Form **990** 

Department of the

Treasury

# **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  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2019

DLN: 93493134002241 OMB No. 1545-0047

Open to Public Inspection

Interna	l Reve	nue Service					тизресской	
A F	or the	e <b>2019</b> c	alendar year, or tax year beginning 07-01-2019 ,and ending 06-30-	2020				
<b>B</b> Che	ck if a	pplicable:	C Name of organization edX Inc		D Employer ic	dentifica	ation number	
		change	CUA IIIC		46-080774	0		
□Na		-	Doing business as					
☐ Ini		turn n/terminated	<b>5</b>					
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nu	ımber		
□ Ар	plication	on pending	141 Portland Street 9th Floor		(617) 253-	2744		
			City or town, state or province, country, and ZIP or foreign postal code					
			Cambridge, MA 02139		<b>G</b> Gross receipt	ts \$ 85,0	)93,783	
			F Name and address of principal officer:	H(a) Is this	a group return	n for		
			Anant Agarwal 141 Portland Street 9th Floor		inates?		□Yes <b>☑</b> No	
			Cambridge, MA 02139	H(b) Are all	subordinates		☐ Yes ☐No	
I Tax	x-exen	npt status:	☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	include	ed? " attach a list.	(ann in		
7 147	- 1 14				exemption nur	•	•	
J VV	ebsit	.e: P ww	w.edx.org		exemption nui	IIIDCI P		
V Form	n of or	rannization	Corporation ☐ Trust ☐ Association ☐ Other ►	Year of format	ion: 2012 <b>M</b> :	State of	legal domicile:	
K FOII	11 01 01	i ganization.	Corporation in Trust in Association in Other		MA			
Pa	art I	Sum	mary		I			
		Briefly des	cribe the organization's mission or most significant activities:					
			MISSION IS TO EXPAND ACCESS TO EDUCATION AND BECOME A LEADING RI					
Ce		AND RESE	DE BY PROVIDING AND ENHANCING TEACHING AND LEARNING ON CAMPUS ARCH.	AND ONLINE	THROUGH AL	JVANCE	:D TECHNOLOGIES	
Ě	-							
EL	-							
Governance	-							
			is box $ ightharpoons \square$ if the organization discontinued its operations or disposed of more for $\square$ for $\square$ in the governing body (Part VI, line 1a)		of its net asset	ts. <b>  3  </b>	9	
<b>φ</b>	l		of independent voting members of the governing body (Part VI, line 1b)			4		
<b>⋢</b>	l							
Activities &	l		nber of individuals employed in calendar year 2019 (Part V, line 2a)			5	247	
Ă			nber of volunteers (estimate if necessary)		•	6	0	
			elated business revenue from Part VIII, column (C), line 12			7a	0	
	Ь	Net unrel	ated business taxable income from Form 990-T, line 39			7b	0	
				Prio	r Year		Current Year	
σi	8	Contribut	ions and grants (Part VIII, line 1h)		26,946,496		11,438,680	
Ravenue	9	Program	service revenue (Part VIII, line 2g)	47,401,776	71,803,832			
Α. Σ	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )	483,763		358,959		
	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,188,118		1,091,242	
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,020,153		84,692,713	
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0		5,000	
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0		
SS.	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		32,016,924	4 39,645,820		
nse	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0		0	
Expenses	Ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶715,749					
Д	l		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		42,420,190		62,193,582	
	l		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		74,437,114		101,844,402	
	l		less expenses. Subtract line 18 from line 12		1,583,039		-17,151,689	
¥ 0:				Beginning o	of Current Year		End of Year	
S C								
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		43,668,830		48,485,627	
₹₩	21	Total liab	ilities (Part X, line 26)		40,481,976		62,450,462	
žΞ	22	Net asset	s or fund balances. Subtract line 21 from line 20		3,186,854		-13,964,835	
Pa	rt II	Sian	ature Block		J			
Under	pena	alties of p	erjury, I declare that I have examined this return, including accompanying sc					
knowl any k			f, it is true, correct, and complete. Declaration of preparer (other than officer	) is based on	all information	n of wh	ich preparer has	
uny K	HOWIC							
		*****	ĸ		-05-14			
Sign		Signati	ure of officer	Date				
Here	:	Peter E	Brau Treasurer					
		Type o	r print name and title					
		P	rint/Type preparer's name Preparer's signature Date	Ch	k 🔲 if PTIN			
Paid	t			l l	employed			
Pre		er 🕝	irm's name 🕨		's EIN ►			
Use		H	irm's address ▶	uo no				
	٠.,	·-•	5 ddd: 655 F	e no.				
			this return with the preparer shown above? (see instructions) $\ \ . \ \ \ . \ \ \ .$			∐Ye	s 🗆 No	
For P	aper	work Re	duction Act Notice, see the separate instructions.	Cat. No. 11			Form <b>990</b> (2019)	

Form	990 (20	019)				Page <b>2</b>
Pa	rt III	Statement of Program Se	rvice Accomplis	hments		_
		Check if Schedule O contains a	response or note to a	ny line in this Part III .		🗆
1	Briefly	describe the organization's miss	ion:			
					OURCE FOR LEARNERS AND LEARN DUGH ADVANCED TECHNOLOGIES A	
2	Did the	e organization undertake any sig	nificant program serv	vices during the year wh	nich were not listed on	
	the pri	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	," describe these new services o	n Schedule O.			
3	Did the	e organization cease conducting,	or make significant o	changes in how it condu	icts, any program	
		s?				☐ Yes ☑ No
4	Describ Section	be the organization's program se	rvice accomplishmer izations are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
4a	(Code:	) (Expenses \$	94,597,386	including grants of \$	5,000 ) (Revenue \$	72,895,074 )
	•	ditional Data	,,	, , , , , , , , , , , , , , , , , , ,	, (	
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other (Expen	program services (Describe in So ses \$	chedule O.) including grants of	\$	) (Revenue \$	)
4e	Total	program service expenses 🕨	94,597,3	86		

	Chaptelist of Baguired Schodules			Page 3
Pai	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	103	No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	110
	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

 ${f 20a}$  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  $\,$  .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

No

20a

20b

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-m 9	990 (2019)			Page •
Part	Checklist of Required Schedules (continued)			
			Yes	No
(	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
ä	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	Yes	
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d I	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
(	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		No
6	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		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b /	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
I	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
ı	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
(	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		No
į	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3 I	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	∐ No
La I	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   38		res	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

