

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>04-2755323</b>
	Doing business as		<b>E</b> Telephone number <b>781-348-4200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>169,236,534.</b>
	<b>1250 HANCOCK STREET</b>	<b>701N</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>QUINCY, MA 02169</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>NICHOLAS C. DONOHUE</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	

**J** Website: **WWW.NMEFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1998** **M** State of legal domicile: **MA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO CHAMPION EFFORTS THAT PRIORITIZE COMMUNITY GOALS THAT CHALLENGE RACIAL INEQUITIES AND</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-314,725.
7b Net unrelated business taxable income from Form 990-T, line 38	7b	-319,661.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,681,727.	27,688,584.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,681,727.	27,688,584.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,434,826.	25,718,276.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,650,333.	4,508,652.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,997,923.	6,011,877.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,083,082.	36,238,805.
19 Revenue less expenses. Subtract line 18 from line 12	-21,401,355.	-8,550,221.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 543,378,232.	End of Year 474,910,881.
	21 Total liabilities (Part X, line 26)	25,309,418.	20,860,018.
	22 Net assets or fund balances. Subtract line 21 from line 20	518,068,814.	454,050,863.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>NICHOLAS C. DONOHUE, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature <i>Craig Klein</i>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00734640</b>
	Firm's name <b>CBIZ MHM, LLC</b>	Firm's EIN <b>26-3753134</b>			
	Firm's address <b>500 BOYLSTON STREET BOSTON, MA 02116</b>	Phone no. <b>617-761-0600</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION IS TO CHAMPION EFFORTS THAT PRIORITIZE COMMUNITY GOALS THAT CHALLENGE RACIAL INEQUITIES AND ADVANCE EXCELLENT, STUDENT-CENTERED PUBLIC EDUCATION FOR ALL NEW ENGLAND YOUTH. THE FOUNDATION IS ORGANIZED AND OPERATED AS A 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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 31,935,742. including grants of \$ 25,718,276. ) (Revenue \$ ) THE NELLIE MAE EDUCATION FOUNDATION ("FOUNDATION") IS COMMITTED TO ENSURING ALL NEW ENGLAND SCHOOLS AND COMMUNITIES FULLY PREPARE THEIR STUDENTS SO THEY GRADUATE READY TO SUCCEED IN COLLEGE OR THE WORKPLACE AND CONTRIBUTE TO THEIR COMMUNITIES AS INFORMED CITIZENS. WE SUPPORT THE PEOPLE AND ORGANIZATIONS WHO CONTRIBUTE TO MAKING OUR PUBLIC SCHOOLS THE BEST THEY CAN BE - INCLUDING STUDENTS AND PARENTS, TEACHERS AND ADMINISTRATORS, POLICYMAKERS AND THOUGHT LEADERS. THE FOUNDATION IS COMMITTED TO ENSURING THAT ALL NEW ENGLAND STUDENTS GET THE EDUCATION THEY NEED - NO MATTER WHO THEY ARE OR WHERE THEY LIVE. STUDENTS ENGAGE WITH LEARNING IN DIFFERENT WAYS, SO PUBLIC SCHOOLS NEED STUDENT-CENTERED STRATEGIES, RATHER THAN A TOP-DOWN, ONE-SIZE-FITS-ALL APPROACH. TODAY'S INNOVATION ECONOMY AND DIVERSE SOCIETY REQUIRES

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 31,935,742.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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>		X
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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> 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?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		
<b>8 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?			
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<b>13a</b>		
<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		
	<b>13b</b>		
c	Enter the amount of reserves on hand		
	<b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
	<b>15</b>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
	<b>16</b>		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] 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
MICHAEL CAREY - 781-348-4271
1250 HANCOCK STREET, 701N, QUINCY, MA 02169

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN BOSTON DIRECTOR	4.00	X					20,000.	0.	0.	
(2) PRABAL CHAKRABARTI DIRECTOR	4.00	X					0.	0.	0.	
(3) GREGORY GUNN DIRECTOR	4.00	X					28,000.	0.	0.	
(4) ELIZABETH HILPMAN DIRECTOR	4.00	X					20,000.	0.	0.	
(5) DEBORAH JEWELL-SHERMAN DIRECTOR	3.00	X					24,000.	0.	0.	
(6) JOHN JACKSON DIRECTOR	4.00	X					20,000.	0.	0.	
(7) STEPHEN KOSSAKOSKI DIRECTOR	4.00	X					24,315.	0.	0.	
(8) JOANNA LAU DIRECTOR	5.00	X					24,000.	0.	0.	
(9) ELSA NUNEZ DIRECTOR	4.00	X					20,000.	0.	0.	
(10) JANET PHLEGAR DIRECTOR	6.00	X					32,221.	0.	0.	
(11) COLLEEN QUINT DIRECTOR	5.00	X					24,000.	0.	0.	
(12) JOHN REMONDI DIRECTOR	3.00	X					24,000.	0.	0.	
(13) WARREN SIMMONS DIRECTOR	3.00	X					20,000.	0.	0.	
(14) DANIA VAZQUEZ DIRECTOR	4.00	X					20,000.	0.	0.	
(15) NICHOLAS WARREN DIRECTOR	4.00	X					24,000.	0.	0.	
(16) NICHOLAS C. DONOHUE PRESIDENT & CEO	40.00			X			483,633.	0.	66,029.	
(17) MICHAEL CAREY TREASURER & VP FOR FINANCE	40.00			X			268,824.	0.	58,664.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELA WHITE CLERK	40.00			X				98,275.	0.	28,642.
(19) CHARLES TOULMIN DIRECTOR OF POLICY	40.00					X		160,784.	0.	47,180.
(20) SONIA GLEASON DIR. OF STRATEGIC LEARNING & EVAL.	40.00					X		158,257.	0.	47,184.
(21) EVE GOLDBERG DIRECTOR OF RESEARCH	40.00					X		150,917.	0.	45,436.
(22) JESSICA SPOHN PROGRAM DIRECTOR	40.00					X		165,243.	0.	46,661.
(23) DELIA ARELLANO-WEDDLETON SENIOR PROGRAM OFFICER	40.00					X		137,651.	0.	36,017.
<b>1b Sub-total</b>								1,948,120.	0.	375,813.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,948,120.	0.	375,813.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TCC GROUP 333 7TH AVE., 9TH FLOOR, NEW YORK, NY 10001	PROGRAM STRATEGY CONSULTANT	652,219.
EDUCATION FIRST CONSULTING PO BOX 22871, SEATTLE, WA 98122-0871	ALLIANCE BUILDING INTERMEDIARY	319,894.
SOLOMON MCCOWN 177 MILK STREET, STE. 610, BOSTON, MA 02109	COMMUNICATION CONSULTANT	225,243.
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT CONSULTANT	215,306.
RMC RESEARCH, 1000 MARKET STREET BUILDING 2, PORTSMOUTH, NH 03801	EVALUATOR	122,400.

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 **5**



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,469,558.		-314,725.	2,784,283.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		166,766,976.					
		<b>b</b> Less: cost or other basis and sales expenses			141,547,950.		
		<b>c</b> Gain or (loss)			25,219,026.		
	<b>d</b> Net gain or (loss)			25,219,026.			25,219,026.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				27,688,584.	0.	-314,725.	28,003,309.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,718,276.	25,718,276.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,318,658.	498,507.	820,151.	
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	2,304,055.	1,671,038.	633,017.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	289,214.	201,500.	87,714.	
9 Other employee benefits	393,392.	270,266.	123,126.	
10 Payroll taxes	203,333.	131,355.	71,978.	
11 Fees for services (non-employees):				
a Management				
b Legal	18,046.		18,046.	
c Accounting	69,515.		69,515.	
d Lobbying	66,000.		66,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,716,883.		1,716,883.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,608,941.	2,331,442.	277,499.	
12 Advertising and promotion				
13 Office expenses	145,730.	89,732.	55,998.	
14 Information technology	134,279.	82,689.	51,590.	
15 Royalties				
16 Occupancy	288,203.	177,476.	110,727.	
17 Travel	158,816.	119,724.	39,092.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	419,673.	373,860.	45,813.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	240,894.	148,343.	92,551.	
23 Insurance	47,174.	29,050.	18,124.	
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>REGIONAL ASSOCIATIONS</b>	88,510.	88,510.		
b <b>PROF. DVLPMT/MEMBERSHIP</b>	9,213.	3,974.	5,239.	
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	36,238,805.	31,935,742.	4,303,063.	0.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	794,679.	1	1,461,375.
	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	
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	539,044.	7	371,442.
	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	10a 2,340,579.		
	b	Less: accumulated depreciation	10b 1,288,367.	10c	1,052,212.
	11	Investments - publicly traded securities	160,137,697.	11	106,765,443.
	12	Investments - other securities. See Part IV, line 11	380,646,067.	12	365,260,409.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	543,378,232.	16	474,910,881.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,652,433.	17	1,386,574.
	18	Grants payable	23,656,985.	18	19,473,444.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	25,309,418.	26	20,860,018.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	518,068,814.	27	454,050,863.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	518,068,814.	33	454,050,863.	
34	<b>Total liabilities and net assets/fund balances</b>	543,378,232.	34	474,910,881.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,688,584.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,238,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,550,221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	518,068,814.
5	Net unrealized gains (losses) on investments	5	-55,467,730.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	454,050,863.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization **NELLIE MAE EDUCATION FOUNDATION, INC.** Employer identification number **04-2755323**

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

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

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

**SEE PART VI**

(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		
SEE PART VI		2, 6, 7 & 9			25,718,276.	0.
<b>Total PART VI</b>					<b>25,718,276.</b>	<b>0.</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		X
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	X	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		X
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
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))? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	X	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**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.)

