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Form	JJU

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

20**17** Open to Public Inspection

OMB No. 1545-0047

inter	nai nevei	enue Service	Co to www.irs.gov/r ormsso for instructions and the late		nationi		inspection					
Α	For the		ndar year, or tax year beginning 07/01 , 2017, and en		06/		, 20 <sub>18</sub>					
В	Check if	if applicable:	C Name of organization PUBLIC HIGHER EDUCATION NETWORK OF MASS	SACHUS	ETTS	D Employe	r identification number					
	Address	s change	Doing business as PHENOM			26-2005130						
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	1	E Telephone number						
~	Initial re	eturn	PO Box 2249				978-227-8473					
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	Worcester, MA, 01613-2249			<b>G</b> Gross rec	eipts \$ 277,786					
	Applicat	tion pending	F Name and address of principal officer: Isaac Bears	H(a	a) Is this a gro	up return for su	ibordinates? 🗌 Yes 🗹 No					
			625 Fellsway W, Medford, MA 02155	·			included? 🗌 Yes 🗌 No					
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3)                 501(c) ( ) ◄ (insert no.)               4947(a)(1) or               527	7lf "	"No," attac	ch a list. (se	e instructions)					
J	Website		://www.phenomonline.org	H(	( <b>c)</b> Group e	exemption r	umber 🕨					
-			✓ Corporation Trust Association Other ►	rmation:	2007	M State of	f legal domicile: MA					
Ρ	art I	Summ	·									
	1		scribe the organization's mission or most significant activities: Edu									
JCe		members	(key stakeholders) to advocate for an accessible, affordable, and well-s	staffed pu	ublic hig	her educa	ition system in					
nar		Massach										
Activities & Governance	2		s box $\blacktriangleright$ if the organization discontinued its operations or dispose			1 1	s net assets.					
ő	3		of voting members of the governing body (Part VI, line 1a)			3	7					
s S	4		of independent voting members of the governing body (Part VI, line 1	,		4	7					
itie	5		ber of individuals employed in calendar year 2017 (Part V, line 2a)			5	2					
ctiv	6		ber of volunteers (estimate if necessary)			6	40					
Ā	7a		elated business revenue from Part VIII, column (C), line 12	• •		7a	0					
	b	Net unrel	ated business taxable income from Form 990-T, line 34	· ·		7b	0					
		<b>.</b>			Prior Yea		Current Year					
ne	8		ions and grants (Part VIII, line 1h)			277,786	277,786					
Revenue	9	-	service revenue (Part VIII, line 2g)			0	0					
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			0	0					
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0					
	12 13		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			277,786	277,786					
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0					
	14		baid to or for members (Part IX, column (A), line 4)			-	0					
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			125,407 0	132,420					
)en	b					0	0					
ĔĂ	17		draising expenses (Part IX, column (D), line 25) ► 10,611 penses (Part IX, column (A), lines 11a–11d, 11f–24e)			90,446	02.242					
	18	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				83,342					
	10		less expenses. Subtract line 18 from line 12		· · · ·	215,853	215,762					
<u> </u>	-	nevenue			ning of Cur	61,933 rent Year	62,024 End of Year					
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)	Dogani								
Asse Bala	20		ilities (Part X, line 16)			13,362 0	75,386					
Net	21					-	Ŭ					
	22	iver asser	s or fund balances. Subtract line 21 from line 20			13,362	75,386					

Part II Signature Block

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

Sign Here	Signature of officer Isaac Bears, Executive Director Type or print name and title			Date	3				
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Date		PTIN			
Use Only	Firm's name	Firm's EIN ►							
	Firm's address ►	Phone no.							
May the IRS discuss this return with the preparer shown above? (see instructions)									
For Paperwo	rk Reduction Act Notice, see the separa	te instructions.	Cat. No. 11282)	/		Form <b>990</b> (2017)			

