

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NELLIE MAE EDUCATION FOUNDATION, INC.		D Employer identification number 04-2755323
	Doing business as		E Telephone number 781-348-4200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 271,318,764.
	1250 HANCOCK STREET	701N	
City or town, state or province, country, and ZIP or foreign postal code QUINCY, MA 02169		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: NICHOLAS C. DONOHUE SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: ▶ WWW.NMEFOUNDATION.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> 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: TO CHAMPION EFFORTS THAT PRIORITIZE COMMUNITY GOALS THAT CHALLENGE RACIAL INEQUITIES AND		
	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 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-331,403.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	10,000.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,725,485.	28,662,878.
	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)	13,725,485.	28,672,878.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,456,816.	34,635,615.
	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)	4,920,649.	4,875,301.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,927,319.	3,649,532.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,304,784.	43,160,448.
19 Revenue less expenses. Subtract line 18 from line 12	-15,579,299.	-14,487,570.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 508,837,432.	End of Year 533,194,184.
	21 Total liabilities (Part X, line 26)	12,964,047.	23,120,626.
	22 Net assets or fund balances. Subtract line 21 from line 20	495,873,385.	510,073,558.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL CAREY, VP FOR FINAN & ADMIN/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN	Preparer's signature	Date 11/11/21	Check if self-employed <input type="checkbox"/>	PTIN P00734664
	Firm's name ▶ CBIZ MHM, LLC	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116	Firm's EIN ▶ 26-3753134	Phone no. 617-761-0600	

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 \$ 38,514,099. including grants of \$ 34,635,615.) (Revenue \$) THE NELLIE MAE EDUCATION FOUNDATION ("FOUNDATION") GRANTMAKING ENCOMPASSES SIX GRANT FUNDS. EACH FUND IS STRUCTURED TO REINFORCE ONE ANOTHER IN ADVANCING OUR MISSION OF CHAMPIONING EFFORTS THAT PRIORITIZE COMMUNITY GOALS THAT CHALLENGE RACIAL INEQUITIES AND ADVANCE EXCELLENT, STUDENT-CENTERED PUBLIC EDUCATION FOR ALL NEW ENGLAND YOUTH.

SEE SCHEDULE O FOR THE REMAINDER

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

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

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

4e Total program service expenses 38,514,099.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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. See instructions for the order in which to list the persons above.

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	2.00	X					20,000.	0.	0.	
(2) PRABAL CHAKRABARTI DIRECTOR	2.00	X					0.	0.	0.	
(3) BETTY FRANSISCO DIRECTOR	2.00	X					20,000.	0.	0.	
(4) GREGORY GUNN DIRECTOR	4.00	X					39,000.	0.	0.	
(5) ELIZABETH HILPMAN DIRECTOR	2.00	X					20,000.	0.	0.	
(6) JOHN JACKSON DIRECTOR	2.00	X					20,000.	0.	0.	
(7) DEBORAH JEWELL-SHERMAN DIRECTOR	2.00	X					24,000.	0.	0.	
(8) STEPHEN KOSSAKOSKI DIRECTOR	2.00	X					20,000.	0.	0.	
(9) ELSA NUNEZ DIRECTOR	3.00	X					24,000.	0.	0.	
(10) JANET PHLEGAR DIRECTOR	3.00	X					20,000.	0.	0.	
(11) COLLEEN QUINT DIRECTOR	3.00	X					28,000.	0.	0.	
(12) JOHN REMONDI DIRECTOR	3.00	X					24,000.	0.	0.	
(13) WARREN SIMMONS DIRECTOR	3.00	X					24,000.	0.	0.	
(14) DANIA VAZQUEZ DIRECTOR	2.00	X					20,000.	0.	0.	
(15) NICHOLAS WARREN DIRECTOR	3.00	X					24,000.	0.	0.	
(16) NICHOLAS C. DONOHUE PRESIDENT & CEO	40.00			X			555,294.	0.	69,371.	
(17) MICHAEL CAREY VP FOR FINANCE & ADMIN, TREASURER	40.00			X			295,969.	0.	61,562.	