PART I, LINE 12G, PART IV, SECTION A, LINE 1, AND PART IV,

SECTION B, LINE 1:

NELLIE MAE EDUCATION FOUNDATION, INC. (THE "FOUNDATION") IS ORGANIZED  
AND OPERATED AS AN ORGANIZATION EXEMPT FROM TAXATION UNDER IRC SECTION  
501(C)(3). IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A SUPPORTING  
ORGANIZATION AS DESCRIBED IN IRC SECTION 509(A)(3). IN PRIOR YEARS,  
THE FOUNDATION WAS ALSO A PUBLICLY SUPPORTED AS DESCRIBED IN IRC  
SECTION 509(A)(2).

PURSUANT TO ITS ARTICLES OF ORGANIZATION, THE FOUNDATION OPERATES  
EXCLUSIVELY FOR THE BENEFIT OF, AND TO PROMOTE THE CHARITABLE AND  
EDUCATIONAL PURPOSES OF A CLASS OF ORGANIZATIONS, INCLUDING  
UNIVERSITIES, COLLEGES, SECONDARY SCHOOLS, ELEMENTARY SCHOOLS, AND  
OTHER EDUCATIONAL ORGANIZATIONS WHICH ARE DESCRIBED IN IRC SECTION  
501(C)(3) AND WHICH ARE NOT PRIVATE FOUNDATIONS AS DESCRIBED IN IRC  
SECTION 509(A). THE FOUNDATION'S ACTIVITIES INCLUDE MAKING GRANTS TO  
THE PUBLIC CHARITIES IT SUPPORTS AND PROVIDING SERVICES TO THOSE  
ORGANIZATIONS. A MAJORITY OF THE FOUNDATION'S DIRECTORS ARE  
REPRESENTATIVES OF ORGANIZATIONS THAT WOULD BE ELIGIBLE TO RECEIVE  
SUPPORT FROM THE FOUNDATION. IN ADDITION, THE COMMITTEE THAT NOMINATES  
BOARD MEMBERS IS COMPOSED ENTIRELY OF DIRECTORS WHO ARE ALSO OFFICERS,  
DIRECTORS, KEY EMPLOYEES OR PERSONS SERVING IN A LEADERSHIP ROLE IN  
PUBLIC CHARITIES THAT WOULD BE ELIGIBLE TO RECEIVE SUPPORT FROM THE  
FOUNDATION. THE FOUNDATION ONLY SUPPORTS PUBLIC CHARITIES DESCRIBED IN  
IRC SECTION 509(A)(1) OR 509(A)(2) AND ONLY ORGANIZATIONS THAT ARE  
ORGANIZED IN THE UNITED STATES.

**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.)

PART IV, SECTION A, LINE 2:

PUBLIC SCHOOL SYSTEM GRANTEES ARE DESCRIBED IN SECTION 509(A)(1) AND TYPICALLY DO NOT HAVE IRS DETERMINATION LETTERS. THE FOUNDATION VERIFIES PUBLIC SCHOOL/GOVERNMENTAL STATUS IN WRITING.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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 <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b>	Employer identification number <b>04-2755323</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**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 4955 ..... ▶ \$ \_\_\_\_\_
- 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 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 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 (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.

(a) Name	(b) Address	(c) EIN	(d) 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-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  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).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 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 \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 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 \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		66,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			66,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c 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)(5), or section 501(c)(6).

	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 if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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).		
a Current year	2a	
b Carryover from last year	2b	
c 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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

A LOBBYING FIRM WAS HIRED DURING 2018 TO MONITOR ACTIVITY ON PROPOSED STATE LEGISLATION AFFECTING THE FOUNDATION'S PRACTICES AND TO MEET WITH COMMITTEE AND COMMITTEE STAFF MEMBERS TO DISCUSS SUCH LEGISLATION.



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Temporarily restricted endowment \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		729,150.	109,366.	619,784.
d Equipment		829,953.	631,744.	198,209.
e Other		781,476.	547,257.	234,219.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,052,212.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DOMESTIC EQUITY	72,811,440.	END-OF-YEAR MARKET VALUE
(B) FOREIGN EQUITY	79,624,539.	END-OF-YEAR MARKET VALUE
(C) MULTI STRATEGY INVESTMENT		
(D) FUND OF FUNDS	21,428,501.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT FUND -		
(F) DISTRESSED CREDIT	35,802,963.	END-OF-YEAR MARKET VALUE
(G) INVESTMENT FUND - FIXED		
(H) INCOME	18,954,944.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>365,260,409.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-29,496,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-55,467,730.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-55,467,730.
3	Subtract line 2e from line 1	3	25,971,701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,716,883.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,716,883.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,688,584.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements	1	34,521,922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	34,521,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,716,883.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,716,883.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,238,805.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE.

THE FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AND

**Part XIII** Supplemental Information *(continued)*

ITS DETERMINATIONS AS TO ITS INCOME BEING RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS AND HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE FOUNDATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR THREE YEARS FOLLOWING THE DATE FILED.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		50,022,536.
<b>3 a</b> Subtotal .....	0	0			50,022,536.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			50,022,536.







**Part IV 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  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  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  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  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)* .....  Yes  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  No

Schedule F (Form 990) 2018

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization **NELLIE MAE EDUCATION FOUNDATION, INC.** Employer identification number **04-2755323**

**Part I** General Information on Grants and Assistance

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

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501(C)(3)	1,440,532.	0.			THE STUDENT-CENTERED LEARNING RESEARCH COLLABORATIVE (Y3)
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	1,270,829.	0.			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2018-19
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER 1000 THOMAS JEFFERSON STREET, NW - WASHINGTON, DC 20	25-0965219	501(C)(3)	998,931.	0.			HIGH SCHOOL MATH NETWORK IMPROVEMENT COMMUNITY (Y5)
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER 1000 THOMAS JEFFERSON STREET, NW - WASHINGTON, DC 20	25-0965219	501(C)(3)	899,937.	0.			STUDENT CENTERED ASSESSMENT NETWORK (SCAN): RESEARCH AND DEVELOPMENT PROJECT YEAR
REVERE PUBLIC SCHOOLS 101 SCHOOL STREET REVERE, MA 02151	04-6001412	PUBLIC SCHOOL	877,242.	0.			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2018-19
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	824,929.	0.			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2018-19

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 239.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSNE MISSIONWORKS NONPROFIT CENTER 89 SOUTH ST., #700 BOSTON, MA 02111	04-2261109	501( C )(3)	720,768.	0.			PUBLIC UNDERSTANDING AND DEMAND TA SUPPORT - 2018/2019
ROGER WILLIAMS UNIVERSITY 1 OLD FERRY RD MAINE AND NATURAL SC BRISTOL, RI 02864	05-0277222	501( C )(3)	650,000.	0.			CENTER FOR YOUTH AND COMMUNITY LEADERSHIP IN EDUCATION
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( C )(3)	546,900.	0.			GREAT SCHOOL PARTNERSHIP TECHNICAL ASSISTANCE SUPPORT - 2018/2019
EDUCAUSE ATTN. KIM PACIFICO 282 CENTURY PLACE, SUITE 5000 - LOUISVILLE, CO 80027	84-1455437	501( C )(3)	499,213.	0.			MASS IDEAS 2018-19
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( C )(3)	497,800.	0.			2018 ENGAGEMENT INTERMEDIARY
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( C )(3)	450,000.	0.			2018-19 SUPPORT FOR NEW ENGLAND SECONDARY SCHOOL CONSORTIUM
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	PUBLIC UNIVERSIT	449,992.	0.			EVALUATION OF THE BETTER MATH TEACHING NETWORK AND FORMATIVE ASSESSMENT NETWORK
NPESF (NATIONAL PUBLIC EDUCATION SUPPORT FUND) - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501( C )(3)	350,001.	0.			CONTINUED SUPPORT FOR PARTNERSHIP FOR FUTURE OF LEARNING
THE METROPOLITAN CENTER FOR RESEARCH ON EQUITY AND THE TRANSFORMATION OF SCHOOLS - 726 BROADWAY 5TH FLOOR - NEW YORK, NY	13-5562308	501( C )(3)	350,000.	0.			CONTENT DEVELOPMENT & DOCUMENTATION OF LEARNING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTHAM PUBLIC SCHOOLS 617 LEXINGTON STREET WALTHAM, MA 02452	04-6001416	PUBLIC SCHOOL	350,000.	0.			WPS PROFESSIONAL LEARNING & TEACHER LEADERSHIP PROGRAM
TSNE MISSIONWORKS NONPROFIT CENTER 89 SOUTH ST., #700 BOSTON, MA 02111	04-2261109	501( C )(3)	277,993.	0.			THE TEACHER COLLABORATIVE: EMPOWERING TEACHER-LED INNOVATION
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501( C )(3)	275,000.	0.			HUB PHASE 5
NEW HAMPSHIRE LEARNING INITIATIVE SUITE 202 ONE LIBERTY LANE EAST HAMPTON, NH 03842	47-4290504	501( C )(3)	275,000.	0.			CONTINUED SUPPORT FOR PACE 2018
THE URBAN INSTITUTE 2100 M STREET, N.W. WASHINGTON, DC 20037	52-0880375	501( C )(3)	274,989.	0.			ROBUST AND EQUITABLE MEASURES TO IDENTIFY QUALITY SCHOOLS (REMIQS) STUDY
COUNCIL OF CHIEF STATE SCHOOL OFFICERS - ONE MASSACHUSETTS AVE NW, STE 700 - WASHINGTON, DC 20001	53-0198090	501( C )(3)	274,000.	0.			CCSSO EDUCATOR COMPETENCIES REFRESH
CONVERGENCE CENTER FOR POLICY RESOLUTION - 1133 19TH STREET, NW, SUITE 410 - WASHINGTON, DC 20036	32-0280279	501( C )(3)	256,762.	0.			CONTINUED SUPPORT FOR EDUCATION REIMAGINED
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 43 FOUNDRY AVE. - WALTHAM, MA 02453	26-2729057	501( C )(3)	250,000.	0.			ASSETS AND NEEDS FOR ADVANCING EDUCATIONAL EQUITY IN NEW ENGLAND
LEARNLAUNCH 281 SUMMER STREET 2ND FLOOR BOSTON, MA 02210	46-1270864	501( C )(3)	250,000.	0.			MASSACHUSETTS INNOVATIVE SCHOOL LEADERS NETWORK (MISL)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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LEARNLAUNCH 281 SUMMER STREET 2ND FLOOR BOSTON, MA 02210	46-1270864	501( C )(3)	250,000.	0.			MAPLE CONTINUED CORE SUPPORT
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 1250 HANCOCK STREET, SUITE 803N - QUINCY, MA 02169	04-3457065	501( C )(3)	250,000.	0.			MASSACHUSETTS GATEWAY CITY STRATEGY FOR EDUCATION EQUITY
RAND CORPORATION 4570 FIFTH AVENUE, SUITE 600 PITTSBURGH, PA 15213	95-1958142	501( C )(3)	249,960.	0.			QUALITY CRITERIA AND PRINCIPALS PROJECT - VALIDITY STUDY YEAR 2
PROVIDENCE PUBLIC SCHOOLS 797 WESTMINSTER ST. PROVIDENCE, RI 02903	GOVT UNIT	PUBLIC SCHOOL	249,151.	0.			SCHOOL AUTONOMY & EQUITY
LEARNLAUNCH 281 SUMMER STREET 2ND FLOOR BOSTON, MA 02210	46-1270864	501( C )(3)	235,458.	0.			SUPPORTING AND DEVELOPING STUDENT-CENTERED TEACHERS AND ADMINISTRATORS AT SCALE
NCSL (NATIONAL CONFERENCE OF STATE LEGISLATURES) - 7700 E. FIRST PLACE - DENVER, CO 80203	74-2232576	501( C )(3)	223,104.	0.			FINAL YEAR OF SCL COMMISSION
VOICE'S FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501( C )(3)	215,379.	0.			LEAD COMMUNITY PARTNER
BERLIN PUBLIC SCHOOLS 183 HILLSIDE AVE BERLIN, NH 03570	02-6000073	PUBLIC SCHOOL	200,000.	0.			COLLABORATIVE GOVERNANCE & EQUITABLE SCHOOL FUNDING
CENTER FOR COLLABORATIVE EDUCATION 33 HARRISON AVENUE, 6TH FLOOR BOSTON, MA 02111	04-3241676	501( C )(3)	200,000.	0.			EDULEADERS OF COLOR RI 2019