Form 99	D (2017) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Educating, organizing, and mobilizing our members (key stakeholders) to advocate for an accessible, affordable, and well-staffed
	public higher education system in Massachusetts.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 117,016 including grants of \$ ) (Revenue \$ 80,000 )
	PHENOM Campus Chapter Initiative- In partnership with the Massachusetts Teachers Association (MTA) PHENOM provides
	stipends to MTA members and student organizers to build PHENOM Campus Chapters on several Public College Campuses
	across the state. These chapters engage the campus community in advocating for accessible, affordable, and well-funded public
	higher education through involvement in statewide and campus-based education, organizing, and advocacy.
4b	(Code:) (Expenses \$11,219 including grants of \$) (Revenue \$15,000 )
	PHENOM continued to build public support for better funded, more affordable and more accessible public higher education on and
	around public campuses across the state. This involved lectures, presentations to classes, meetings with campus and community
	organizations, letter-writing campaigns.
4c	(Code:) (Expenses \$51,832 including grants of \$) (Revenue \$99,506 )
	In February 2018, PHENOM joined with the March for Our Lives Boston as its fiscal sponsor. The March for Our Lives Boston is a
	youth-led movement to end gun violence that started after the Parkland shootings. In 2018, PHENOM and MFOLB coordinated the
	Boston March for Our Lives, which over 100,000 people attended.
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2
4e	(Expenses \$ 3,182 including grants of \$ 0 ) (Revenue \$ 3,500 )         Total program service expenses ► 183.249
	10tal program service expenses ► 183,249

				Page 🕄
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 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>	2	~	~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	~	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V $\therefore$	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete the tax year? If "Yes," complete tax year?	11f		~
b	Schedule D, Parts XI and XII	12a		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		~ ~
14 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
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		~
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		~
		19	000	<u> </u>

	0 (2017)			Page <b>4</b>
Part	V Checklist of Required Schedules (continued)		N	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		~ ~
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>v</i>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	<i>Part VI</i>	37		~
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	
		Forr	n <b>990</b>	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			~
		4a		•
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the sponsoring organizations maintaining donor advised runds.	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.6		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 99	0 (2017)			F	-age <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 three response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				UIIS.
Secti	on A. Governing Body and Management				<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7			
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
•	any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or u supervision of officers, directors, or trustees, or key employees to a management company or other		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 99	-	4		~
5	Did the organization become aware during the year of a significant diversion of the organization		5		~
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect or appoint	-		
	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions unc		10		-
	the year by the following:	0			
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		~
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue Co		Na
10-	Did the experimetion have least charters, branches, or effiliates?		100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	 such chanters	10a	V	
b	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	· ·	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5		-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	~	
с	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	~	
13	Did the organization have a written whistleblower policy?		13		~
14	Did the organization have a written document retention and destruction policy?		14		~
15	Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
_			45.0		
a b	The organization's CEO, Executive Director, or top management official		15a 15b		レ レ
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		150		V
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ar arrangement			
	with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an available for public inspection. Indicate how you made these available. Check all that apply	a 990-1 (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
19	✓ Own website ✓ Another's website ✓ Upon request ○ Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing documer		aract	oolio	/ and
13	financial statements available to the public during the tax year.		51631	Joney	, and

20	State the name, address, and telephone number of the person who possesses the organization's books and records: >
	Isaac Bears, (978)227-8473