**1**c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • •	4a		No		
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		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
С	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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
	If "Yes," indicate the number of Forms 8282 filed during the year			1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
_	Initiation fees and capital contributions included on Part VIII, line 12 10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]  Section F01(a)(12) approximations. Fatory	-				
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			N <sub>0</sub>		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140				
	parachute payment(s) during the year?	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

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orm	990 (2019)			Page <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	ines 🗸
Se	ction A. Governing Body and Management			
		$\longrightarrow$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year  9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Peter Brau 141 Portland Street 9th Floor Cambridge, MA 02139 (617) 324-7059			
		F	orm 996	0 (2019)

Part VII

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

and Independent Contractors

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

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

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

Check this box if neither the organization	tion nor any relate	d organ	izatio	n co	mpe	ensate	ed ar	ny current officer, dir	rector, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours for related	Positio than o is bo	n (do ne bo	(C) not ix, u n off or/ti	che nles icer uste	ck mos s pers	ore son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) Alan Garber	2.0			,				0	761 260	104 206	
Co-Chair	0	X		X				0	761,360	194,399	
(2) Anant Agarwal	60.0										
CEO	0	X		X				698,809	0	158,721	
(3) Martin Schmidt	2.0										
Co-Chair	60.0	X		X				0	755,469	76,469	
(4) Alan Spoon	1.0										
Director		X						0	0	(	
(5) Bharat Anand	1.0										
Director		X						0	518,768	40,138	
(6) Israel Ruiz	1.0										
Director	60.0	Х						0	868,577	58,016	
(7) Jeff Bussgang	1.0										
Director		Х						0	61,437	141	
(8) Katherine Lapp	1.0										
Director		Х						o	766,951	45,061	
(9) Sanjay Sarma	1.0										
Director	•••••	Х						o	511,055	68,172	
(10) Adam Medros	60.0										
President				×				525,575	0	66,075	
	60.0										
(11) Nell Ma'luf				х				313,560	0	42,944	
Clerk (13) Poten Brown	60.0										
(12) Peter Brau				x				237,201	0	48,286	
Treasurer (13) Johannes Heinlein	60.0										
Chief Commercial Officer and SVP, Strategic Partnerships	0				x			420,298	0	62,113	
(14) Kathleen Pugh	60.0										
VP, Content & Partner Success					X			293,154	0	66,948	
(15) Lauren Holliday	60.0										
VP, Product					Х			283,367	0	57,383	
(16) Michael Hebert	40.0										
Senior Director of People and Culture					Х			240,866	0	56,64	
(17) Nina Huntemann	40.0										
VP, Learning					х			194,467	0	24,467	
vi, Loaning	0						1	1			

Form 990 (2019)					_		••••		•=		**	Page <b>8</b>
Part VII  Section A. Officers, Direct  (A)  Name and title	(B) Average hours per week (list any hours for related organizations	Positic than o is b	ion (do one bo both a direct	(C) lo not lox, un an offi ctor/tr	) t che unles ficer rust	neck mo ess pers er and a tee)	ore son a	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	E: amoi con f orgai	(F) Estimated amount of othe compensation from the organization ar related	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			org	anizat	ions
(18) Edward Batchelder Software Architect	60.0 0					х		274,569	9 0	)		64,298
(19) Jack Drew II	0.0a			$\prod$		×		278,773	3 0			50,586
Director, Sales (20) Lee Rubenstein	60.0 0		$\vdash$			X	$\vdash$	355,017	7 0	0		63,991
VP, Business Development (21) Scott Dunn	60.0			H		×	<del>                                      </del>	260,160				29,854
Director, Software Engineering (22) Trevor Bass	60.0			+		X	$\vdash$	270,286				44,781
Data Scientist and Architect (23) Mark Haseltine	40.0			H	_		Ļ					
Former Chief Product Officer	.۵						×	142,125	5 0	1		24,141
1b Sub-Total						<b>P</b>						
	g but not limited	to those			— bov	<b>•</b>	rec	4,788,228 eived more than \$10	4,243,617		1,	,343,629
										Y	es	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, ke	ey en •	nplo •	oyee, d	or hiç	ghest compensated		3 Y	es	
4 For any individual listed on line 1a, is organization and related organization individual												
Did any person listed on line 1a recei services rendered to the organization									ividual for		es	
Section B. Independent Contract  Complete this table for your five high	i <b>tors</b> hest compensated	ed indepe	pender	nt cor	ontra	actors (	that	received more than	n \$100,000 of compe	<b>5</b> ensatio	<u></u>	No
from the organization. Report compe	ensation for the c	calendar						thin the organization	n's tax year. (B)		(C)	
ARBISOFT LLC	and business addre	ISS							cription of services GY SERVICES	Co	mpens	
2035 CENTRAL CIRCLE 201 MCKINNEY, TX 75069 TRUE SYNTHESIS LLC								TALENT AD'	VISORY SERVICES			308,873
56 N HADDON AVENUE 1ST FLOOR HADDONFIELD, NJ 08033									IJORT SELLE			100,0
PSI SERVICES LLC 18000 W 105TH STREET								CAREER DEV	VELOPMENT SERVICES		3	301,582
OLATHE, KS 66061 PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001								ACCOUNTIN	NG SERVICES			277,500
PHILADELPHIA, PA 19170 EMPIRICAL PATH LLC					_		_	CONSULTIN	IG SERVICES		1	121,342
512 TULANE DRIVE ALBUQUERQUE, NM 87106 2 Total number of independent contractor	(including hu	+ not lin	-itad	+h	258	"cted	- ho	who received m	than \$100 000	- 4		
compensation from the organization		HOC IIII	lteu t	.0 unc	)se	listeu	abov	e) who received the	Te than \$100,000 t		- 000	(2019)