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CONVERGENCE CENTER FOR POLICY RESOLUTION - 1133 19TH STREET, NW, SUITE 410 - WASHINGTON, DC 20036	32-0280279	501( C )(3)	200,000.	0.			CAPACITY BUILDING
EDUCATORS FOR EXCELLENCE-CONNECTICUT - 153 EAST STREET, SUITE 400 - NEW HAVEN, CT 06511	27-3382030	501( C )(3)	200,000.	0.			EDUCATOR ADVOCACY IN CONNECTICUT
INACOL (INTERNATIONAL ASSOCIATION FOR K-12 ONLINE LEARNING) - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	501( C )(3)	200,000.	0.			COMPETENCYWORKS
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	200,000.	0.			LEAD COMMUNITY PARTNER
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501( C )(3)	200,000.	0.			BADGES FOR CREDIT-BEARING AFTER-SCHOOL PROGRAMS 2018-19
RACE FORWARD 150 BROADWAY, SUITE 303 NEW YORK, NY 10038	94-2759879	501( C )(3)	200,000.	0.			OPERATING SUPPORT
UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	04-2152680	501( C )(3)	200,000.	0.			HEALING RACISM INSTITUTE OF PIONEER VALLEY
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSIT	200,000.	0.			LEAD COMMUNITY PARTNER
WOODROW WILSON NATIONAL FELLOWSHIP FOUNDATION - 5 VAUGHN DRIVE, SUITE 300 P.O. BOX 5281 - PRINCETON, NJ 08543	21-0703075	501( C )(3)	200,000.	0.			WOODROW WILSON ACADEMY OF TEACHING AND LEARNING Y3

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PROVIDENCE PUBLIC SCHOOLS 797 WESTMINSTER ST. PROVIDENCE, RI 02903	GOVT UNIT	PUBLIC SCHOOL	198,633.	0.			PPSD HIGH LEVERAGE, STUDENT-CENTERED INSTRUCTIONAL STRATEGIES YEAR 2
RENNIE CENTER FOR EDUCATION RESEARCH AND POLICY - 114 STATE STREET - BOSTON, MA 02109	51-0548106	501( C )(3)	197,948.	0.			2018 PUBLIC OPINION POLL
COUNCIL OF CHIEF STATE SCHOOL OFFICERS - ONE MASSACHUSETTS AVE NW, STE 700 - WASHINGTON, DC 20001	53-0198090	501( C )(3)	196,057.	0.			ILN AND EQUITY WORK
GROWTH PHILANTHROPY NETWORK 122 E. 42ND STREET 17TH FLOOR NEW YORK, NY 10168	42-1625224	501( C )(3)	190,925.	0.			PHASE 3 OF MA SYSTEMS TRANSFORMATION EFFORT
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - 7 PALMER STREET 2ND FLOOR - ROXBURY, MA 02119	22-2514422	501( C )(3)	187,000.	0.			BPS COLLEGE AND CAREER READINESS BADGING INITIATIVE 2018-19
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501( C )(3)	185,332.	0.			FUSE RI: COHORT 5
ROGER WILLIAMS UNIVERSITY 1 OLD FERRY RD MAINE AND NATURAL SC BRISTOL, RI 02864	05-0277222	501( C )(3)	179,000.	0.			TA FOR UNDERSTANDING ROOTS OF INEQUITIES GRANT FUND
CAPPS EDUCATION FOUNDATION INC. 26 CAYA AVENUE WEST HARTFORD, CT 06110	45-5636114	501( C )(3)	175,000.	0.			EXIT GRANT FOR POLICY WORK
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 W. 120TH ST - NEW YORK, NY 10027	13-1624202	501( C )(3)	175,000.	0.			NEW ENGLAND REPORTING INITIATIVE YEAR 3

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KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH ST., SUITE 200 CINCINNATI, OH 45202	31-1321973	501( C )(3)	171,689.	0.			PUBLIC ENGAGEMENT SESSIONS YEAR 2
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501( C )(3)	165,000.	0.			YEAR 4 SUPPORT FOR SCL POLICIES IN MAINE
VOICE'S FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501( C )(3)	160,000.	0.			VERMONT EDUCATION EQUITY PROJECT - YEAR 3
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501( C )(3)	159,374.	0.			YEAR 4 SUPPORT FOR SCL POLICIES IN RI
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501( C )(3)	150,000.	0.			MAINE COLLEGE AND CAREER READINESS ALLIANCE - YEAR 2
HARTFORD PARENT UNIVERSITY 330 MARKET ST. 3RD FLOOR HARTFORD, CT 06120	45-1859686	501( C )(3)	150,000.	0.			LEAD COMMUNITY PARTNER
LEADERSHIP AND DESIGN P.O. BOX 33153 LOS GATOS, CA 95031	27-1178342	501( C )(3)	150,000.	0.			"ASK WHY?" VIDEO SERIES 2
MERIDEN CHILDREN FIRST INITIATIVE 165 MILLER ST MERIDEN, CT 06450	06-1626440	501( C )(3)	150,000.	0.			LEAD COMMUNITY PARTNER
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	150,000.	0.			NEW HAMPSHIRE ALLIANCE FOR COLLEGE AND CAREER READINESS - YEAR 2

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REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	150,000.	0.			YEAR 3 OF POLICY SUPPORT
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501( C )(3)	150,000.	0.			RHODE ISLAND ALLIANCE TO SUPPORT COLLEGE AND CAREER READINESS - YEAR 2
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501( C )(3)	150,000.	0.			BOSTON OPPORTUNITY AGENDA
VERMONT STUDENT ASSISTANCE CORPORATION - P.O. BOX 2000 - WINOOSKI, VT 05404	03-0216589	501( C )(3)	150,000.	0.			VT ALLIANCE FOR COLLEGE AND CAREER READINESS - YEAR 2
WGBH EDUCATIONAL FOUNDATION WGBH-TV-CHANNEL 2 ONE GUEST STREET BOSTON, MA 02135	04-2104397	501( C )(3)	150,000.	0.			MASSACHUSETTS EDUCATION REPORTING PROJECT - YEAR 2
TSNE MISSIONWORKS NONPROFIT CENTER 89 SOUTH ST., #700 BOSTON, MA 02111	04-2261109	501( C )(3)	126,848.	0.			CONTINUED SUPPORT FOR CT SCHOOL FINANCE PROJECT
ROGER WILLIAMS UNIVERSITY 1 OLD FERRY RD MAINE AND NATURAL SC BRISTOL, RI 02864	05-0277222	501( C )(3)	116,052.	0.			NEYON
EDUCATION RESOURCE STRATEGIES 480 PLEASANT STREET, C200 I WATERTOWN, MA 02472	20-1978102	501( C )(3)	100,000.	0.			RESOURCE EQUITY WORK WITH NEW SUPERINTENDENTS
EMPOWER SCHOOLS 50 MILK STREET, 16TH FLR BOSTON, MA 02109	04-3534001	501( C )(3)	100,000.	0.			A SUCCESSFUL TRANSITION IN LAWRENCE