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				108,836.	0.	24,206.
(19) GISLAINE NGOUNOU VP FOR STRATEGY & PROGRAMS	40.00				X			266,513.	0.	52,412.
(20) JESSICA SPOHN DIRECTOR OF GRANTMAKING	40.00					X		184,001.	0.	45,778.
(21) DELIA ARELLANO-WEDDLETON DIR. OF ENGAGEMENT & PARTNERSHIPS	40.00					X		180,914.	0.	45,557.
(22) EVE GOLDBERG (UNTIL 3/31/20) DIRECTOR OF RESEARCH	40.00					X		194,190.	0.	27,062.
(23) CHARLES TOULMIN (UNTIL 1/31/20) DIRECTOR OF POLICY	40.00					X		163,841.	0.	25,284.
(24) SONIA GLEASON (UNTIL 4/10/20) DIR. OF STRATEGIC LEARNING & EVAL.	40.00					X		160,328.	0.	28,135.
1b Subtotal								2,436,886.	0.	379,367.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,436,886.	0.	379,367.

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 **16**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	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? <i>If "Yes," complete Schedule J for such person</i>	5	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
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT CONSULTANT	201,666.
SOLOMON MCCOWN 177 MILK STREET, STE. 610, BOSTON, MA 02109	COMMUNICATION CONSULTANT	192,030.
EDUCATION FIRST CONSULTING PO BOX 22871, SEATTLE, WA 98122-0871	ALLIANCE BUILDING INTERMEDIARY	131,760.
KOYA LEADERSHIP PARTNERS 575 BOLYSTON STREET, BOSTON, MA 02116	SEARCH CONSULTANT	126,947.

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 **4**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,000.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			10,000.			
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,352,875.		-331,403.	1,684,278.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
c		Rental income or (loss)	6c					
d		Net rental income or (loss)						
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	269,955,889.				
			7b	242,645,886.				
c		Gain or (loss)	7c	27,310,003.				
d		Net gain or (loss)			27,310,003.		27,310,003.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
			8a					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			28,672,878.	0.	-331,403.	28,994,281.	

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 ...	34,635,615.	34,635,615.		
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	1,755,949.	769,414.	986,535.	
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	2,336,680.	1,315,950.	1,020,730.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	188,563.	173,623.	14,940.	
9 Other employee benefits	375,136.	230,440.	144,696.	
10 Payroll taxes	218,973.	117,822.	101,151.	
11 Fees for services (nonemployees):				
a Management				
b Legal	83,337.		83,337.	
c Accounting	75,095.		75,095.	
d Lobbying	66,000.		66,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,531,098.		1,531,098.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	925,038.	739,437.	185,601.	
12 Advertising and promotion				
13 Office expenses	124,515.	62,899.	61,616.	
14 Information technology	125,961.	63,635.	62,326.	
15 Royalties				
16 Occupancy	284,836.	143,899.	140,937.	
17 Travel	22,136.	17,741.	4,395.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,162.	9,572.	4,590.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	210,020.	106,102.	103,918.	
23 Insurance	64,013.	32,339.	31,674.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REGIONAL ASSOCIATIONS	95,126.	95,126.		
b STATE TAX	25,000.		25,000.	
c PROF. DVLPMT/MEMBERSHIP	3,195.	485.	2,710.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	43,160,448.	38,514,099.	4,646,349.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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
Assets	1 Cash - non-interest-bearing	2,922,716.	1	1,455,467.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	467,117.	7	277,283.
	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 2,482,858.		
	b Less: accumulated depreciation	10b 1,705,443.	922,899.	10c 777,415.
	11 Investments - publicly traded securities	107,742,188.	11	97,058,640.
	12 Investments - other securities. See Part IV, line 11	396,782,512.	12	433,625,379.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	508,837,432.	16	533,194,184.	
Liabilities	17 Accounts payable and accrued expenses	1,513,711.	17	1,185,329.
	18 Grants payable	11,450,336.	18	21,935,297.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 Total liabilities. Add lines 17 through 25	12,964,047.	26	23,120,626.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	495,873,385.	27	510,073,558.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	495,873,385.	32	510,073,558.
	33 Total liabilities and net assets/fund balances	508,837,432.	33	533,194,184.