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					·
(A)	(B)	(-1	-4 -1-		ition			(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per					or/trust	tee)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Victoria Dzindzichashvili	2.00									
Communications Team Leader		~						0	0	0
Ken Haar	2.00									
Legislative Team Leader		~						0	0	0
Gillian Mason	2.00									
Fundraising Team Leader		~						0	0	0
Erika Civitarese	5.00									
Organizing Team Leader		~						0	0	0
Kim Selwitz	2.00									
President				~				0	0	0
Max Page	2.00									
Treasurer				~				0	0	0
Colleen Avedikian	5.00									
Clerk				~				1,000	0	0
Amy Blanchette	5.00									
Vice President				~				1,000	0	0
Isaac Bears	40.00									
Executive Director					~			51,250	0	0
Sydney Little	40.00									
Organizing Director					~			36,400	0	0
										Earm <b>990</b> (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					(0	C)								
	(A)	(B)	(-1	- 4 - 1-		ition			(D)	(E)			(F)	
	Name and title	Average	•				e than o is both		Reportable	Reportable	Esti	mated		
		hours per	office				or/trust		compensation	compensation fro	m		ount of	
		week (list any hours for	e n	IJ.	ç	Key	e H	F	from the	related organizations			ther ensatic	'n
		related	Individual trustee or director	Institutional trustee	Officer	y e	nplo	Former	organization	(W-2/1099-MISC	;)		m the	"
		organizations	ecto	Itior	Ĩ	employee	st c	4	(W-2/1099-MISC)			•	nizatior	
		below dotted line)	ŤŦ	nal t		oye	omp						related	
		iiiie)	stee	rust		¢	Dens					organ	iization	5
				ee			Highest compensated employee							
											+			
			1											
											+			
			1											
											+			
			1											
											+			
			1											
											+			
			1											
											+			
			1											
				-							+			
			1											
											+			
			1											
											—			
			-											
											—			
			-											
											—			
1b	Sub-total			•	•	•			89,650		0			0
С	Total from continuation sheets to Part	•		•	•	• •								
d	Total (add lines 1b and 1c)								89,650		0			0
2	Total number of individuals (including but		d to th	iose	e list	ted	above	e) w	ho received me	ore than \$100,	000 (	of		
	reportable compensation from the organi	ization 🕨							0					
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensa	ited			
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ividi	ual	•			•	3		~
4	For any individual listed on line 1a, is the	e sum of re	portal	ble	con	npei	nsatic	n a	and other comp	ensation from	the			
	organization and related organizations	greater th	an \$1	150,	000	)? [	f "Ye	s,"	complete Sch	edule J for s	uch			
	individual											4		~
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	ation or individ	dual			
-	for services rendered to the organization											5		~
Sectio	on B. Independent Contractors		,						,			•		
1	Complete this table for your five highest	compensat	ed ind	den	end	ent	contr	act	ors that receive	ed more than \$	100	000 of		
•	compensation from the organization. Rep													ax
	year.							j	,		5.90			
	(A)								(B)			(C)		

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

	990 (201					Page 9
Par	t VIII	Statement of Revenue				_
		Check if Schedule O contains a response or note to				
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512-514
nts nts	<b>1</b> a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues <b>1b</b> 0				
a, o Am	c	Fundraising events 1c 0				
lar.	d	Related organizations 1d 0				
ini,	е	Government grants (contributions) 1e 0				
rior sr S	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above <b>1f</b> 277,786				
d tr	g	Noncash contributions included in lines 1a-1f: \$0				
	h	<b>Total.</b> Add lines 1a–1f	277,786			
IUe		Business Code				
Program Service Revenue	2a					
Å	b					
ζiς.	С					
Ser	d					
am	е					
Jĝo,	f	All other program service revenue .				
ā	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss) 0 0				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
		,				
	b	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss) 0 0				
	d	Net gain or (loss)				
e	00	Gross income from fundraising				
ent	oa	events (not including \$				
ev		of contributions reported on line 1c).				
Ĕ		See Part IV, line 18				
Other Revenue	h	Less: direct expenses b				
ō	b	Net income or (loss) from fundraising events . ►				
	0a	Gross income from gaming activities.				
	Ju	See Part IV, line 19				
	b	Less: direct expenses b				
	c	Net income or (loss) from gaming activities				
	-	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a–11d	0			
	12	<b>Total revenue.</b> See instructions.	277,786	0	0	0
	· · ·		,	0	v	