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HOLYOKE PUBLIC SCHOOLS 57 SUFFOLK STREET HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	100,000.	0.			HOLYOKE STEM ACADEMY
MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION - 75 PLEASANT STREET - MALDEN, MA 02148	GOVT UNIT	501( C )(3)	100,000.	0.			SUPPORT OF INFLUENCER 100 DIVERSITY PILOT
NCRP (NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY) - 1900 L STREET NW SUITE 825 - WASHINGTON, DC 20036	52-1072749	501( C )(3)	100,000.	0.			OPERATING SUPPORT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - HARVARD UNIVERSITY, GRADUATE SCHOOL O - PO BOX 415649 - CAMBRIDGE, MA 02241-5649	04-2103580	501( C )(3)	100,000.	0.			BY ALL MEANS 2,0
THE EDUCATION TRUST 1250 H ST. NW, SUITE 700 WASHINGTON, DC 20005	52-1982223	501( C )(3)	100,000.	0.			SUPPORTING EQUITY COALITIONS IN MA
TNTP, INC 500 7TH AVENUE, 8TH FLOOR NEW YORK, NY 10018	13-3850158	501( C )(3)	100,000.	0.			NATIONAL REPORT ON THE STUDENT EXPERIENCE
WOMEN ENCOURAGING EMPOWERMENT PO BOX 13 REVERE, MA 02151	04-3286531	501( C )(3)	100,000.	0.			LEAD COMMUNITY PARTNER
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST. LAWRENCE, MA 01840	27-3519031	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP 4 2018-19
HOLYOKE HIGH SCHOOL 500 BEECH ST. HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP

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HYDE SQUARE TASK FORCE P.O. BOX 301871 JAMAICA PLAIN, MA 02130	04-3118543	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP 4 2018-19
MASSACHUSETTS BUSINESS ALLIANCE FOR EDUCATION - 400 ATLANTIC AVENUE - BOSTON, MA 02110	04-3274599	501( C )(3)	75,000.	0.			OPERATING SUPPORT
ORGANIZING AND LEADERSHIP TRAINING CENTER - 150 MT. VERNON STREET, SUITE 200 E - BOSTON, MA 02125	04-2863903	501( C )(3)	75,000.	0.			GENERAL SUPPORT FOR CTE AND REVENUE WORK
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
UNITED WE DREAM 1900 L STREET NW SUITE 900 WASHINGTON, DC 20036	46-2216565	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP 4 2018-19
YOUTH ON BOARD 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501( C )(3)	75,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COHORT 3
COMMUNITY MEDIATION 1253 WHITNEY AVE HAMDEN, CT 06517	06-1039800	501( C )(3)	74,950.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP 4 2018-19
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602-2861	22-3248067	PUBLIC UNIVERSIT	74,827.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP

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ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE PLAZA - PROVIDENCE, RI 02903	81-4458558	501( C )(3)	74,568.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP 4 2018_19
BRANDEIS UNIVERSITY P.O. BOX 549110 WALTHAM, MA 02454-9110	04-2103552	501( C )(3)	74,269.	0.			ORGANIZING FOR STUDENT SUCCESS: THE ROLE OF RELATIONAL COORDINATION IN BUILDING A
CLAYTON CHRISTENSEN INSTITUTE 92 HAYDEN AVE LEXINGTON, MA 02421	26-0264045	501( C )(3)	70,000.	0.			THE CANOPY PROJECT: BUILDING KNOWLEDGE OF SCHOOL INNOVATION
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501( C )(3)	65,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
COMPASS YOUTH COLLABORATIVE, INC 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	501( C )(3)	65,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
THE CONNECTICUT FORUM, INC. 750 MAIN STREET HARTFORD, CT 06103	06-1343149	501( C )(3)	65,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
THE OPPORTUNITY ALLIANCE 50 LYDIA LANE SOUTH PORTLAND, ME 04106-2156	01-0274725	501( C )(3)	65,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP - YEAR 2
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSIT	65,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
THE NATIONAL CENTER FOR THE IMPROVEMENT OF EDUCATIONAL ASSESSMENT, INC - 31 MOUNT VERNON STREET - DOVER, NH 03820	02-0501917	501( C )(3)	59,000.	0.			SUPPORT FOR NH RESPONSE TO ESSA SECTION 1204 OPPORTUNITY

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MAINE PUBLIC BROADCASTING CORPORATION - 323 MARGINAL WAY - PORTLAND, ME 04101	22-3171529	501( C )(3)	55,000.	0.			MAINE EDUCATION REPORTING PROJECT - YEAR 4
THE COLLEGE CRUSADE OF RHODE ISLAND - 134 THURBERS AVENUE, SUITE 111 - PROVIDENCE, RI 02905	22-3031765	501( C )(3)	55,000.	0.			READ MORE
BEND THE ARC 330 SEVENTH AVENUE NEW YORK, NY 10001	52-1332694	501( C )(3)	50,000.	0.			FUNDERS COLLABORATIVE ON YOUTH ORGANIZING
CENTER FOR COLLABORATIVE EDUCATION 33 HARRISON AVENUE, 6TH FLOOR BOSTON, MA 02111	04-3241676	501( C )(3)	50,000.	0.			RI PATHWAYS FOR DESIGN
CENTER FOR CURRICULUM REDESIGN 10 JAMAICAWAY #18 BOSTON, MA 02130	45-3847373	501( C )(3)	50,000.	0.			EXPANDING THE ASSESSMENT RESEARCH CONSORTIUM
GENDERS AND SEXUALITIES NETWORK 1714 FRANKLIN ST #100 OAKLAND, CA 94612	20-5367752	501( C )(3)	50,000.	0.			PEOPLE'S THINK TANK
GROWTH PHILANTHROPY NETWORK 122 E. 42ND STREET 17TH FLOOR NEW YORK, NY 10168	42-1625224	501( C )(3)	50,000.	0.			COMPLETE PLANNING PHASE OF MA EDUCATION TRANSFORMATION INITIATIVE
IDEA (INSTITUTE FOR DEMOCRATIC EDUCATION IN AMERICA) - 3644 44TH AVE., S - MINNEAPOLIS, MN 55406	27-0812635	501( C )(3)	50,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP SCHOOL VISITS
LATINOS FOR EDUCATION 275 PAYSON ROAD BELMONT, MA 02478	81-2883649	501( C )(3)	50,000.	0.			CATALYZING LATINO LEADERSHIP IN GREATER BOSTON'S EDUCATION SYSTEM

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RENNIE CENTER FOR EDUCATION RESEARCH AND POLICY - 114 STATE STREET - BOSTON, MA 02109	51-0548106	501(C)(3)	50,000.	0.			DIGITAL BADGING EVALUATION
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	50,000.	0.			GREATER BOSTON LATINO NETWORK
KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH ST., SUITE 200 CINCINNATI, OH 45202	31-1321973	501(C)(3)	47,500.	0.			BUILDING ADVOCACY CAPACITY IN NEW ENGLAND
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501(C)(3)	45,000.	0.			OPERATING SUPPORT
COMMUNITY MEDIATION 1253 WHITNEY AVE HAMDEN, CT 06517	06-1039800	501(C)(3)	45,000.	0.			OPERATING SUPPORT
DATA FOR BLACK LIVES 193 BROOKLINE ST., APT. 1R CAMBRIDGE, MA 02139	82-1709461	501(C)(3)	45,000.	0.			DATA FOR BLACK LIVES 2018
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	45,000.	0.			OPERATING SUPPORT
HOLYOKE HIGH SCHOOL 500 BEECH ST. HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	45,000.	0.			OPERATING SUPPORT
PROVIDENCE STUDENT UNION 741 WESTMINISTER ST. PROVIDENCE, RI 02903	45-5052229	501(C)(3)	45,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSIT	45,000.	0.			OPERATING SUPPORT
VOICE'S FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501( C )(3)	45,000.	0.			OPERATING SUPPORT
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602-2861	22-3248067	PUBLIC UNIVERSIT	45,000.	0.			OPERATING SUPPORT
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501( C )(3)	45,000.	0.			OPERATING SUPPORT
CONNECTICUT PUBLIC, INC. 1049 ASYLUM AVE. HARTFORD, CT 06105	06-0758938	501( C )(3)	43,000.	0.			MEDIA GRANT YEAR 5
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	501( C )(3)	40,000.	0.			MUIZ ACADEMY OPERATION SUPPORT
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION - 750 CHASE PARKWAY - WATERBURY, CT 06708	23-7165869	PUBLIC UNIVERSIT	40,000.	0.			RETENTION GRANT
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501( C )(3)	40,000.	0.			FUSE GRANT
READING IS FUNDAMENTAL 750 FIRST ST, NE, SUITE 920 WASHINGTON, DC 20002	52-0976257	501( C )(3)	40,000.	0.			UNRESTRICTED GRANT

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VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET P.O. BOX 1050 - EXETER, NH 03833	56-2668724	501( C )(3)	40,000.	0.			TELLING THE STORY
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501( C )(3)	40,000.	0.			YOUTHBUILD PROVIDENCE EDUCATION AND WORKFORCE DEVELOPMENT PROGRAM
NEW HAMPSHIRE LEARNING INITIATIVE SUITE 202 ONE LIBERTY LANE EAST HAMPTON, NH 03842	47-4290504	501( C )(3)	37,500.	0.			SCHOOL RETOOL COHORT YEAR 3
TSNE MISSIONWORKS NONPROFIT CENTER 89 SOUTH ST., #700 BOSTON, MA 02111	04-2261109	501( C )(3)	34,996.	0.			EDUCATORS AND THE "OPPORTUNITY MYTH"
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501( C )(3)	32,500.	0.			WOMEN LEADERSHIP INITIATIVES
EDUCATION EVOLVING 332 MINNESOTA ST. SUITE W1360 ST. PAUL, MN 55101	47-3761921	501( C )(3)	30,000.	0.			2018 TEACHER-POWERED SCHOOLS CONFERENCE
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501( C )(3)	30,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
PROVIDENCE STUDENT UNION 741 WESTMINISTER ST. PROVIDENCE, RI 02903	45-5052229	501( C )(3)	30,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501( C )(3)	30,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP