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	28,672,878.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,160,448.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,487,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	495,873,385.
5	Net unrealized gains (losses) on investments	5	28,687,743.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	510,073,558.

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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

f Enter the number of supported organizations 359

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
SEE PART VI	00-0000000	7		X	34,635,615.	0.
Total					34,635,615.	0.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 line 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 lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>	X	
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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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 1

SECTION A, 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 I, LINE 12G, COLUMN (III):

NELLIE MAE EDUCATION FOUNDATION, INC. (THE "FOUNDATION") SUPPORTS ORGANIZATIONS DESCRIBED ON SCHEDULE A, PART I, LINES 2, 6, 7, & 9.

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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 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

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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 2020 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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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 (for example, 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?

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)?

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 FASB 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 FASB 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 FASB 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) 2020

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 make 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 program
 - 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 Term 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.	313,675.	415,475.
d Equipment		972,232.	765,339.	206,893.
e Other		781,476.	626,429.	155,047.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				777,415.

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	93,056,312.	END-OF-YEAR MARKET VALUE
(B) FOREIGN EQUITY	92,777,072.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT FUND -		
(D) DISTRESSED CREDIT	51,699,647.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT FUND - FIXED		
(F) INCOME	19,116,813.	END-OF-YEAR MARKET VALUE
(G) INVESTMENT FUND -		
(H) LONG/SHORT EQUITY	17,374,103.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	433,625,379.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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	55,829,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	28,687,743.	
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	28,687,743.	
3	Subtract line 2e from line 1	3	27,141,780.	
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	1,531,098.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,531,098.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,672,878.	

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	41,629,350.
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	41,629,350.	
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	1,531,098.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,531,098.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	43,160,448.	

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **NELLIE MAE EDUCATION FOUNDATION, INC.** Employer identification number **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		44,838,083.
3 a Subtotal	0	0			44,838,083.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			44,838,083.

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

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 for the latest information.**

OMB No. 1545-0047

2020

**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
MOVEMENT FOR BLACK LIVES (COMMON COUNSEL FOUNDATION) - 1624 FRANKIN STREET, #1022 - OAKLAND, CA 94612	94-3214166	501(C)(3)	2,500,000.	0.			OPERATING SUPPORT
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 1250 HANCOCK STREET, SUITE 803N - QUINCY, MA 02169	04-3457065	501(C)(3)	2,250,000.	0.			EXPANDING CAPACITY OF THE EDUCATION JUSTICE MOVEMENT IN NEW ENGLAND TO ADDRESS THE COVID-19
AFRICAN AMERICAN POLICY FORUM 435 W 116TH ST NEW YORK, NY 10027	06-1597874	501(C)(3)	750,000.	0.			OPERATING SUPPORT
RIAN IMMIGRANT CENTER ONE STATE STREET, 8TH FLOOR BOSTON, MA 02109	04-3063382	501(C)(3)	750,000.	0.			MA IMMIGRANT COVID COLLABORATIVE
THE HAYMARKET PEOPLE'S FUND 42 SEAVERNS AVE BOSTON, MA 02130	04-2586725	501(C)(3)	750,000.	0.			CAPACITY BUILDING
PORTLAND EMPOWERED (FOUNDATION FOR PORTLAND PUBLIC SCHOOLS) - 353 CUMBERLAND AVENUE - PORTLAND, ME 04101	22-3179738	501(C)(3)	600,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PORTLAND)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 359.**