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must corr

	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must con	-	-		
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</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				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0/ /25	(0.44	17.007	0.//4
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	86,635	60,644	17,327	8,664
7 8	Other salaries and wages	38,773	38,773		
9	Other employee benefits				
10 11	Payroll taxes	7,012	4,908	1,403	701
a b	Management				
c d	Accounting	1,075		1,075	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,719	1,719		
13	Office expenses	10,175	7,622	1,702	851
14 15	Information technology	1,579	789	395	395
15 16					
10	Occupancy	12,748	12,748		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,748	12,748		
19 20	Conferences, conventions, and meetings . Interest	54,869	54,869		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,177	1,177		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
c d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	215,762	183,249	21,902	10,611
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ _ if following SOP 98-2 (ASC 958-720)				,

Form 990 (2017)

	n 990 (20 <b>art X</b>	,			Page 11
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	13,362	1	75,386
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,362	16	75,386
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ŝ		Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
ů nc	07			07	
ala	27			27 28	
Ä	28 29	Temporarily restricted net assets		20 29	
r Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 30 through 34.		29	
Net Assets or	30	Capital stock or trust principal, or current funds	13,362	30	75,386
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund	13,362	31	/5,386
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
let	33	Total net assets or fund balances	13,362	33	75,386
2	34	Total liabilities and net assets/fund balances	13,362	34	75,386

2 T 3 F 4 N 5 N 6 C 7 II 8 F 9 C 10 N 3	Check if Schedule O contains a response or note to any line in this Part XI         Fotal revenue (must equal Part VIII, column (A), line 12)	1 2 3 4 5 6 7 8 9 10		21! 6: 1:	5,762 2,024 3,362 0 0 0 0 0 0
2 T 3 F 4 N 5 N 6 C 7 II 8 F 9 C 10 N 3	Total revenue (must equal Part VIII, column (A), line 12)       Image: Column (A), line 25)         Fotal expenses (must equal Part IX, column (A), line 25)       Image: Column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1       Image: Column (A), line 33, column (A))         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       Image: Column (A))         Net unrealized gains (losses) on investments       Image: Column (A))         Donated services and use of facilities       Image: Column (A)         Prior period adjustments       Image: Column (A)         Other changes in net assets or fund balances (explain in Schedule O)       Image: Column (B))         Other changes in net assets or fund balances (explain in Schedule O)       Image: Column (B))         Image: Column (B))       Image: Column (B)         Image: Column (B))       Image: Column (B)         Image: Column (B)       Image: Column (B)         Image: Colu	2 3 4 5 6 7 8 9 10		21! 6: 1:	7,786 5,762 2,024 3,362 0 0 0 0 0
2 T 3 F 4 N 5 N 6 C 7 II 8 F 9 C 10 N 3	Total expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6 7 8 9 10		21! 6: 1:	5,762 2,024 3,362 0 0 0 0 0 0
3 F 4 N 5 N 6 C 7 II 8 F 9 C 10 N 3	Revenue less expenses. Subtract line 2 from line 1	3 4 5 6 7 8 9 10		6.	2,024 3,362 0 0 0 0 0 0
4 N 5 N 6 D 7 II 8 F 9 C 10 N 3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))          Net unrealized gains (losses) on investments          Donated services and use of facilities          Investment expenses          Prior period adjustments          Other changes in net assets or fund balances (explain in Schedule O)          Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))          Image: Transitional Statements and Reporting	5 6 7 8 9 10		1:	3,362 C C C C C C
5 N 6 C 7 II 8 F 9 C 10 N 3	Net unrealized gains (losses) on investments	5 6 7 8 9 10			( ( ( (
6 E 7 II 8 F 9 C 10 N 3	Donated services and use of facilities	7 8 9 10			(
7 II 8 F 9 C 10 N 3	Investment expenses	8 9 10			(
8 F 9 C 10 N 3	Prior period adjustments	9			C
9 C 10 N 3	Other changes in net assets or fund balances (explain in Schedule O)	10			
10 N 3	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       .         III       Financial Statements and Reporting				
	II Financial Statements and Reporting			-	
	II Financial Statements and Reporting				5,386
	Check if Schedule O contains a response or note to any line in this Part XII			-	
	· ·				
				Yes	No
1 A	Accounting method used to prepare the Form 990: 🗌 Cash 🕑 Accrual 🗌 Other				
If	f the organization changed its method of accounting from a prior year or checked "Other," expla	ain in			
S	Schedule O.				
<b>2a</b> V	Nere the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	f "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
r	eviewed on a separate basis, consolidated basis, or both:				
Γ	Separate basis Consolidated basis Both consolidated and separate basis				
	Nere the organization's financial statements audited by an independent accountant?		2b		~
	f "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
s	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	f the organization changed either its oversight process or selection process during the tax year, expl	ain in			
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set fo				
	he Single Audit Act and OMB Circular A-133?		3a		~
	f "Yes," did the organization undergo the required audit or audits? If the organization did not underg				
r	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	lite	3b		1

