revenue 0 0 e Total Add lines 11a-11d 7,419,702.1,217,463. 0.										
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 b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a Business Code c All other revenue e Total. Add lines 11a-11d 7,419,702.1,217,463. 0. 7,478										
b Less: direct expenses 9b Image: Set interviewer 9b Image: Set interviewer Image: Set interviewer <td></td> <td>9</td> <td>а</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		9	а							
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 source Business Code 11 a b c d d d d d d all other revenue e Total revenue. See instructions 7,419,702.1,217,463.			h							
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 0 so a b c c d All other revenue 10a e Total. Add lines 11a-11d 7,419,702.1,217,463. 0.										
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory some or (loss) from sales of inventory Business Code b		10								
b Less: cost of goods sold 10b Image: Cost of goods sold Image: Cost				-	Da					
c Net income or (loss) from sales of inventory Business Code 11 a			b							
11 a										
e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,419,702.1,217,463. 0. 7,478.	s				Business Code					
e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,419,702.1,217,463. 0. 7,478.	e	11	а							
e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,419,702.1,217,463. 0. 7,478.	lane		b							
e Total. Add lines 11a-11d 12 Total revenue. See instructions 7,419,702.1,217,463. 0. 7,478.	Sev									
12 Total revenue. See instructions 7,419,702.1,217,463. 0. 7,478.	Mis									
Iz Iotal revenue. See instructions I// + // 5 232009 12-13-22 Form 990 (2022)		10				7 419 702	1 217 463	0	7 478	
	23200						_,,100.		Form 990 (2022)	

64627__1

	Check if Schedule O contains a respon		this Part IX		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,				
	trustees, and key employees	1,065,132.	928,968.	90,087.	46,077.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,442,758.	3,002,642.	291,183.	148,933.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	322,196.	282,306.	27,258.	<u>12,632.</u> 30,709.
9	Other employee benefits	783,312.	686,335.	66,268.	30,709.
10	Payroll taxes	339,019.	298,740.	27,665.	12,614.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,179.		5,179.	
с	Accounting	100,942.		100,942.	
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.)	1,047,321.	874,613.	169,572.	3,136.
12	Advertising and promotion	141,870.	141,870.		
13	Office expenses	24,871.	24,871.		
14	Information technology	253,202.	253,202.		
15	Royalties				
16	Occupancy				
17	Travel	65,577.	36,584.	28,993.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	171,623.	160,829.	10,794.	
20	Interest	-	-	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	13,871.		13,871.	
24	Other expenses. Itemize expenses not covered				
	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 0.)				
а	RESEARCH	242,279.	242,279.		
b	INSTRUCTIONAL MATERIALS	43,667.	43,667.		
c	MEMBERSHIP DUES & SUBSC	21,867.	21,867.		
d	OTHER EXPENSE	9,198.	-	9,198.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,093,884.	6,998,773.	841,010.	254,101.
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)				

Form 990 (2022)

EDREPORTS ORG INC Part IX Statement of Functional Expenses

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

Page 10 47-1171149

X

232010 12-13-22

Form 990 (2022)

12

EDREPORTS ORG INC

(A) Beginning of year (B) End of year 674,399. 2,933,795. 1 1 Cash - non-interest-bearing 14. 353. Savings and temporary cash investments 2 2 508,625. 904,313. 3 3 Pledges and grants receivable, net 214,717. 474,420. 4 4 Accounts receivable, net 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 21,697. 68,693. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 222,471. 310,368. 14 14 Intangible assets 1,898,308. 2,853,803. 15 15 Other assets. See Part IV, line 11 5,799,627. 5,286,349. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) <u>162,359.</u> 321,388. Accounts payable and accrued expenses 17 17 18 18 Grants payable 10,125. 12,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 172,484. 333,388. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,612,504. 27 3,216,966. 27 Net assets without donor restrictions Net assets with donor restrictions 1,014,639. 1,735,995. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,627,143. 4,952,961. Total net assets or fund balances 32 32 5,799,627. 5,286,349. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