orm 9- Part		(2019) Statement	of F	Pevenus						Page <b>9</b>
-rait	VIII				a respo	onse or note to any	line in this Part VIII			🗆
				•••	15 -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. s	1:	a Federated campa	igns		1a		1	revenue		312 314
ants		<b>b</b> Membership dues	5.		<b>1</b> b	6,676,979				
Smooth		<b>c</b> Fundraising even	ts .	. [	1c					
ifts, ar A		<b>d</b> Related organiza			1d					
imil		e Government grants	,	,	1e					
tion er S		<ul> <li>All other contribution</li> <li>and similar amounts</li> <li>above</li> </ul>	ns, y s not	included	1f	4,761,701				
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g					
Con		<b>h Total.</b> Add lines	1a-1	f		•	11,438,680			
						Business Code				
	2a	CERTIFICATES REVE	NUE			611710	67,826,923	67,826,923		
venue	b	TUITION REVENUE				611710	3,040,729	3,040,729		
Program Service Revenue	c	HOSTING & DEVELOR	MEN	T REVENUE		611710	871,780	871,780		
Servi	d	SUPPORTED COURSE	REV	ENUE		611710	64,400	64,400		
gram	e									
Ρ̈́							0	0	0	0
		All other program  Total. Add lines 2				71,803,832				
		Investment income					1			
	5	similar amounts) .	•			•		9		358,959
		Income from invest Royalties		it of tax-exe	•	ond proceeds •	-			
		,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		401,070					
		Less: rental			· ·		1			
	_	expenses Rental income	6b	•	401,070					
		or (loss)	6с		C	)	<u>o</u>			
	C	Net rental income	or (					0		0
	<b>7</b> a	Gross amount		(i) Secur	ities	(ii) Other	_			
	from sales of assets other than inventory									
	b	Less: cost or other basis and	7b							
		sales expenses  Gain or (loss)	7c			)				
		Net gain or (loss)					1			
ne	8a	Gross income from fu		of						
Other Revenue		contributions reported See Part IV, line 18		line 1c).	8a					
· Re	Ŀ	Less: direct expen	ses		8b					
thei	C	Net income or (los	s) fr	om fundrais	ing ev	ents 🕨	_			
	9a	Gross income from								
		See Part IV, line 19			9a					
		Less: direct expen Net income or (los			9b	ies				
		The meanie of (100	, II	om gammig		les <b>&gt;</b>	1			
	10	aGross sales of inve returns and allowa	nto	ry, less	10a					
	Ŀ	Less: cost of good	s sol	ld	10a		-			
	c	Net income or (los	s) fr	om sales of	invent	ory				
	11	Miscellaneo		evenue		Business Code 61171	950 399	850,388		
	11	·aservices reven	UĒ			611/1	850,388	650,388		
	Ŀ	REFERRAL REVEN	UE			61171	0 184,201	184,201		
	•	TRAINING REVEN	UE			61171	0 2,250	2,250		
		i All other revenue					54,403	3 54,403	0	0
		Total. Add lines 1				•	·	,		
	12	<b>! Total revenue.</b> S	ee ir	nstructions			1,091,242		_	252.053
						·	84,692,713	72,895,074	0	358,959

For	m 990 (2019)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c		_		· · · · <u>—</u>
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
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	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,912,742	3,178,544	373,473	360,725
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	26,936,952	23,921,570	2,810,744	204,638
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,607,559	2,282,798	268,225	56,536
9	Other employee benefits	3,632,821	3,188,952	374,696	69,173
10	Payroll taxes	2,555,746	2,264,942	266,127	24,677
11	Fees for services (non-employees):				
	a Management				
ı	Legal	317,040	283,705	33,335	
•	C Accounting	150,002	134,230	15,772	
	<b>d</b> Lobbying				
	e Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,369,752	11,964,002	1,405,750	0
12	Advertising and promotion	1,096,066	980,821	115,245	
13	Office expenses	2,374,815	2,125,117	249,698	
14	Information technology	153,258	137,144	16,114	
15	Royalties	38,579,123	38,579,123		
16	Occupancy	3,015,161	2,698,135	317,026	
17	Travel	381,032	340,969	40,063	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	490,353	438,795	51,558	
20	Interest	128,665	115,137	13,528	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	460,150	411,768	48,382	
23	Insurance	129,533	115,913	13,620	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount				

685,507

338,275

293,268

133,941

97,641

101,844,402

613,430

302,707

293,268

133,941

87,375

94,597,386

72,077

35,568

10,266

6,531,267

0

715,749

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exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

expenses on Schedule O.)

a ADMIN FEES - MIT

**b** VERIFICATION FEES

c COURSE MATERIALS

d PROCTORING FEES

e All other expenses

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2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 30,855,949

9,614,107

7,210,345

805,226

48,485,627

20,291,895

62.450.462

-14.311.966

-13,964,835

48,485,627

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347,131

(B) End of year

Page **11** 

Cash-non-interest-bea

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

1

aring . Savings and temporary cash investments . Pledges and grants receivable, net . . .

Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

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

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

10a

10b

3,543,902 2,738,676

4,458,061 753,280

Beginning of year

29,746,794

8.710.695

0 5

0 6

0

0

0 15

43,668,830

11,493,666

2,769,681

40.481.976

3,186,854

3,186,854

43,668,830

0 28

14

16

17

18

25

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29

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31

32

33

1

2

3

4

12 13

- 26.218.629 19 33.071.582 20 21 22
  - 23 24 9,086,985

3h

Form 990 (2019)

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

#### **Additional Data**

Software ID: 19010655 Software Version: 2019v5.0

**EIN:** 46-0807740

Name: edX Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

EDX'S LARGEST PROGRAM SERVICE ACTIVITIES ARE TO DEVELOP A LEARNING PLATFORM AS OPEN SOURCE SOFTWARE AND TO HOST ITS PARTNERS COURSES ON THAT PLATFORM, IN ORDER TO PROVIDE HIGH QUALITY ONLINE EDUCATIONAL EXPERIENCES WORLDWIDE. TOTAL ENROLLMENTS WERE APPROXIMATELY 75 MILLION WITH OVER 3,906 ONLINE COURSES.