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YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501( C )(3)	30,000.	0.			YOUTH VOICE 2018-2019
INSTITUTE FOR NONPROFIT PRACTICE AT TUFTS UNIVERSITY - TUFTS UNIVERSITY JONATHAN M. TISCH COLLEGE OF CIVIC LIFE 144 GOULD	47-1613050	501( C )(3)	28,000.	0.			CORE CERTIFICATE PROGRAM IN RI
BEND THE ARC 330 SEVENTH AVENUE NEW YORK, NY 10001	52-1332694	501( C )(3)	25,000.	0.			RAPID RESPONSE FUND
MAYOR'S OFFICE FOR IMMIGRANT ADVANCEMENT - 1 CITY HALL SQ., ROOM 806 - BOSTON, MA 02201	04-6001380	501( C )(3)	25,000.	0.			WE ARE BOSTON
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - HARVARD MEDICAL SCHOOL - 25 SHATTUCK STREET - BOSTON, MA 02115	04-2103580	501( C )(3)	25,000.	0.			MEDSCIENCE
PROJECT LEARN, INC. 8 KIRK STREET, 2ND FLOOR LOWELL, MA 01852	04-4885366	501( C )(3)	25,000.	0.			LOWELL - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
THOMPSON ISLAND OUTWARD BOUND P.O. BOX 127 BOSTON, MA 02127	04-3027900	501( C )(3)	25,000.	0.			CONNECTIONS
YW BOSTON (YWCA BOSTON) 140 CLARENDON STREET BOSTON, MA 02116	04-2103548	501( C )(3)	25,000.	0.			LEADING FOR IMPACT
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 43 FOUNDRY AVE. - WALTHAM, MA 02453	26-2729057	501( C )(3)	24,980.	0.			YOUTH AMBASSADOR PROGRAM

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LAWRENCE PUBLIC SCHOOLS 233 HAVERHILL STREET LAWRENCE, MA 01840	04-6001394	PUBLIC SCHOOL	23,000.	0.			LAWRENCE - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
NOWELL LEADERSHIP ACADEMY 133 DELAINE ST PROVIDENCE, RI 02909	46-2385806	501( C )(3)	20,020.	0.			NOWELL ACADEMY
ALLIANCE FOR BUSINESS LEADERSHIP ONE BEACON STREET FLOOR 15 BOSTON, MA 02108	26-0847220	501( C )(3)	20,000.	0.			ABL LEADER LAB IDEAS COLLABORATION ACTION 2018
ATTLEBORO PUBLIC SCHOOLS 100 RATHBUN WILLARD DRIVE ATTLEBORO, MA 02703	04-6001378	PUBLIC SCHOOL	20,000.	0.			ATTLEBORO - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
BROAD INSTITUTE -MIT-HARVARD 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501( C )(3)	20,000.	0.			BROAD INSTITUTE UNRESTRICTED SUPPORT
CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN - 272 MAIN STREET PO BOX 1960 - NEW BRITAIN, CT 06050	22-2486319	PUBLIC SCHOOL	20,000.	0.			NEW BRITAIN - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
EDUCATION RESOURCE STRATEGIES 480 PLEASANT STREET, C200 I WATERTOWN, MA 02472	20-1978102	501( C )(3)	20,000.	0.			PLANNING GRANT FOR DISTRICT COHORT
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE. 101 DANVERS, MA 01923	04-3407816	501( C )(3)	20,000.	0.			BETTY BELAND GREATER LAWRENCE SUMMER FUND
HOLYOKE PUBLIC SCHOOLS 57 SUFFOLK STREET HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	20,000.	0.			HOLYOKE - YEAR 2 PUBLIC UNDERSTANDING & DEMAND

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LEWISTON PUBLIC SCHOOLS 36 OAK ST LEWISTON, ME 04240	01-0447384	PUBLIC SCHOOL	20,000.	0.			LEWISTON - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
MIDDLETOWN PUBLIC SCHOOLS 311 HUNTING HILL AVE MIDDLETOWN, CT 06457	06-6001872	PUBLIC SCHOOL	20,000.	0.			MIDDLETOWN, CT - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
NEW BEDFORD PUBLIC SCHOOLS PAUL RODRIGUEZ ADMINISTRATION BLDG. 455 COUNTY ST - NEW BEDFORD, MA 02746	04-6001402	PUBLIC SCHOOL	20,000.	0.			NEW BEDFORD - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
SEVENZO 6401 PENN AVENUE 3RD FLOOR PITTSBURGH, PA 15206	81-1001484	501( C )(3)	20,000.	0.			SEVENZO 2018
WOONSOCKET SCHOOL DISTRICT 108 HIGH ST. WOONSOCKET, RI 02895	05-0422764	PUBLIC SCHOOL	20,000.	0.			WOONSOCKET - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
PROVIDENCE STUDENT UNION 741 WESTMINISTER ST. PROVIDENCE, RI 02903	45-5052229	501( C )(3)	15,325.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMS GRANT
ADDISON-RUTLAND SUPERVISORY UNION 49 MAIN ST. FAIR HAVEN, VT 05743		GOVT UNIT	15,000.	0.			O'TOOLE AWARD 2017 REGRANT - JEREMY VANDERKERN
BOSTON DAY AND EVENING ACADEMY 20 KEARSARGE AVE BOSTON, MA 02119	31-1708923	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
BRIEN MCMAHON HIGH SCHOOL 300 HIGHLAND AVE NORWALK, CT 06854		GOVT UNIT	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS

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EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
GIRLS FOR TECHNOLOGY INC 750 MAIN ST SUITE 326 HARTFORD, CT 06103	46-5696249	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
LAMOILLE NORTH MODIFIED UNIFIED UNION SCHOOL DISTRICT - 96 CRICKET HILL RD - HYDE PARK, VT 05655	GOVT UNIT	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
MAKING COMMUNITY CONNECTIONS CHARTER SCHOOL - P O BOX 593 - AMHERST, NH 03031	45-2985274	501( C )(3)	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
MID-MAINE TECHNICAL CENTER 3 BROOKLYN AVENUE WATERVILLE, ME 04901	GOVT UNIT	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS

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MORGAN STATE UNIVERSITY FOUNDATION P.O. BOX 64261 BALTIMORE, MD 21264-4261	23-7089143	501( C )(3)	15,000.	0.			GRAVES HONORS PROGRAM
NNSTOY (NATIONAL NETWORK OF STATE TEACHERS OF THE YEAR) - 1525 WILSON BLVD - ARLINGTON, VA 22209	48-1035353	501( C )(3)	15,000.	0.			NATIONAL NETWORK OF STATE TEACHERS OF THE YEAR ANNUAL CONFERENCE
PORTLAND PUBLIC SCHOOLS 196 ALLEN AVENUE PORTLAND, ME 04103	04-3374427	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	21-0650678	501( C )(3)	15,000.	0.			ASPIRING ACCOUNTING PROFESSIONAL PROGRAM
SALEM PUBLIC SCHOOLS 29 HIGHLAND AVE SALEM, MA 01970	04-6001413	PUBLIC SCHOOL	15,000.	0.			SALEM - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
SALEM PUBLIC SCHOOLS 29 HIGHLAND AVE SALEM, MA 01970	04-6001413	PUBLIC SCHOOL	15,000.	0.			SALEM - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
SOMERVILLE PUBLIC SCHOOLS 8 BONAIR STREET SOMERVILLE, MA 02145	GOVT UNIT	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
THE METROPOLITAN REGIONAL CAREER AND TECHNICAL CENTER - 325 PUBLIC STREET - PROVIDENCE, RI 02905	GOVT UNIT	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS
THE METROPOLITAN REGIONAL CAREER AND TECHNICAL CENTER - 325 PUBLIC STREET - PROVIDENCE, RI 02905	GOVT UNIT	PUBLIC SCHOOL	15,000.	0.			LAWRENCE W. O'TOOLE TEACHER LEADERSHIP AWARDS

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THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3440 MARKET STREET, STE 560 - PHILADELPHIA, PA 19104-3325	23-1352685	501( C )(3)	15,000.	0.			STUDY OF TEACHER LEADERSHIP IN UNITED STATES - ADDITIONAL DATA COLLECTION
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501( C )(3)	15,000.	0.			YIA BRANDING AND LANGUAGE JUSTICE TRAINING
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06042	06-6001633	PUBLIC SCHOOL	12,500.	0.			PERSONALIZED LEARNING POLICY REVIEW & BOARD RETREAT
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	GOVT UNIT	PUBLIC SCHOOL	12,500.	0.			DISTRICT LEVEL SYSTEM CHANGE RETREAT SUPPORT
PORTLAND PUBLIC SCHOOLS 196 ALLEN AVENUE PORTLAND, ME 04103	04-3374427	PUBLIC SCHOOL	12,500.	0.			DISTRICT LEVEL SYSTEM CHANGE RETREAT SUPPORT
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	12,227.	0.			DISTRICT LEVEL SYSTEM CHANGE RETREAT SUPPORT
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501( C )(3)	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMS GRANT SOCIAL MEDIA
BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E. FRANKLIN STREET - TRENTON, NJ 08610	06-1653897	501( C )(3)	10,000.	0.			LAWRENCE YOUTH MENTORING PROGRAM
BRONXDALE TENANT'S LEAGUE D.C.C., INC. - 1065 BEACH AVENUE - BRONX, NY 10472	13-2681414	501( C )(3)	10,000.	0.			LITERACY PROGRAM