09081108 795476 64627

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2022)

Form	1990 (2022) EDREPORTS ORG INC	47-1	171149	Pag	_{ge} 12
Pa	rt 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)	1	7,419),7(02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,093	8,8	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	-674	1,1	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,627	',14	43.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	4,952	2,9	<u>51.</u>
Pa	rt 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	e basis,			
	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				
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		200	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022

Open to Public . Inspection

-

Nan	ne or t	ine organization							
De			PORTS ORG					4	7-1171149
	irt I	Reason for Public (see instructions	5.	
The	organ	ization is not a private found		-	•				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative					•		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	ipporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or							
f	Ente	er the number of supported c	organizations						
g	Prov	vide the following informatior	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota									
100	a1						1		1

Schedule	A (Form 990) 2022
Part II	Support Sc

EDREPORTS ORG INC

47-1171149 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15105054.	2939911.	3382338.	5602901.	6194761.	33224965.
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	15105054.	2939911.	2202220	FC02001	6104761	22224065
	Total. Add lines 1 through 3	15105054.	2939911.	3382338.	5602901.	0194/01.	33224965.
5							
	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)						16633841.
~							16591124.
	Public support. Subtract line 5 from line 4.						<u>µ0391124.</u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	15105054.	2939911.	3382338.	5602901.		33224965.
8	Gross income from interest,	19109094.	2,2,2,2,2,1,1	5562556.	5002501.	0194/01.	552245050
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,484.	7,616.	5,844.	7,478.	23,422.
9	Net income from unrelated business		_,	.,		.,	
Ŭ	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						33248387.
	Gross receipts from related activities	, etc. (see instructio	ons)			12 3	,310,457.
13	First 5 years. If the Form 990 is for t	he organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and sto	phere					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	olumn (f))		14	<u>49.90 %</u>
15	Public support percentage from 2021	1 Schedule A, Part	II, line 14			15	<u>56.36 %</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported of	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A	(Form	990) 202

EDREPORTS ORG INC

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				I
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second third	fourth, or fifth tax	vear as a section f	501(c)(3) oro	anization
	check this box and stop here	•		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
16	Public support percentage from 2021					16	% %
	ction D. Computation of Inves						/0
	•			ing 12 golumn (f))		17	04
	Investment income percentage for 20						<u> </u>
18	Investment income percentage from 33 1/3% support tests - 2022. If the					18	% d line 17 is not
198							
	more than 33 1/3%, check this box ar						
i0	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t	nis box and see ins		
23202	23 12-09-22		1 0			Sch	edule A (Form 990) 2022

10

1

Yes No

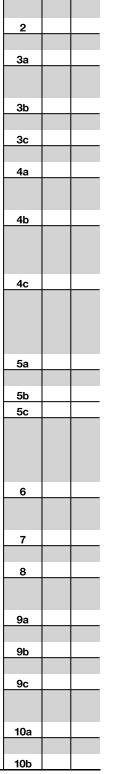
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22



Schedule A (Form 990) 2022

Part IV	Suppor	ting Org	ganizations (continued)
Schedule A	(Form 990)	2022	EDREPORTS	ORC

1

2

			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		
Sec	tion 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			

INC

	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	E
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled t	ne supporting or	ganizalion.
Section C. T	pe II Suppo	orting Organi	zations

 Yes
 No

 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
 Image: No

 Image: the supported organization(s)
 Image: No
 Image: No

 Image: the supported organization was vested in the same persons that controlled or managed
 Image: No