efil	e GR	APHIC pri	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493134002241		
SCI	HED	ULE A		Public C	harity Status	and Puh	lic Suppo		OMB No. 1545-0047		
(For 9901	m 99 E <b>Z</b> )	0 or	Con	mplete if the org	panization is a section is a se	on 501(c)(3) or npt charitable t	ganization or rust.		2019		
-		f the Treasury	▶		gov/Form990 for in			rmation.	Open to Public Inspection		
Nam	e of tl	nue Service he organiza	tion					Employer identifica	<u> </u>		
edX Ir	ıc							46-0807740			
	rt I				<b>s</b> (All organizations t is: (For lines 1 throu			ee instructions.			
1	n ganiz		•		ociation of churches d	•		Δ)(i).			
2		,		,	)(A)(ii). (Attach Sche		. , . , .	~,(.).			
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		·	esearch orga	·	l in conjunction with a			•	iter the hospital's		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II.)									
6		A federal, s	tate, or local	l government or g	jovernmental unit des	cribed in <b>sectior</b>	170(b)(1)(A)	)(v).			
7		section 17	'0(b)(1)(A)	(vi). (Complete F	•	-		nit or from the genera	l public described in		
8			•		170(b)(1)(A)(vi). (0	·	•	201 1 1 1 1	,		
9	Ш				cribed in <b>170(b)(1)(</b> instructions. Enter th				ege or university or a		
10		from activit	non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11					exclusively to test for	public safety. Se	e section 509(	a)(4).			
12	<b>✓</b>	more public	ly supported	d organizations de	exclusively for the ber scribed in <b>section 50</b> ne type of supporting	9(a)(1) or sect	ion 509(a)(2)	. See section 509(a			
a	<b>✓</b>	<b>Type I.</b> A so	supporting or n(s) the pow	ganization operat	ed, supervised, or col point or elect a major	ntrolled by its su	oported organiz	ation(s), typically by			
b		Type II. A manageme	supporting on t of the sup	organization super	rvised or controlled in ion vested in the same						
С		Type III f	unctionally	integrated. A su	pporting organization ns). <b>You must comp</b>				ed with, its		
d		functionally	integrated.	The organization	A supporting organiz generally must satisfy <b>IV, Sections A and</b>	/ a distribution re					
e		integrated,	or Type III r	non-functionally in	d a written determina ntegrated supporting o	organization.					
f g								<u>2</u>			
		Name of supports				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No				
	SACHUS	SETTS INSTITU SY	TE OF	042103594	2	Yes		0	0		
(B) PRES COLL		AND FELLOWS	OF HARVARD	042103580	2	Yes		0	0		
Tota	ı		2					0	0		
		work Reduc	tion Act No	tice, see the Ins	tructions for	Cat. No. 11285F	S	chedule A (Form 99	00 or 990-EZ) 2019		

Section C. Computation of Public Support Percentage

Page 2

97.66 %

99.27 %

Section A. Public Support Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 23,826,449 25,749,405 19,770,580 26,946,496 11,438,680 107,731,610 include any "unusual grant.") . . Tax revenues levied for the

If the organization failed to qualify under the tests listed below, please complete Part III.)

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

23,826,449 25,749,405 19,770,580 107,731,610 26,946,496 11,438,680 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 914,905 line 1 that exceeds 2% of the amount shown on line 11, column

(f). . Public support. Subtract line 5 from line 4. Section B. Total Support Calendar vear (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ 23,826,449 25,749,405 19,770,580 26,946,496 11,438,680 Amounts from line 4. . Gross income from interest. dividends, payments received on

securities loans, rents, royalties 879,613 760,029 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on

106,816,705 107,731,610 Other income. Do not include gain

1,639,642

or loss from the sale of capital assets (Explain in Part VI.). .

10 **Total support.** Add lines 7 through 109,371,252

12

208,934,017 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . .

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

14

Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	performed, 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 business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	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.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in 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 assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2019

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

Page 4

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

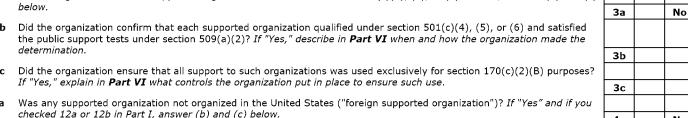
No

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
_				

1	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No

	describe the designation. If historic and continuing relationship, explain.	1	Yes	İ
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		N
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		N

	in section 509(a)(1) or (2).	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) purposes?		



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

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

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

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

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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

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

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

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

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

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

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

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

amendment to the organizing document).

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

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

cnec	tule A (Form 990 or 990-EZ) 2019		F	age
Par	Supporting Organizations (continued)			
	r		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		No
	ction B. Type I Supporting Organizations			110
	stion by Type 2 supporting organizations		Yes	No
L	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	· · · · · · · · · · · · · · · · · · ·	1	Yes	
!	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
organization.				No
Se	ction C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organizations? Frovide details in Part VI.  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.	3h		
	I I I I I I I I I I I I I I I I I I I			

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

#### **Additional Data**

**Software ID:** 19010655 Software Version: 2019v5.0 **EIN:** 46-0807740 Name: edX Inc.

Schedule A (Form 990 or 990-EZ) 2019 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test

Page 8

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493134002241

OMB No. 1545-0047

2019

## **Supplemental Financial Statements**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	ame of the organization X Inc	Em	ployer identification number
eu	A THE	46-	0807740
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	s or Ac	counts.
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor organization's property, subject to the organization's exclusive legal control?		funds are the
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds control charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	an be us se confer	ed only for ring impermissible Yes No
Pa	Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		an histo	rically important land area
			ed historic structure
		a cerum	ed mstoric structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	form of	a conservation  Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	by the oi	ganization during the
4	Number of states where property subject to conservation easement is located <b>&gt;</b>		<u> </u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	ng of viol	lations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conser\	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation	easements during the year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$ ?	n 170(h)	(4)(B)(i) ☐ <b>Y</b> es ☐ <b>N</b> o
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex balance sheet, and include, if applicable, the text of the footnote to the organization's financial st the organization's accounting for conservation easements.		atement, and
Pa	<b>Organizations Maintaining Collections of Art, Historical Treasures, or O</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther Si	milar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research i provide, in Part XIII, the text of the footnote to its financial statements that describes these item.	in furthe	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stat historical treasures, or other similar assets held for public exhibition, education, or research in ful following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. ▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for fi following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	inancial (	gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		. ▶\$
b	Assets included in Form 990, Part X		. ▶\$