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CAMBRIDGE PUBLIC LIBRARY FOUNDATION - 449 BROADWAY - CAMBRIDGE, MA 02138	47-5391781	501( C )(3)	10,000.	0.			EDUCATIONAL/LITERACY PROGRAMS
CARY INSTITUTE OF ECOSYSTEM STUDIES - BOX AB - MILLBROOK, NY 12545	22-3232968	501( C )(3)	10,000.	0.			MID-HUDSON YOUNG ENVIRONMENTAL SCIENTISTS PROGRAM
CHITTENDEN CENTRAL SUPERVISORY UNION - 51 PARK STREET - ESSEX JUNCTION, VT 05452	03-6000554	501( C )(3)	10,000.	0.			ESSEX WESTFORD - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
DATA FOR BLACK LIVES 193 BROOKLINE ST., APT. 1R CAMBRIDGE, MA 02139	82-1709461	501( C )(3)	10,000.	0.			DATA FOR BLACK LIVES 2019
DOVER SCHOOL DISTRICT MCCONNELL CENTER 61 LOCUST STREET, DOVER, NH 03820-4132	02-6000023	PUBLIC SCHOOL	10,000.	0.			DOVER - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
DOVER SCHOOL DISTRICT MCCONNELL CENTER 61 LOCUST STREET, DOVER, NH 03820-4132	02-6000023	PUBLIC SCHOOL	10,000.	0.			DOVER - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
EDUCATION LEADERS OF COLOR, INC. 3680 WILSHIRE BLVD, SUITE P04-1052 LOS ANGELES, CA 90010	81-2253548	501( C )(3)	10,000.	0.			EDLOC 2018
HARLEM SCHOOL OF THE ARTS 645 SAINT NICHOLAS AVENUE NEW YORK, NY 10030	13-2552500	501( C )(3)	10,000.	0.			SUPPORT FOR THE NEGRO SPIRITUAL PROJECT
HARTFORD PUBLIC SCHOOLS 950 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	10,000.	0.			YOUTH LEADERSHIP INSTITUTE SUPPORT

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HOLYOKE HIGH SCHOOL 500 BEECH ST. HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS PA'LANTE VIDEO
LEAP YEAR, INC 229 PEACHTREE STREET NE SUITE 725 ATLANRA, GA 30303	81-1224809	501( C )(3)	10,000.	0.			LEAP YEAR
MAINE COMMUNITY FOUNDATION 245 MAIN ST ELLSWORTH, ME 04605	01-0391479	501( C )(3)	10,000.	0.			RACIAL EQUITY FUND AT MAINECF
NCCEP (NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS) - 1331 H ST. NW #900 - WASHINGTON, DC 20005	31-1669930	501( C )(3)	10,000.	0.			NCCEP/GEAR UP ANNUAL CONFERENCE
NEW CLASSROOMS 1250 BROADWAY, 30TH FLOOR NEW YORK, NY 10001	45-2736163	501( C )(3)	10,000.	0.			ANALYSIS OF ALIGNMENT BETWEEN MATH STANDARDS, ASSESSMENTS AND BEST PRACTICES IN INSTRUCTION
NEWPORT PUBLIC SCHOOLS 109 OLD FORT RD NEWPORT, RI 02840	06-6000260	PUBLIC SCHOOL	10,000.	0.			NEWPORT - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	10,000.	0.			NEYON STEERING COMMITTEE
POLAND REGIONAL HIGH SCHOOL 1457 MAINE STREET POLAND, ME 04274	26-4196919	PUBLIC SCHOOL	10,000.	0.			OPPORTUNITY FUND
POWERMYLEARNING, INC. 520 EIGHTH AVENUE, FLOOR 10 NEW YORK, NY 10018	13-3935309	501( C )(3)	10,000.	0.			PML 2018

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PRISON BOOK PROGRAM 1306 HANCOCK STREET, SUITE 100 QUINCY, MA 02169	20-3235673	501( C )(3)	10,000.	0.			PRISON BOOK PROGRAM
SCHOOL ADMINISTRATIVE UNIT #6 165 BROAD ST CLAREMONT, NH 03743	02-6000158	501( C )(3)	10,000.	0.			CLAREMONT - YEAR 3 PUBLIC UNDERSTANDING & DEMAND
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501( C )(3)	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS GRANT
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 W. 120TH ST - NEW YORK, NY 10027	13-1624202	501( C )(3)	10,000.	0.			REIMAGINING EDUCATION: TEACHING AND LEARNING IN DIVERSE SCHOOLS SUMMER INSTITUTE
THE CENTER FOR THE ARTS IN NATICK, INC. - 14 SUMMER STREET - NATICK, MA 01760	04-3364016	501( C )(3)	10,000.	0.			EDUCATION PROGRAMS
THE CONNECTICUT FORUM, INC. 750 MAIN STREET HARTFORD, CT 06103	06-1343149	501( C )(3)	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS CT FORUM VIDEO
THE LINKS FOUNDATION, INCORPORATED THE LINKS FOUNDATION, INC. THE COMMONWEALTH (VA) CHAPTER THE LINKS, INC. PO	52-1170830	501( C )(3)	10,000.	0.			COMMONWEALTH CHAPTER OF THE LINKS, INC.
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSIT	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS APP
WESTBROOK SCHOOL DEPARTMENT 117 STROUDWATER STREET WESTBROOK, ME 04092	GOVT UNIT	PUBLIC SCHOOL	10,000.	0.			WESTBROOK - YEAR 4 PUBLIC UNDERSTANDING & DEMAND

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501( C )(3)	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS MESSAGING GRANT
YOUTH ON BOARD 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501( C )(3)	10,000.	0.			AMPLIFYING STUDENT VOICE AND LEADERSHIP COMMUNICATIONS GRANT
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	GOVT UNIT	PUBLIC SCHOOL	9,950.	0.			YOUTH LEADERSHIP INSTITUTE SUPPORT
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE PLAZA - PROVIDENCE, RI 02903	81-4458558	501( C )(3)	9,000.	0.			SUPPORT
CATHOLIC SCHOOLS FOUNDATION 67 BATTERYMARCH ST, 6TH FLOOR BOSTON, MA 02110	22-2485502	501( C )(3)	9,000.	0.			INNER-CITY SCHOLARSHIP FUND BOSTON
NCRP (NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY) - 1900 L STREET NW SUITE 825 - WASHINGTON, DC 20036	52-1072749	501( C )(3)	9,000.	0.			OPERATING SUPPORT
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501( C )(3)	9,000.	0.			LIFE SCIENCES RESEARCH FUND
SURGE INSTITUTE 5250 N LINCOLN AVE, UNIT 4A CHICAGO, IL 60625	47-1995566	501( C )(3)	9,000.	0.			SURGE 2018
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	8,600.	0.			YOUTH LEADERSHIP INSTITUTE SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGAGING SCHOOLS 23 GARDEN STREET CAMBRIDGE, MA 02138	04-2764204	501( C )(3)	8,000.	0.			EDUCATION PROGRAMS
HARLEM SCHOOL OF THE ARTS 645 SAINT NICHOLAS AVENUE NEW YORK, NY 10030	13-2552500	501( C )(3)	8,000.	0.			ARTS EDUCATION PROGRAMMING
PROJECT MERCY 7011 ARDMORE AVENUE FORT WAYNE, IN 46809	35-1410753	501( C )(3)	8,000.	0.			EDUCATION PROGRAMS
CADRE 8410 S. BROADWAY LOS ANGELES, CA 90003	26-4753821	501( C )(3)	7,500.	0.			CADRE
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501( C )(3)	7,500.	0.			MAINE TEACHER LEADERSHIP SUMMIT
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	23-7439790	501( C )(3)	7,500.	0.			EDUCATION WRITERS ASSOCIATION 71ST NATIONAL SEMINAR
HANOVER PERMANENT SCHOLARSHIP FUND P.O. BOX 67 HANOVER, MA 02339	04-2625836	501( C )(3)	7,500.	0.			JENNA ATTURIO MEMORIAL FUND
MEXICAN AMERICAN UNITY COUNCIL 2300 W COMMERCE SUITE 200 SAN ANTONIO, TX 78207	74-6088061	501( C )(3)	7,500.	0.			SPIRIT OF EDUCATION SCHOLARSHIP
PUBLIC AGENDA, INC. 195 MONTAGUE ST., 14TH FLOOR BROOKLYN, NY 11201	13-2847587	501( C )(3)	7,500.	0.			DESIGN OF ADDRESSING BIAS-BASED INCIDENTS IN SCHOOLS DISCUSSION GUIDE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALEM STATE UNIVERSITY FOUNDATION 352 LAFAYETTE STREET SALEM, MA 01970	04-2620632	501( C )(3)	7,500.	0.			POLITICAL SCIENCE SUMMER INTERNSHIPS
THE FOUNDATION CENTER 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	13-1837418	501( C )(3)	7,500.	0.			GENERAL PROGRAM FUNDING
FRAMEWORKS INSTITUTE 1333 H STREET NW, SUITE 700 WEST WASHINGTON, DC 20005	71-0891642	501( C )(3)	7,000.	0.			WEBINARS ON CORE STORY OF EDUCATION AND TALKING ABOUT RACE
BIG PICTURE LEARNING 325 PUBLIC STREET PROVIDENCE, RI 02905	05-0485883	501( C )(3)	6,000.	0.			BIG BANG 2018: THE INTERNATIONAL CONFERENCE ON STUDENT-CENTERED LEARNING
MORGAN STATE UNIVERSITY FOUNDATION P.O. BOX 64261 BALTIMORE, MD 21264-4261	23-7089143	501( C )(3)	6,000.	0.			GRAVES HONORS PROGRAM
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSIT	6,000.	0.			SPEAKERS BUREAU
VERMONT PRINCIPALS' ASSOCIATION 2 PROSPECT ST STE 3 MONTPELIER, VT 05602	03-6006002	501( C )(3)	6,000.	0.			VERMONT EQUITY SUMMIT
WINOOSKI SCHOOL DISTRICT 60 NORMAND STREET WINOOSKI, VT 05404	03-6000783	PUBLIC SCHOOL	5,105.	0.			YOUTH LEADERSHIP INSTITUTE SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

AS PART OF THE GRANT AGREEMENT, THE GRANTEE IS REQUIRED TO SUBMIT A  
 PROGRESS REPORT AND A FINAL REPORT TO THE FOUNDATION. DEPENDING ON THE  
 SIZE AND COMPLEXITY OF THE GRANT, THE GRANTEE WOULD SUBMIT A NARRATIVE AND  
 BUDGET SPENT TO DATE WITH THE PROGRESS AND FINAL REPORTS. THE REPORTS  
 INCLUDE NARRATIVES TO REPORT QUESTIONS INCLUDING THE MEASURABLE PROGRESS OF  
 THE ORIGINAL GOALS AND OBJECTIVES OF THE GRANT.