SCH	EDL	JLI	E.	Α	
(Form	990	or	90	90-	EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name	of	the	organization	

Department of the Treasury Internal Revenue Service

PUBLIC HIGHER	EDUCATION	NETWORK	OF MASSACHUSETTS	

Employer identification number

26-2005130

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ An organization that normally receives: (1) more than 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s)

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

Schedu Pari	ule A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza (Complete only if you checked th						-
	Part III. If the organization fails to						
Sect	ion A. Public Support			<i>/</i> 1	I	,	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•			· ·		
Saat	organization, check this box and stop he ion C. Computation of Public Suppor						🕨 🗋
<u>3ect</u> 14	Public support percentage for 2017 (line 6			1 column (f)		14	%
15 16a	Public support percentage for 2017 (inter <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2017.</b> If the organi box and <b>stop here.</b> The organization qua	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, ar	 nd line 14 is 3	<b>15</b> 3 <sup>1</sup> /3% or more,	% check this
b	<b>331</b> /3% <b>support test—2016.</b> If the organi this box and <b>stop here.</b> The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the factor	ne "facts-and-o ts-and-circum	circumstances' stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. 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

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

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

Secti	on A. Public Support			· •			
Calen	dar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	65,908	75,014	91,812	136,026	277,786	646,546
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	151	0	0	0		151
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	66,059	75,014	91,812	136,026	277,786	646,697
7a	Amounts included on lines 1, 2, and 3				,		
	received from disqualified persons	0	0	0	0		0
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0		0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						<u> </u>
	line 6.)						646,697
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	66,059	75,014	91,812	136,026	277,786	646,697
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	66,059	75,014	91,812	136,026	277,786	646,697
14	First five years. If the Form 990 is for the	•					
<u> </u>	organization, check this box and <b>stop he</b>						🕨 📋
	on C. Computation of Public Suppor			0 1 (0)			
15	Public support percentage for 2017 (line 8						100 %
<u>16</u>	Public support percentage from 2016 Sch					16	100 %
	on D. Computation of Investment In		-	ulino 10 selur		47	- 0/
17 10	Investment income percentage for 2017 (		.,	•	.,,		0 %
18 10c	Investment income percentage from 2016 33 <sup>1</sup> / <sub>3</sub> % support tests-2017. If the organ						0 %
19a	17 is not more than $33^{1}/_{3}$ %, check this box						
h	33 <sup>1</sup> / <sub>3</sub> % support tests – 2016. If the organiz	-	-	-		-	
b	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	<b>Private foundation.</b> If the organization di	-	-	-			
		a not oneon a	55X 511 III 6 14,	, .00, 01 100, 0		edule A (Form 990	

# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

# Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Yes Yes Yes

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

# Section 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?
   Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
- the organization maintained a close and continuous working relationship with the supported organization(s).
  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