Cat. No. 52283D

Schedule D (Form 990) 2019

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

Par	3111	Organizations Ma	iintaining Co	llections of A	rt, Histor	ical T	reas	ures, o	<u>r Other</u>	Similar As	ssets (	continued	')
3		g the organization's acqu s (check all that apply):	iisition, accessio	n, and other red	•	any of	the f	ollowing	that are a	a significant ι	use of it	s collectio	n
а		Public exhibition			d		Loa	n or exch	ange pro	grams			
b		Scholarly research			е		Oth	er					
С		Preservation for future	generations										
4	Provi	de a description of the o	organization's co	llections and ex	plain how th	ney furt	her tl	he organi:	zation's e	xempt purpo	se in		
5		ng the year, did the orga is to be sold to raise fun									□ Y	es 🗆	No
Pai	t IV	Escrow and Custo Complete if the org X, line 21.			n Form 99	0, Part	t IV,	line 9, o	r report	ed an amou			D, Part
1a		e organization an agent, ded on Form 990, Part X									□ Y	es 🗆	No
b	īf "Υ∈	es," explain the arranger	ment in Part XII	I and complete t	the following	a table:				A	mount		
c		nning balance				-			1c				
d	_	ions during the year							1d				
е		ibutions during the year							1e				
f		ng balance							1f				
2-		he organization include a							account li	ahilitu?		D	— No
2a		_								-		es ⊔	NO
b		es," explain the arranger		I. Check here if	tne explana	tion na	s bee	n provide	d in Part	XIII	ш		
Pa	rt V	Endowment Fund Complete if the org		wered "Yes" or	n Form 99	0. Part	tV.	line 10.					
		outhplace in the org	armzacioni amo	(a) Current ye		Prior ye			ears back	(d) Three year	ars back	(e) Four y	ears back
<b>1</b> a	Beginn	ing of year balance .											
b	Contrib	outions											
c	Net in	vestment earnings, gain:	s, and losses										
d	Grants	or scholarships											
		expenditures for facilitie	s										
f	Admini	istrative expenses .											
g	End of	year balance											
2	Provi	de the estimated percen	tage of the curr	ent year end ba	lance (line :	1g, colu	ımn (	a)) held a	as:	•			
а	Board	d designated or quasi-er	ndowment 🟲										
b	Perm	anent endowment 🟲	***************************************										
c	Temp	oorarily restricted endow	ment ▶										
·		percentages on lines 2a,	***************************************	 uld equal 100%.									
3а		here endowment funds r nization by:	not in the posse	ssion of the orga	anization th	at are h	neld a	nd admin	istered fo	or the		Yes	s No
	<b>(i)</b> uı	nrelated organizations					•				<u> </u>	a(i)	
_		elated organizations .										a(ii)	
b		es" on 3a(ii), are the rela										3b	
4		ribe in Part XIII the inte			endowment	funds.							
Pai	t VI	Land, Buildings, a Complete if the org			a Form 90	O Dart	+ T\/	lino 11a	Soo Eo	rm 990 Da	rt V li	no 10	
	Descri	iption of property	(a) Cost or ot (investm	her basis (b	Cost or othe					depreciation		( <b>d)</b> Book va	alue
1a	Land							1					
		ngs						1					
		nold improvements						1					
		nent				3.5	43,90	2		2,738,676			805,22
							/ - 0.	+		_, 0,0,0			- 20/22
				ı				1					

	Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	Part IV, line (b) Book value	11b.See Form 990, F (c) Method Cost or end-of-	d of valuat	ion:
30   30   30   30   30   30   30   30						
	(2) Closely-h (3)Other	neld equity interests				
C	(A)					
Display   Disp	(B)		+ +			
Fig.	(C)					
Complete   The organization answered   Yes  on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(D)					
Complete   The organization answered   Yes  on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(E)					,
Description of investments—Program Related.   Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, ine 13.	(F)					
Table   Column (2) most equal from 990, Part X, od. (8) Nex 12.)   Trivestments - Program Related.						
		(II) much and Sum (OO) Part V and (D) transf2				
(a) Description of investment (b) Sook value (c) Petrol of valuations (Cost or end-of-year market value (cost or end-of-year end	Part VIII	Investments—Program Related.	•			
Cost or ent-of-year market value   Cost or ent-of			Part IV, line			
2)  2)  3)  4)  55)  60  77)  88  99  70tal. (Column (b) must equal form 990, Part X, col (8) line 13)  (a) Description  (b) Book value  (b) Book value  (c) Description  (b) Book value  (c) Book value  (c) Book value  (d) Book value  (e) Book value  (f) Book value  (g) Book value  (h) Book value  (g) Book value  (h)		(L) Description of investment		(2) Sook value	Cost or	end-of-year market
33   34   34   35   35   35   35   35	(1)					
15	(2)					
10   10   10   10   10   10   10   10	(3)					
	(4)					
	(5)					
State	(6)					
Section   Column (b) must equal Form 990, Part X, col.(8) line 13.)   The 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   (b) Book value   (c) Book value						
Part IX						
Table						
Other Assets.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		(1)				
(a) Description (b) Book value  (2)	Part IX	Other Assets.		<b>'</b>		
1			art IV, line	11d. See Form 990, Par	t X, line 1	5. <b>(b)</b> Book value
33  44  55  66  77  88  99  fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  L. (a) Description of liability (b) Book value  1) Federal income taxes  2) LINE OF CREDIT FROM AFFILIATES  3) DUE TO AFFILIATE  3,958,320  45  66  77  88  99  100  101  102  103  104  105  105  106  107  108  109  109  100  100  100  100  100	(1)					
1	(2)					
166	(3)					
10	(4)					
17   18   18   19   19   19   19   19   19	(5)					
10   10   10   10   10   10   10   10	(6)					
10   10   10   10   10   10   10   10	(7)					
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.						
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.						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT FROM AFFILIATES (3) DUE TO AFFILIATE (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		mn (h) must agual Form 990 Part V. col (R) line 15				
(a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT FROM AFFILIATES (3) DUE TO AFFILIATE (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part X	Other Liabilities.			<u> </u>	
(a) Seasipholis Malan (Seasipholis Malan (Seasipho			art IV, line	11e or 11f.See Form		
2) LINE OF CREDIT FROM AFFILIATES       5,128,665         3) DUE TO AFFILIATE       3,958,320         (5)       (6)         (7)       (8)         (8)       (9)         (10)       (10)         Iotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)       ▶ 9,086,985					value	_
(4) (5) (6) (7) (8) (9) (10) (rotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 9,086,985					5,128,665	5
(5) (6) (7) (8) (9) (10) (rotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  9,086,985		AFFILIATE			3,958,320	<u>)</u>
(6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 9,086,985						_
(7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 9,086,985						_
(8) (9) (10) (10) (10) (10) (10) (10) (10) (10						_
(10)    Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(7)					_
(10)    Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(8)					_
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 9,086,985	(9)					_
	(10)					_
			to to the com			_

Part XI

2

b

C

Part XII

5

1

2

Schedule D (Form 990) 2019

Page 4

84,734,824

401,070

358,959

84,692,713

102,116,807

401,070

Schedule D (Form 990) 2019

84,333,754

#### Donated services and use of facilities . . . . 2b b **2**c Recoveries of prior year grants . . . . . d Other (Describe in Part XIII.) 2d 401,070

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

2e

Add lines 2a through 2d . . . . . е Subtract line 2e from line 1 . . . . . . . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4

Add lines 4a and 4b .