**PART II, LINE 1, COLUMN (H):**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INSTITUTES FOR RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: STUDENT CENTERED ASSESSMENT NETWORK

(SCAN): RESEARCH AND DEVELOPMENT PROJECT YEAR 1

NAME OF ORGANIZATION OR GOVERNMENT: BRANDEIS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ORGANIZING FOR STUDENT SUCCESS: THE

ROLE OF RELATIONAL COORDINATION IN BUILDING A COLLABORATIVE CULTURE

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**NELLIE MAE EDUCATION FOUNDATION, INC.**

Employer identification number

**04-2755323**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>X</b>
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>X</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?		<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?		<b>X</b>
<b>b</b> Any related organization?		<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?		<b>X</b>
<b>b</b> Any related organization?		<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS C. DONOHUE PRESIDENT & CEO	(i)	483,633.	0.	0.	42,678.	23,351.	549,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL CAREY TREASURER & VP FOR FINANCE	(i)	268,824.	0.	0.	42,000.	16,664.	327,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHARLES TOULMIN DIRECTOR OF POLICY	(i)	160,784.	0.	0.	24,483.	22,697.	207,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SONIA GLEASON DIR. OF STRATEGIC LEARNING & EVAL.	(i)	158,257.	0.	0.	23,997.	23,187.	205,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EVE GOLDBERG DIRECTOR OF RESEARCH	(i)	150,917.	0.	0.	22,771.	22,665.	196,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESSICA SPOHN PROGRAM DIRECTOR	(i)	165,243.	0.	0.	25,213.	21,448.	211,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DELIA ARELLANO-WEDDLETON SENIOR PROGRAM OFFICER	(i)	137,651.	0.	0.	19,647.	16,370.	173,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE FOUNDATION DOES NOT, AS A MATTER OF POLICY, PROVIDE FIRST CLASS TRAVEL.

TWO EXCEPTIONS WERE MADE THIS YEAR FOR OUR PRESIDENT, WHO WITH PRIOR

APPROVAL OF OUR BOARD CHAIR, FLEW FIRST CLASS FOR TWO BUSINESS MEETINGS

CROSS COUNTRY.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number  
04-2755323

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

ADVANCE EXCELLENT, STUDENT-CENTERED PUBLIC EDUCATION FOR ALL NEW  
ENGLAND YOUTH.

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

NOT-FOR-PROFIT CORPORATION TO SUPPORT EDUCATIONAL ORGANIZATIONS.

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

SKILLS THAT AREN'T ADDRESSED IN A TRADITIONAL CURRICULUM, SUCH AS  
CRITICAL THINKING, PROBLEM SOLVING, COMMUNICATIONS, COLLABORATION,  
SELF-DIRECTED LEARNING AND SOCIAL-EMOTIONAL SKILLS. AND WHILE  
GRADUATION RATES ARE RISING, TOO MANY STUDENTS ARE STILL LEFT BEHIND,  
AND AN ALARMING NUMBER OF GRADUATES ARE NOT ADEQUATELY PREPARED FOR  
COLLEGE OR THE WORKPLACE. THE FOUNDATION WORKS WITH SCHOOLS,  
DISTRICTS, COMMUNITIES, AND ADVOCATES TO IMPLEMENT AND PROMOTE THE  
PRINCIPLES OF STUDENT-CENTERED LEARNING: LEARNING THAT IS PERSONALIZED,  
ENGAGING, COMPETENCY-BASED AND NOT RESTRICTED TO THE TRADITIONAL  
CLASSROOM. WE HELP STRENGTHEN WHAT IS WORKING AND SUBSTANTIALLY UPDATE  
AND IMPROVE POLICIES AND PRACTICES THAT ARE OUTDATED. STUDENTS TAKE  
GREATER RESPONSIBILITY FOR THEIR LEARNING AND SUPPORT EACH OTHER'S  
PROGRESS, SO EVERY STUDENT GETS THE SKILLS THEY NEED TO SUCCEED AND  
CONTRIBUTE TO SOCIETY.

WE AWARD GRANTS PRIMARILY THROUGH OUR FOUR STRATEGIC INITIATIVES:

BUILD PUBLIC UNDERSTANDING AND DEMAND - THE GOAL OF THIS INITIATIVE IS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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TO BUILD STRONGER PUBLIC AWARENESS AND UNDERSTANDING OF INNOVATIVE APPROACHES TO PUBLIC SCHOOLING, WHILE CULTIVATING PUBLIC SUPPORT AND DEMAND FOR STUDENT-CENTERED APPROACHES TO LEARNING. GRANTS UNDER THIS AREA TARGET BOTH GRASSROOTS (COMMUNITY ENGAGEMENT AND ORGANIZING) AND GRASS TOPS (POLICYMAKERS, INFLUENCERS) IN BUILDING AWARENESS, SUPPORT AND DEMAND FOR STUDENT-CENTERED APPROACHES TO LEARNING. THIS INITIATIVE ALSO SEEKS TO SHIFT THE PUBLIC NARRATIVE AROUND PUBLIC EDUCATION FROM ONE THAT FOCUSES ON INDIVIDUAL ACHIEVEMENT AND SUCCESS, TO ONE THAT EMPHASIZES THE PUBLIC GOOD THAT EDUCATION PLAYS IN THE BUILDING OF COMMUNITIES AND ENGAGED STAKEHOLDERS. THE FOUNDATION DISTRIBUTED \$8.7 MILLION TO EDUCATIONAL ORGANIZATIONS TO PROMOTE AND PROVIDE A FORUM TO BUILD PUBLIC UNDERSTANDING ON STUDENT-CENTERED APPROACHES TO LEARNING.

BUILD EDUCATOR OWNERSHIP, LEADERSHIP, AND CAPACITY - TO IMPLEMENT STUDENT-CENTERED APPROACHES TO LEARNING WITH RIGOR AND RELIABILITY, TOOLS AND RESOURCES MUST BE DEVELOPED AND UTILIZED. GRANTS UNDER THIS INITIATIVE FOCUS ON BUILDING EDUCATOR CAPACITY THROUGH PROJECTS LIKE TEACHER AND PRINCIPAL FELLOWSHIPS, AIMING TO EMPOWER EDUCATORS TO IMPLEMENT HIGH QUALITY, RIGOROUS AND EQUITABLE STUDENT-CENTERED PRACTICES IN THEIR CLASSROOMS AND DISTRICTS. ADDITIONALLY, THIS INITIATIVE FOCUSES ON DEVELOPING INSTRUCTIONAL AND PROFESSIONAL TOOLS TO SUPPORT EDUCATORS IN THE IMPLEMENTATION OF STUDENT-CENTERED APPROACHES TO LEARNING. THE FOUNDATION DISTRIBUTED \$2.1 MILLION TO EDUCATIONAL ORGANIZATIONS BUILDING EDUCATOR CAPACITY TO SUPPORT THE IMPLEMENTATION OF STUDENT-CENTERED APPROACHES TO LEARNING.

DEVELOP EFFECTIVE SYSTEMS DESIGNS - A CORNERSTONE OF THE FOUNDATION'S

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

MISSION IS TO PROMOTE THE TRANSFORMATION OF EDUCATION SYSTEMS TOWARDS STUDENT-CENTERED APPROACHES. THIS INITIATIVE FOCUSES ON REIMAGINING SCHOOL DISTRICTS - INCLUDING WORK SUCH AS PILOTING REDESIGNS OF CENTRAL OFFICE PURPOSES, GOVERNANCE MODELS AND PILOTS IN THE AREAS OF DIGITAL BADGING AND ASSESSMENT. ADDITIONALLY, THIS INITIATIVE INCLUDES SUPPORTING THE DEVELOPMENT OF FAVORABLE POLICY CONDITIONS (FEDERAL, STATE AND LOCAL) TO SUPPORT AND HELP SCALE STUDENT-CENTERED APPROACHES. THE FOUNDATION DISTRIBUTED \$7.9 MILLION TO NEW ENGLAND SCHOOL DISTRICTS AND OTHER EDUCATIONAL ORGANIZATIONS SUPPORTING WORK AROUND STUDENT-CENTERED APPROACHES TO LEARNING.