2

3

2a

2b

3a

3b

Yes No

Page 5

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

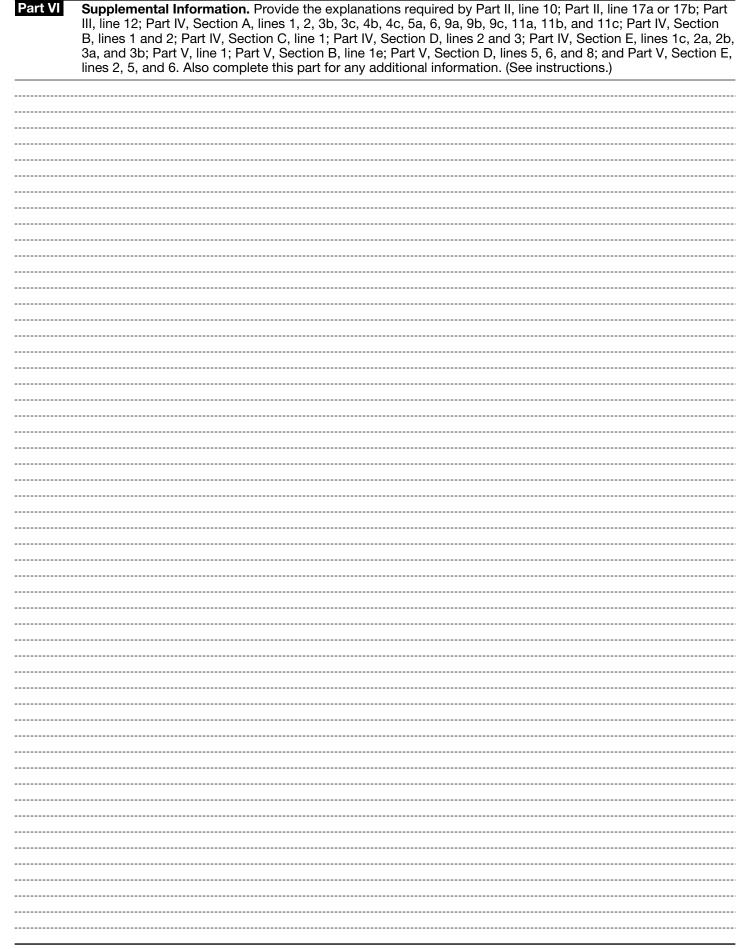
tegrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	ons must complete Sectio	ns A through E.
		(B) Current Year

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check have if the summer user is the summination's first as a new functional	- المعالية		las superination (

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

	le A (Form 990 or 990-E2) 2017			Page
Part		b) Supporting Organi	zations (continued)	Current Veer
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		ut a al	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2018</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
	Excess from 2016			
~	Excess from 2017			



SCHEDULE C	Political Campaign and Lobbying Activities			
(Form 990 or 990-EZ)	For Organizations Example From Income Tax Under section 501(a) and section 527			

# OMB No. 1545-0047

2017

**Open to Public** 

Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization	Employer identification number
PUBL	IC HIGHER EDUCATION NETWORK OF MASSACHUSETTS	26-2005130
Part	I-A Complete if the organization is exempt under section 501(c) or is a s	ection 527 organization.
1	Provide a description of the organization's direct and indirect political campaign act definition of "political campaign activities")	·
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	
Part	I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955 .	► \$
2	Enter the amount of any excise tax incurred by organization managers under section 495	5 <b>▶</b> \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	🗌 Yes 🗌 No
4a	Was a correction made?	🗌 Yes 🗌 No
b	If "Yes," describe in Part IV.	
Part	I-C Complete if the organization is exempt under section 501(c), except	section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exemp activities	•
2	Enter the amount of the filing organization's funds contributed to other organizations f	or section
	527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1 line 17b	
4	Did the filing organization file Form 1120-POL for this year?	🗌 Yes 🗌 No
5	Enter the names, addresses and employer identification number (FIN) of all section 527 r	olitical organizations to which the filing