Add lines 2a through 2d .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

Total expenses and losses per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Investment expenses not included on Form 990, Part VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b

2a

2a 2b

2c

2d

358,959 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

401,070

3

1

2e

3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	101,715,737
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b	128,665		
С	Add lines <b>4a</b> and <b>4b</b>				4c	128,665
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	) .		5	101,844,402
Par	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference		Expl	anation		
See A	dditional Data Table					

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### **Additional Data**

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 46-0807740

Name: edX Inc

## Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	FOR TAX PURPOSES THE COMPANY IS DESIGNATED AS A NOT FOR PROFIT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COMPANY COMPLIES WITH AUTHORITATIVE GUIDANCE AND ACCOUNTING FOR AND DISCLOSURE OF UNCERTAINTY IN TAX POSITIONS, AND NO ESTIMATES FOR UNCERTAINTY HAVE BEEN RECORDED TO DATE

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	GROSS RENTAL INCOME NETTED WITH RENTAL EXPENSES - 401070

\_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	INTEREST INCOME INCLUDED IN NON-OPERATING AMOUNT OF "OTHER" - 358959

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	RENTAL EXPENSES NETTED WITH GROSS RENTAL INCOME - 401070

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	INTEREST EXPENSES INCLUDED IN NON-OPERATING AMOUNT OF "OTHER" - 128665

SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited St	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comp	lete if the organiz	zation answered " ► Attach t	Yes" to Form 990, Part IV, to Form 990. nstructions and the latest i	line 14b, 15	5, or 16.	2019 Open to Public Inspection
Internal Revenue Service							<u> </u>
Name of the organization edX Inc						Employer laer	itification number
						46-0807740	
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
_	:he grantees'	eligibility for th	e grants or assis	substantiate the amoun stance, and the selection	_		☐ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its	s grants and ot	her assistance
3 Activites per Region	. (The followi	ng Part I, line 3 t	able can be dupli	cated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuati	ion sheets to	O	9				3,019,331
Part I	121)	0					2 242 224
c Totals (add lines 3a	and 3b)		9				3,019,331

Cat. No. 50082W Schedule F (Form 990) 2019

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

Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
							• • • • • • • • • • • • • • • • • • • •

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		∐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see instructions for Form 6000)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	<b>☑</b> No

	Schedu		
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	amounts of investments vs.	Part	
Explanation	Explanation	ReturnReference	
		_	

#### **Additional Data**

East Asia and the Pacific

Greenland)

Europe (Including Iceland and

**Software ID:** 19010655 Software Version: 2019v5.0 **EIN:** 46-0807740 Name: edX Inc

region)