ADVANCE QUALITY AND RIGOR OF STUDENT-CENTERED PRACTICES - THIS INITIATIVE FOCUSES ON BUILDING A RESEARCH BASE OF EVIDENCE SUPPORTING STUDENT-CENTERED LEARNING, EVALUATING STUDENT-CENTERED PRACTICES IN HIGH SCHOOLS, DEVELOPING RESEARCHER-PRACTITIONER COLLABORATIONS, AND ESTABLISHING CRITERIA FOR WHAT IT TAKES TO PUT HIGH QUALITY, STUDENT-CENTERED LEARNING INTO PRACTICE. WORK IN THIS INITIATIVE INCLUDES PROJECTS SUCH AS DEVELOPING RESEARCH AND PRACTITIONER NETWORKS TO IDENTIFY COMMON PROBLEMS IN IMPLEMENTING STUDENT-CENTERED LEARNING, AND DETERMINING INNOVATIVE APPROACHES TO SOLVING SUCH PROBLEMS. THE FOUNDATION DISTRIBUTED \$4.3 MILLION TO BUILD AND DEVELOP KNOWLEDGE ON STUDENT-CENTERED APPROACHES TO LEARNING.

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

REVIEW OF FORM 990 - MANAGEMENT OF THE FOUNDATION PLAYED AN ACTIVE AND KEY ROLE IN THE PREPARATION AND REVIEW OF FORM 990. MANAGEMENT DRAFTED THE FORM 990 AND FORWARDED TO THE FOUNDATION'S INDEPENDENT CPA FIRM, WHICH REVIEWED THE FILING FOR COMPLETENESS, ACCURACY, AND FINALIZATION BEFORE FILING. THE

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND WAS PROVIDED TO THE FULL BOARD BEFORE IT WAS FILED.

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

THE FOUNDATION'S CONFLICT OF INTEREST POLICY REQUIRES AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM FROM BOARD AND STAFF MEMBERS REGARDING OUTSIDE AFFILIATIONS AS A DIRECTOR, TRUSTEE OR OFFICER. THE POLICY REQUIRES DISCLOSURE OF ANY TRANSACTIONS, FINANCIAL ARRANGEMENT OR BUSINESS RELATIONSHIP EACH BOARD MEMBER, STAFF MEMBER AND OR FAMILY MEMBER MAY HAVE WITH THE FOUNDATION. UPON SUBMISSION OF THE CONFLICT DISCLOSURE FORM, A LISTING OF EACH BOARD AND STAFF MEMBER IS COMPILED ALONG WITH AFFILIATIONS. THE LIST IS MONITORED DURING THE YEAR FOR ANY UPDATES. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON TRANSACTIONS IN WHICH THE INDIVIDUAL OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY OR AN AFFILIATED ENTITY OF ANY SUCH PERSON HAS A FINANCIAL INTEREST. STAFF MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM THE GRANT MAKING PROCESS IF ANY SUCH AFFILIATION EXISTS. ANY POTENTIAL CONFLICTS ARE DETERMINED BY THE BOARD WHICH WILL IMPOSE RESTRICTIONS UPON AFFECTED PARTIES ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONSIDERS COMPARABILITY DATA, PROVIDED BY AN INDEPENDENT CONSULTANT, WHEN DETERMINING COMPENSATION FOR ALL STAFF MEMBERS AND THE BOARD OF DIRECTORS. DOCUMENTATION INCLUDING THE RELIED UPON COMPARABILITY DATA, DELIBERATION PROCESS, AND DECISIONS ARE INCLUDED IN BOARD MATERIALS AND ARE RECORDED IN COMMITTEE AND BOARD MINUTES. IN ALL CASES, COMPENSATION IS DETERMINED BY INDEPENDENT PERSONS. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2018.

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

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

MANAGEMENT WILL PROVIDE UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY TO THE PUBLIC. CURRENTLY THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS AND TAX RETURNS APPEAR ON THE ORGANIZATION'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.



EXTENDED TO NOVEMBER 15, 2019  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1250 HANCOCK STREET, NO. 701N</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>QUINCY, MA 02169</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>04-2755323</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>525990</b></p>
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**C** Book value of all assets at end of year: **474,910,881.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **PARTNERSHIP INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **MICHAEL CAREY** Telephone number ▶ **781-348-4271**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 31,913.		31,913.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> -346,638.	STMT 1	-346,638.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -314,725.		-314,725.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	4,231.
<b>15</b> Salaries and wages	<b>15</b>	1,335.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>	46,313.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	51,879.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	-366,604.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	-366,604.

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 -366,604.
34	Amounts paid for disallowed fringes	34 46,943.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	35 0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36 -319,661.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 -319,661.

Part IV Tax Computation		
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39 0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	<b>Proxy tax.</b> See instructions	41
42	Alternative minimum tax (trusts only)	42
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 0.

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	<b>Total credits.</b> Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b
c	Tax deposited with Form 8868	50c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other <b>6,076.</b> Total <b>6,076.</b>	50g 6,076.
51	<b>Total payments.</b> Add lines 50a through 50g <b>SEE STATEMENT 3</b>	51 6,076.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 6,076.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	55 6,076.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input checked="" type="checkbox"/>
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **CRAIG KLEIN** Preparer's signature: *Craig Klein* Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00734640**

Firm's name: **CBIZ MHM, LLC** Firm's EIN: **26-3753134**

Firm's address: **500 BOYLSTON STREET BOSTON, MA 02116** Phone no. **617-761-0600**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total <b>0.</b>	Total <b>0.</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B)

**0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property	<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property		
		<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8		<b>0.</b>		<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)	TREASURER & DIR. OF	%	
(2) <b>MICHAEL CAREY</b>	<b>FINANCE</b>	<b>10.00 %</b>	<b>4,231.</b>
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>4,231.</b>

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
INCOME/(LOSS) FROM INVESTMENT PARTNERSHIPS - ORDINARY BUSINESS INCOME (LOSS)		-346,638.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-346,638.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		5,675.
INVESTMENT MANAGEMENT FEE		27,887.
INVESTMENT CUSTODY FEES		11,507.
RENT EXPENSES		1,244.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		46,313.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		6,076.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G		6,076.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	23,794.	0.	23,794.	23,794.
12/31/09	28,773.	0.	28,773.	28,773.
12/31/10	83,893.	0.	83,893.	83,893.
12/31/12	33,691.	0.	33,691.	33,691.
12/31/13	225,187.	0.	225,187.	225,187.
12/31/14	315,346.	0.	315,346.	315,346.
12/31/15	117,594.	0.	117,594.	117,594.
12/31/16	189,105.	0.	189,105.	189,105.
12/31/17	801,319.	0.	801,319.	801,319.
NOL CARRYOVER AVAILABLE THIS YEAR			1,818,702.	1,818,702.

Name **NELLIE MAE EDUCATION FOUNDATION, INC.** Employer identification number **04-2755323**

<b>Part I Short-Term Capital Gains and Losses</b> (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.				
	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				<b>11,933.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b> <b>11,933.</b>

<b>Part II Long-Term Capital Gains and Losses</b> (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.				
	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>19,589.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b> <b>391.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> <b>19,980.</b>

<b>Part III Summary of Parts I and II</b>				
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				<b>16</b> <b>11,933.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				<b>17</b> <b>19,980.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.				<b>18</b> <b>31,913.</b>

**Note:** If losses exceed gains, see **Capital losses** in the instructions.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds, (e) Cost or other basis, (f) Adjustment code, (g) Adjustment amount, (h) Gain or loss. Includes row for INCOME/(LOSS) FROM INVESTMENT PARTNERSHI with a total of 19,589.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

19,589.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b>	Identifying number <b>04-2755323</b>
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1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI</b>						<b>391.</b>

3 Gain, if any, from Form 4684, line 39	<b>3</b>	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>	
6 Gain, if any, from line 32, from other than casualty or theft	<b>6</b>	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	<b>7</b>	<b>391.</b>
8 Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	<b>9</b>	<b>391.</b>

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7	<b>11</b>	(                    )
12 Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>	
13 Gain, if any, from line 31	<b>13</b>	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>	
17 Combine lines 10 through 16	<b>17</b>	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	<b>18b</b>	

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**  
▶ **Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.**

**2018**

Name <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b>		Employer identification number <b>04-2755323</b>
<b>1</b> Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	<b>1</b>	
<b>2</b> Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	<b>2</b>	<b>12,152.</b>
<b>3</b> Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	<b>12,152.</b>
<b>5</b> Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	<b>5</b>	<b>0.</b>
<b>6</b> Enter the refundable minimum tax credit (see instructions)	<b>6</b>	<b>6,076.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>6,076.</b>
<b>8a</b> Enter the <b>smaller</b> of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	<b>8a</b>	<b>6,076.</b>
<b>b Current year minimum tax credit.</b> Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	<b>8b</b>	<b>0.</b>
<b>c</b> Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	<b>8c</b>	<b>6,076.</b>
<b>9 Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	<b>9</b>	<b>6,076.</b>

## Section 1.263 (a)- 1(f) De Minimis Safe Harbor Election

***Nellie Mae Education Foundation, Inc.***

***1250 Hancock St. No. 701N***

***Quincy, MA 02169***

Employer Identification Number: 04-2755323

For the Year Ending December 31, 2018

***Nellie Mae Education Foundation, Inc.*** is making the de minimis safe harbor election under Reg. Sec. 1.263 (a) – 1 (f).

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>NELLIE MAE EDUCATION FOUNDATION, INC.</b>	Employer identification number (EIN) or  <b>04-2755323</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1250 HANCOCK STREET, NO. 701N</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>QUINCY, MA 02169</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MICHAEL CAREY**

- The books are in the care of ▶ **1250 HANCOCK STREET, 701N - QUINCY, MA 02169**  
Telephone No. ▶ **781-348-4271** Fax No. ▶ **781-348-4299**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2018** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.