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

EDREPORTS ORG INC

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

Schedule A (Form 990) 2022

47-1171149 Page 6

232026 12-09-22

Schedule A (Form 990) 2022

EDREPORTS ORG INC

_	dule A (Form 990) 2022 EDREPORTS ORG			47	-1171149 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	EDREPORTS	ORG	INC			47-1171149	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the	e explar 6, 9a, 9	nations required 9b, 9c, 11a, 11b	o, and 11c; Part	IV, Section B, lines	r 17b; Part III, line 12; 1 and 2; Part IV, Section	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sectior	n E, line	s 2, 5, and 6. Al	so complete thi	s part for any additio	onal information.	
232028 12-09-2	2						Schedule A (Form 9	90) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL & MELINDA GATES FOUNDATION	6,614,043.	5,949,075.
CARNEGIE CORPORATION OF NEW YORK	1,525,240.	860,272.
CHARLES & LYNN SCHUSTERMAN FOUNDATION	4,689,700.	4,024,732.
OVERDECK FAMILY FOUNDATION	3,345,000.	2,680,032.
PIVOT LEARNING	800,000.	135,032.
WILLIAM & FLORA HEWLETT FOUNDATION	3,649,666.	2,984,698.
Total Excess Contributions to Schedule A. Part II. Line 5		16,633,841.

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

1171149

	EDREPORTS ORG INC	47-1171
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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.

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.

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 ______\$

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) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

EDREPORTS ORG INC

47-1171149

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>2,964,694.</u> -	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
2		\$ <u>1,200,000.</u> 	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
3		- \$ <u>866,341.</u>	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
4		- \$ <u></u> 754,000.	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		- \$ <u>200,000.</u> -	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
		- \$\$	Person Payroll Occupied Part II for noncash contributions.)

24

64627__1

(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
		\$	

Schedule B (Form 990) (2022) Name of organization

Part II

EDREPORTS ORG INC

25 2022.05000 EDREPORTS ORG INC

Schedule B (Form 990) (2022)

64627_1

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

47 - 1171149

Schedule	B (Form 990) (2022)		Page 4
Name of o	organization		Employer identification number
EDREP	ORTS ORG INC		47-1171149
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line entri- charitable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	nd 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			(a) 2000 (plant of now girt io hold
	_	(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

26 2022.05000 EDREPORTS ORG INC

60		Supplement	al Financial St	atements		OMB No. 1545-0047
	HEDULE D		2022			
	1550)					
	ment of the Treasury Revenue Service	A Go to www.irs.gov/Form99		Open to Public Inspection		
Nam	e of the organizati					r identification number 47-1171149
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A		
1 01		n answered "Yes" on Form 990, Part IV, lin			ooounts.	Complete il the
			(a) Donor advise	d funds	(b) Funds a	nd other accounts
1	Total number at er	nd of year			()	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		ld in donor advised fu	nds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for ar	y other purpose confe	rring	
	impermissible priv					. Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part I	/, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).	_		
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a his	torically impo	ortant land area
	Protection o	f natural habitat		Preservation of a ce	tified historic	c structure
	Preservation	of open space				
2		through 2d if the organization held a qualit	fied conservation contrib	ution in the form of a c		
	day of the tax year				Held	d at the End of the Tax Year
а					2a	
b	-					
С		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
•					2d	
3		vation easements modified, transferred, rel	eased, extinguisned, or t	erminated by the orga	nization durir	ig the tax
4	year	 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		ion handling of		
•		orcement of the conservation easements it				Yes No
6	,	r hours devoted to monitoring, inspecting,				
			.	0		0
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and en	forcing conservation e	asements du	ring the year
-						
8		vation easement reported on line 2(d) abov				
•	and section 170(h)	(4)(B)(II)? be how the organization reports conservation				Yes No
9						the
		d include, if applicable, the text of the footr ounting for conservation easements.	lote to the organization s	inancial statements t	lat describe:	
Par	t III Organiza	ations Maintaining Collections of	f Art. Historical Tre	asures. or Other	Similar As	sets.
		the organization answered "Yes" on Form		,		
1 a		elected, as permitted under FASB ASC 95		enue statement and ba	lance sheet	works
	•	easures, or other similar assets held for put	•			
		Part XIII the text of the footnote to its finar				-
b		elected, as permitted under FASB ASC 95			ce sheet worl	ks of
-	-	sures, or other similar assets held for public				
		ng amounts relating to these items:	,, .			
	-	ded on Form 990, Part VIII, line 1			\$	
2	.,	received or held works of art, historical tre			• <u> </u>	
-		unts required to be reported under FASB A			.1	
а		on Form 990, Part VIII, line 1			\$	
		Form 990, Part X				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