Program Services

7 Program Services

	~~~	Calcada Indi		A	A 1.23.4 Th.	
Form	990	Scheaule	F Part I	- Activities	outside inc	United States

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If a
	offices in the	employees or	in region (by type) (i.e.,	isap
	region	agents in	fundraising, program	descril
		region	services, grants to	serv
		· ·	recipients located in the	

program service, ibe specific type of

(f) Total expenditures for region

activity listed in (d)

vice(s) in region

MEETINGS AND SERVICES

1,665,793

MEETINGS AND SERVICES

22,287

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 1 | Program Services MEETINGS AND SERVICES 942,382 North America (Canada & Program Services MEETINGS AND SERVICES 2,411 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America MEETINGS AND SERVICES 10,325 Program Services South Asia 1 Program Services MEETINGS AND SERVICES 376,133

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	34002	241		
Sch	nedule J	Co	ompensati	ion Information	01	ИВ No.	1545-0	0047		
(Form 990)		For certain Office								
		► Complete if the org		ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	2019				
Danar	tment of the Treasury	▶ Go to www.irs.ac		to Form 990. instructions and the latest inform	mation.	)pen i				
•	al Revenue Service	r do to <u>mmmsiqo</u>	10.	moti detions and the latest mion		Insp	ectio	n		
Nar edX	me of the organiza Tinc	ation			Employer identifica	tion nu	ımber			
					46-0807740					
Pa	rt I Questi	ons Regarding Compensa	tion				T			
1a				the following to or for a person liste y relevant information regarding thes			Yes	No_		
	☐ First-class	or charter travel		Housing allowance or residence for	personal use					
	Travel for	companions		Payments for business use of person	nal residence					
		nification and gross-up payment	s 📙	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked on Lir	ne la?					
3	organization's C	EO/Executive Director. Check a	ll that apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i						
	, 	-		,	11 1 410 2221					
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study						
		of other organizations	₹	Approval by the board or compensa	tion committee					
		-	_							
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes			
b	Participate in, o	r receive payment from, a supp	lemental nonquali	ified retirement plan?		4b		No		
С	• •			nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part	: 111.					
	Only 501(c)(3	), <b>501</b> (c)(4), and <b>501</b> (c)(29)	) organizations	must complete lines 5-9.						
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any						
а	·	1?				5a	Yes			
b						5b		No		
		5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a	Yes			
b	,					6b		No		
	· ·	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7	Yes			
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No		
9				presumption procedure described in		9				
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm <b>990.</b> Cat. No. 5	50053T Schedule J	(Forn	1 990)	2019		

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 are not listed on Form 990, Part VII.  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	Jua	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Inform	nation
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.
Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	An individual listed in Part VII, Section A, Line 1a, received a payment of \$41,392 from edX during calendar year 2019. An individual listed in Part VII, Section A, Line 1a, received a payment of \$65,422 from a related organization during calendar year 2019.
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	BONUSES WERE DEPENDENT ON ORGANIZATION GOALS WITH REVENUE AND NET EARNINGS AS COMPONENTS.
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	BONUSES WERE DEPENDENT ON ORGANIZATION GOALS WITH REVENUE AND NET EARNINGS AS COMPONENTS.
Schedule J, Part I, Line 7 Non-fixed payments	BONUSES MAY BE AWARDED FOR OUTSTANDING PERFORMANCE.

Schedule 1 (Form 990) 2019

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 46-0807740

Name: edX Inc

Form 990, Schedule	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and	Highest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Anant Agarwal	(i)	524,110		37,058	50,400	108,321	857,530	0
CEO	(ii)	0						0
<b>1</b> Alan Garber	(i)	0	0	0	0	0	0	0
Co-Chair	(ii)	728,826	30,000	2,534	35,370	159,029	955,759	
2Martin Schmidt	(i)	0	0	0	0	0	0	0
Co-Chair	(ii)	714,920	 	40,550	44,800	31,669	831,938	
<b>3</b> Katherine Lapp	(i)	0	0	0	0	0	031,330	0
Director	(ii)	715,430	30,000	21,521	35,370	9,691	812,012	0
<b>4</b> Israel Ruiz	(i)	0	0	0	0	0	0	0
Director	(ii)	757,114	0	111,463	30,800	27,216	926,593	0
<b>5</b> Sanjay Sarma	(i)	0	0	0	0	0	O	0
Director	(ii)	423,858		87,197	36,400	31,772	579,226	0
<b>6</b> Bharat Anand	(i)	0	0	0	0	0	0	0
Director	(ii)	407,720	100,000	11,048	37,717	2,421	558,906	0
<b>7</b> Mark Haseltine	(i)	95,848		46,276		11,441	166,266	0
Former Chief Product Officer	(ii)	0	0	0	0	0	0	0
8Nell Ma'luf	(i)	247,053	65,449	1,058	33,220	9,725	356,504	0
Clerk	(ii)	0	0	0	0	0	0	0
<b>9</b> Adam Medros	(i)	399,768	106,374	19,434	33,220	32,855	591,650	0
President	(ii)	0	0	0	0	0	0	0
<b>10</b> Peter Brau	(i)	188,040	49,161	0	15,674	32,611	285,487	0
Treasurer	(ii)	0	0	0	0	0	0	0
11Johannes Heinlein	(i)	328,209	82,946	9,143	33,220	28,894	482,411	0
Chief Commercial Officer and SVP, Strategic Partnerships	(ii)	0	0	0	0	0	0	0
12Lauren Holliday	(i)	240,892	42,476	0	30,016	27,367	340,750	0
VP, Product	(ii)	0	0	0	0	0	0	0
13Kathleen Pugh	(i)	232,280	58,719	2,155	34,287	32,661	360,102	0
VP, Content & Partner Success	(ii)	0	0	0	0	0	0	0
<b>14</b> Michael Hebert	(i)	205,436	35,430	0	26,633	30,011	297,510	0
Senior Director of People and Culture	(ii)	0	0	0	0	0	0	0
<b>15</b> Nina Huntemann	(i)	157,213	37,176	79	11,752	12,715	218,934	0
VP, Learning	(ii)	0	0	0	0	0	0	0
<b>16</b> Edward Batchelder	(i)	218,866	55,703	0	34,287	30,011	338,867	0
Software Architect	(ii)	0	0	0	0	0	0	0
17Lee Rubenstein	(i)	277,917	68,007	9,093	35,355	28,636	419,008	0
VP, Business Development	(ii)	0	0	0	0	0	0	0
<b>18</b> Jack Drew II	(i)	239,619	39,154	0	22,273	28,313	329,359	0
Director, Sales	(ii)	0	0	0	0	0		0
19Trevor Bass	(i)	219,324	42,205	8,757	22,629	22,151	315,067	0
Data Scientist and Architect	(ii)	0	0	0	0	0	0	0

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii)

		(i) base compensation	Bonus & incentive compensation	Other reportable compensation	compensation		, ,,, , ,	reported as deferred on prior Form 990	
21Scott Dunn	(i)	178,891	32,945	48,323	25.237	4,617	290,014	0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Director, Software Engineering

efile GRAPHIC	print - DO NOT PROCESS   As Filed Data -	DLN:	93493134002241
SCHEDULE (Form 990 or 99 EZ)		ific questions on	OMB No. 1545-0047 2019
Department of the Treas	Co to want in any /Form 000 for the latest inf	ormation.	Open to Public Inspection
Namel Betherofgami edX Inc 990 Schedule O	zation  , Supplemental Information	<b>Employer identi</b> 46-0807740	ification number
Return Reference	Explanation		
Form 990, Part VI, Line 2 BUSINESS RELATIONSHIP	FOR FISCAL YEAR 2020, THE FOLLOWING CURRENT OFFICERS/DIRECT BY MIT, OF WHICH ISRAEL RUIZ WAS AN OFFICER AND DIRECTOR: MAY FOR FISCAL YEAR 2020, THE FOLLOWING CURRENT OFFICERS/DIRECT BY HARVARD, OF WHICH KATHERINE LAPP WAS AN OFFICER AND DIFFICER AND ALAN GARBER. ADDITIONALLY, ISRAEL RUIZ AND ALAN SPORTIVE CORPORATION DURING FISCAL YEAR 2020.	ARTIN SCHMIDT AND SANJ CTORS OF EDX, INC. WERE RECTOR: BHARAT ANAND,	AY SARMA. E EMPLOYED JEFF BUSSG

Return Explanation
Reference

Form 990, Part VI, Line 15
COMPENSATION COMMITTEE THAT REVIEWS THE SALARIES OF THE PRESIDENT, KEY EMPLOYEES AND OTHER OFFICERS. THE COMPENSATION REVIEW PROCESS INCLUDES INDUSTRY BENCHMARKING WITH B OTH ACADEMIC AND TECHNOLOGY SALARIES IN THE LOCAL AREA OF CAMBRIDGE, MA.

Return Explanation

stockholders

Form 990,
Part VI, Line
6 Classes of members or

Return Reference	Explanation