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> EIN	<b>(d)</b> Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ction under	
Α	Ch	heck ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
В	Ch	neck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.			
			-	<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
•	la	Total lo	obbying expenditures to influence	oublic opinion (grass roots lobbying)	1,719		
	b	Total lo	bbying expenditures to influence a	a legislative body (direct lobbying)	5,030		
	С	Total lo	bbying expenditures (add lines 1a	and 1b)	6,749		
	d	Other e	exempt purpose expenditures		136,085		
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)	142,834		
	f	Lobbyi	ng nontaxable amount. Enter tl	ne amount from the following table in both			
	_	columr	1S.		28,567		
		If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not ove	r \$500,000	20% of the amount on line 1e.			
		Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$1	7,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	7,142		
	h	Subtra	ct line 1g from line 1a. If zero or les	0			
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0		
	j			on either line 1h or line 1i, did the organization		Yes No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total			
2a	Lobbying nontaxable amount	11,285	13,236	15,161	28,567	68,249			
b	Lobbying ceiling amount (150% of line 2a, column (e))					102,374			
c	Total lobbying expenditures	5,013	5,094	7,157	6,749	24,013			
d	Grassroots nontaxable amount	2,821	3,309	3,790	7,142	17,062			
е	Grassroots ceiling amount (150% of line 2d, column (e))					25,593			
f	Grassroots lobbying expenditures	422	0	2,127	1,719	4,268			

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		I)	(b)	
	iption of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	or se	ction	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B	Complete 501(c)(6) a answered	nd if eith					line 3	, is
	-							

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047	
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to P Inspection		
Name of the organization		Employer identific		
PUBLIC HIGHER EDUC	CATION NETWORK OF MASSACHUSETTS	26	-2005130	
Form 990, Part III, Line	2 - PHENOM took on a two-year fiscal sponsorship project for the March for Ou	r Lives Boston f	rom FY2018 to	
FY2020.				
Form 990, Part VI, Sect	tion B, Line 11b - The Board Treasurer reviews a draft of the 990. Once they hav	e sianed off on t	he draft, it is	
	tive Committee of the Board. When they are satisfied to the accuracy of the filin			
to filing.		~		
	tion B, Line 12c - Staff and Members of the Board are required to notify the Boar	d of any conflict	, as defined in	
PHENOM's Conflict of	Interest policy, that might arise in the course of the year.			
Form 000 Dort VI Cool	tion C. Line 10. All generating and policy desuments are qualified on the organi		nhonomonlino org	
Form 990, Part VI, Sect	tion C, Line 19 - All governing and policy documents are available on the organi	zation's website:	pnenomonline.org	

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

#### Schedule O, Statement 1

Form: Form 990 (2017)

Page: 1

#### PUBLIC HIGHER EDUCATION NETWORK OF MASSACHUSETTS

EIN: 26-2005130

**Header Section** 

**Reasonable Cause Explanations** 

#### Explanation

Our organization underwent significant changes during FY2018, including a change in the board of directors, addition of new staff, and taking on a large fiscal sponsorship project. This put us over various reporting thresholds for the first time in the organization's history, and it took significant time to sort out the new situation of the organization. We were reliant on one individual staff member with limited experience in the area. In addition, our board of directors terms coincide with our fiscal year, and we elected a new treasurer for FY2019, which led to significant time issues with our filings and compliance. We have spoken with accounting professionals and taken action as a board to ensure we remain up to date with all filings in the future.

Schedule O, Statement 2 Form: Form 990 (2017)		PUBLIC HIGHER EDUCATION NETWORK OF MASSACHUSETTS EIN: 26-2005130		
	Other Program Services Accomplis	shments		
Activity Code	Description	Expense	Grants	Revenue
	PHENOM organized and hosted monthly information meetings at the State Ho advocates of public higher education. At these meetings, groups representing administrations, faculty and staff, students, and others shared information, dev common perspectives around issues affecting the respective constituencies, a coordinated public relations strategies.	college veloped		0
	PHENOM published and disseminated information about how students and ot can organize themselves to influence public opinion. These included fact shee guides, news summaries and meetings with different organizations.			3,500
Total:		3,182	0	3,500