09081108 795476 64627

27 2022.05000 EDREPORTS ORG INC

Sche		TS ORG INC						47-11	7114	<mark>9</mark> Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, oi	r Othei	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 t	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-	_	_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					A		
									Amoun	τ	
c	Beginning balance										
d	Additions during the year										
-	Distributions during the year										
f On	Ending balance								Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						ity?	∟		-	No
Par							10	<u></u>	<u></u>		
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	((-, -	j	(-, ,		(,		(-)		
b	Contributions										
c	Net investment earnings, gains, and losses									-	
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	'	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere			/ line 11e (Coo Form 000	Dout V	line 10				
			,	,	I			.	() =	<u> </u>	
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	bd	(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colur</u>	nn (B), line 1	0c.)						0.
								Cabadula	D / C		

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RESTRICTED CASH			2,853,803.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		2,853,803.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		

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

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 EDREPORTS ORG INC			47-1	1171149	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,428,	702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	16,478.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	<u> </u>	478.
3	Subtract line 2e from line 1			3	7,412,	,224.
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	7,478.			
С	Add lines 4a and 4b			4c	7	478.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,419	,702.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	Return	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	8,110,	,362.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	4.6 4.5 0			
а	Donated services and use of facilities		16,478.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d						450
е	Add lines 2a through 2d			2e		478.
3	Subtract line 2e from line 1			3	8,093,	884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				0
	Add lines 4a and 4b			4c	0 002	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	8,093,	884.
Fal	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), EXCEPT ON ANY
NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION
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.

232054 09-01-22

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME IS SHOWN SEPARATELY FROM REVENUE IN THE

FINANCIAL STATEMENTS

Schedule D (Form 990) 2022

09081108 795476 64627

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer id			nber
		EDREPORTS ORG INC	47-11	17114	9	
Pa	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees				
		spending account Personal services (such as maid, chauffeu	r, chet)			
h	If any of the bayes	an line to are checked, did the exception follow a written nation reserving normant or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation or	ommittee			
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 re					
а	•	e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4.		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. <u>6a</u>		X
	Any related organiz	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		. 7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	e			
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022

47-1171149

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 W	/-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)	(F) Compensation 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)	301,535.	0.	3,061.	0.	62,227.	366,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNIDRA JOHNSON	(i)	194,670.	1,000.	1,078.	0.	40,999.	237,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANNA CHAN	(i)	177,301.	1,000.	754.	0.	49,695.	228,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COURTNEY ALLISON	(i)	190,160.	1,000.	1,361.	0.	20,170.	212,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREN WEISSKIRK	(i)	190,160.	1,000.	1,052.	0.	20,142.	212,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 35 35,565.

4,599.

0.

Schedule O (Form 990) 2022

Name of the organization EDREPORTS ORG INC	Employer identification number 47-1171149
TOTAL EXPENSES	40,164.
GENERAL CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	68.
TOTAL EXPENSES	68.
EDUCATION AND CONTENT CONSULTING:	
PROGRAM SERVICE EXPENSES	783,787.
MANAGEMENT AND GENERAL EXPENSES	9,040.
FUNDRAISING EXPENSES	3,068.
TOTAL EXPENSES	795,895.
INFORMATION TECHNOLOGY CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	124,967.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	124,967.
EDUCATIONAL TRAINING:	
PROGRAM SERVICE EXPENSES	86,227.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	

FORM 990 PART XII, LINE 2C:		
232212 10-28-22		Schedule O (Form 990) 2022
	36	

Sched	ule O (Form 990) 2022								Page
Name of the organization EDREPORTS ORG INC							Employer identification number 47-1171149		
			MADE			— —			
THE	ORGANIZAITO	N HAS	MADE	NO	CHANGES	TO	THEIR	PROCESSES.	
232210	10-28-22								Schedule O (Form 990) 202