,	AS SET FORTH IN THE BYLAWS, EDX'S GOVERNING BODY (BOARD OF TRUSTEES) IS COMPOSED OF AN EQU AL NUMBER OF PERSONS APPOINTED BY ITS TWO MEMBERS, HARVARD AND MIT (IN ADDITION TO THE EDX CEO WHO SERVES AS AN EX-OFFICIO MEMBER OF THE BOARD).

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	AS SET FORTH IN THE BYLAWS, THE FOLLOWING POWERS ARE RESERVED TO THE MEMBERS: (I) DETERMIN ATION OF THE SIZE OF THE BOARD OF TRUSTEES; (II) ELECTION, SUSPENSION, OR REMOVAL OF THE P RESIDENT AND, IF DIFFERENT, THE CHIEF EXECUTIVE OFFICER; AND (III) DETERMINATION OF WHETHE R A THIRD PARTY'S EDUCATIONAL OR INFORMATIONAL CONTENT WILL BE MADE ACCESSIBLE THROUGH THE ORGANIZATION.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing	MEMBERS OF EDX'S SENIOR MANAGEMENT REVIEW THE FORM 990. FOLLOWING THAT REVIEW AND BEFORE T HE FORM 990 IS FILED, EDX'S AUDIT COMMITTEE IS PROVIDED THE FORM FOR REVIEW, COMMENT, AND APPROVAL.

Return Explanation

990 Schedule O, Supplemental Information

DERATION AND MANAGEMENT

Form 990,
Part VI, Line
12c Conflict
of interest
policy

THE QUESTIONNAIRE AND POLICIES REQUIRE THAT COVERED INDIVIDUALS ANNUALLY ACKNOWLEDGE IN WR
ITING THAT THEY ARE AWARE OF THE POLICY AND IDENTIFY ANY RELATIONSHIPS OR RESPONSIBILITIES
THAT HAVE THE POTENTIAL OF PRODUCING CONFLICTS OF INTEREST. EACH YEAR, DISCLOSURE FORMS A
RE DISTRIBUTED TO THOSE COVERED BY THESE POLICIES. IF A RESPONSE REVEALS A CONFLICT OR POT
ENTIAL CONFLICT, SUCH CONFLICT IS REFERRED TO THE APPROPRIATE INDIVIDUAL OR BODY FOR CONSI

Return Explanation
Reference

Form 990, Part VI, Line	EDX'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
19 Required	
documents	
available to	
the public	

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	ALL OTHER REVENUE - Total Revenue: 54403, Related or Exempt Function Revenue: 54403, Unrel ated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

Return Explanation

Reference	
Form 990, Part	THE ORGANIZATION RECEIVES GENEROUS DONATIONS TO SUPPORT THE MISSION AND ACTIVELY ENGAGES IN
IV Column (D)	ELINDRAIGING

IX, Column (D) | FUNDRAISING. FUNDRAISING |

Return

Reference	
Form 990,	ENGINEERING - Total Expense: 5042542, Program Service Expense: 4512349, Management and Gen
Part IX, Line	eral Expenses: 530193, Fundraising Expenses: ; MARKETING & BUSINESS DEVELOPMENT - Total Ex
11g Other	pense: 2869572, Program Service Expense: 2567854, Management and General Expenses: 301718,
Fees	Fundraising Expenses: ; HOSTING - Total Expense: 2715530, Program Service Expense: 243000
	8, Management and General Expenses: 285522, Fundraising Expenses: ; EDUCATIONAL SUPPORT SE
	RVICES - Total Expense: 1077320, Program Service Expense: 964046, Management and General E
	xpenses: 113274, Fundraising Expenses: ; OTHER - Total Expense: 1014217, Program Service E
	xpense: 907577, Management and General Expenses: 106640, Fundraising Expenses: ; TEMPORARY
	HELP - Total Expense: 410289, Program Service Expense: 367150, Management and General Exp

enses: 43139, Fundraising Expenses: ; RECRUITING - Total Expense: 240282, Program Service Expense: 215018, Management and General Expenses: 25264, Fundraising Expenses: ;

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No. 1545-0047 2019

DLN: 93493134002241

**Open to Public** Inspection

Name of the organization edX Inc							Emp	loyer identif	ficatio	n number		
								307740				
Part I Identification of Disregarded Entities. Comp	olete if the orgar	nization answ	ered "Yes	s" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a	ctivity	(c Legal domi or foreign	) cile (state country)	(d) Total inco	ime	<b>(e)</b> End-of-year a	ssets	<b>(f)</b> Direct cor enti		
Part II Identification of Related Tax-Exempt Organi	zations. Comple	ete if the orc	anization	answered	"Yes" on F	orm 990.	Part I	V. line 34 b	ecause	e it had one or	more	
related tax-exempt organizations during the tax y  (a)  Name, address, and EIN of related organization	/ear.	(b) ary activity	Legal do	(c) micile (state yn country)	(d Exempt Cod	)	Public c	(e) harity status on 501(c)(3))	Τ	(f) irect controlling entity	Section (13) co	ntrolle
(1)MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE NE49-3142 CAMBRIDGE, MA 02139	EDUCATION	N		MA	501(c)(3)		2		NA		Yes	No No
04-2103594  (2)HARVARD UNIVERSITY 1033 Massachusetts Avenue 2nd Floor Cambridge, MA 02138 04-2103580	EDUCATION	N		МА	501(c)(3)		2		NA			No
For Paperwork Reduction Act Notice, see the Instructions for I	Form 990.		Ca	t. No. 5013	5Y				Sch	edule R (Form	990) 20	019

(a) Name, address, and EIN ol related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocations? a			Code V-UBI Gener amount in box mana 20 of partn Schedule K-1		(k) Percenta ownersh
			1 1		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) egal micile or foreign		entity (C co	(e) e of entity orp, S corp, r trust)	<b>(f)</b> Share of total income	Share	(g) of end- year assets	-of- Perce owne	1) ntage rship	(13	(i) tion 5: ) contr entity
-		COL	untry)	l l									c3
		COI	untry)										
		col	untry)										
		col	untry)										
		col	untry)										
		col	unury)										
		col	unury)										
		col	untry)										

Page **3** 

Schedule R (Form 990) 2019

ransactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 1V, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		No	
<b>b</b> Gift, grant, or capital contribution to related organization(s)					<b>1</b> b		No	
c Gift, grant, or capital contribution from related organization(s)					1c		No	
<b>d</b> Loans or loan guarantees to or for related organization(s)					<b>1</b> d		No	
e Loans or loan guarantees by related organization(s)					1e	Yes		

d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
		4:		NI -

Louis of four guarantees to of for related organization(s)	<u> </u>	+	$+\!-$
Loans or loan guarantees by related organization(s)	le —	Yes	+
Dividends from related organization(s)	<b>1</b> f		N.
Sale of assets to related organization(s)	<b>1</b> g	<b>₁</b>	N-
Purchase of assets from related organization(s)	1h	1	N
Exchange of assets with related organization(s)	<b>1</b> i	1	N-
Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		N
Lease of facilities, equipment, or other assets from related organization(s)	1k	r	N
Performance of services or membership or fundraising solicitations for related organization(s)	. 11		N
n Performance of services or membership or fundraising solicitations by related organization(s)	1n	n Yes	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	1	N
Sharing of paid employees with related organization(s)	10	,	N
			$\perp$
Reimbursement paid to related organization(s) for expenses	<b>1</b> p	•	N

Exchange of assets with related organization(s)				1	110
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s) $\dots$ $\dots$				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m Y	'es
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
f r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	nsaction thresholds.		•
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	mount inv	olved

n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
0	Sharing of paid employees with related organization(s)				10	No
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered	relationships and trar	saction thresholds.		
_	The diswer to diff of the above is feet, see the instructions for information on who must complete this in	,	•			
	are district to diff, of the above is free, see the instructions for mild matter of who matter complete this in		·			
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involv	ved
	(a)	(b) Transaction			amount involv	ved
	(a)	(b) Transaction			amount involv	ved
	(a)	(b) Transaction			amount involv	red
	(a)	(b) Transaction			amount involv	red
	(a)	(b) Transaction			amount involv	red

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Fo					
Part VII	Supplemental Info	ormation			
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).			
Retu	ırn Reference	Explanation			