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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 PROVIDENCE, RI 02903	05-0277222	501(C)(3)	600,000.	0.			CYCLE GENERAL OPERATING GRANT
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 PROVIDENCE, RI 02903	05-0277222	501(C)(3)	545,000.	0.			RWU CYCLE: YLI & NEYON 2020-2021
BLACK FUTURES LAB (CHINESE PROGRESSIVE ASSOCIATION) - 28 ASH STREET - BOSTON, MA 02111	23-7404756	501(C)(3)	500,000.	0.			OPERATING SUPPORT
EDUCATION FOR LIBERATION NETWORK (BOGGS EDUCATIONAL CENTER PROJECT TEAM) - 15493 PIEDMONT ST. - DETROIT, MI 48223-1716	82-3558357	501(C)(3)	500,000.	0.			EDLIB ADDITIONAL RESOURCES 2020
NAACP EMPOWERMENT PROGRAMS, INC. 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21218	13-1084135	501(C)(3)	500,000.	0.			CORE SUPPORT FOR EDUCATION PROGRAMS
YOUTH MENTORING ACTION NETWORK P.O. BOX 1633 CLAREMONT, CA 91711	27-4560912	501(C)(3)	500,000.	0.			OPERATING SUPPORT
BELOVED COMMUNITY 3157 GENTILLY BLVD. #176 NEW ORLEANS, LA 70122	81-3388287	501(C)(3)	470,000.	0.			POC-LED GRANT FUND TA PROVIDER
PROGRESO LATINO 626 BROAD ST CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	440,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 PROVIDENCE, RI 02903	05-0277222	501(C)(3)	355,000.	0.			CYCLE TECHNICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	350,077.	0.			PARTNERSHIP FOR LEARNING
LEARNLAUNCH 51 MELCHER STREET, SUITE 211 BOSTON, MA 02210	46-1270864	501(C)(3)	350,000.	0.			OPERATING SUPPORT
NATIONAL EQUITY PROJECT (FORMERLY BAYCES) 1720 BROADWAY, SU OAKLAND, CA 94612	94-3222960	501(C)(3)	350,000.	0.			LIBERATEED
TEACHING LAB PO BOX 73008 WASHINGTON, DC 20056	81-3546317	501(C)(3)	350,000.	0.			EDUCATOR SERVING
UNBOUNDED LEARNING, INC. 53 PARK PLACE BROOKLYN, NY 11217	47-5223320	501(C)(3)	350,000.	0.			SUPPORTING DISTRICTS IN NE
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	300,000.	0.			OPERATING SUPPORT
COMPASS YOUTH COLLABORATIVE, INC. 55 AIRPORT ROAD, SUITE 201 HARTFORD, CT 06114	31-1768549	501(C)(3)	300,000.	0.			COMPASS YOUTH COLLABORATIVE, OPERATING SUPPORT
EDUCATORS FOR EXCELLENCE-CONNECTICUT - 153 EAST STREET SUITE 400 - NEW HAVEN, CT 06511	27-3382030	501(C)(3)	300,000.	0.			CONFRONTING RACIAL INEQUITY THROUGH TEACHER DIVERSITY
EQUITY INSTITUTE 225 DYER STREET 2ND FL PROVIDENCE, RI 02903	83-4472785	501(C)(3)	300,000.	0.			EDULEAD FELLOWSHIP OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GEDAKINA PO BOX 9061 ESSEX JCT, VT 05452	33-1075692	501(C)(3)	300,000.	0.			GENERAL OPERATING SUPPORT
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501(C)(3)	300,000.	0.			SUPPORTING HYBRID AND REMOTE LEARNING
MAKE THE ROAD CT (MAKE THE ROAD NEW YORK) - 301 GROVE STREET - BROOKLYN, NY 11237	11-3344389	501(C)(3)	300,000.	0.			BRIDGEPORT & HARTFORD ORGANIZING FOR EDUCATIONAL EQUITY
PARENTS LEADING FOR EDUCATIONAL EQUITY (EQUITY INSTITUTE) - 225 DYER STREET, 2ND FLOOR - PROVIDENCE, RI 02903	83-4472785	501(C)(3)	300,000.	0.			PARENT POWER OPERATING SUPPORT
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN ST. SUITE 400 - WORCESTER, MA 01608	04-3393955	501(C)(3)	300,000.	0.			BUILDING SOUTHEAST ASIAN EDUCATION LEADERSHIP AND OWNERSHIP
STEP UP NEW LONDON (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	300,000.	0.			GENERAL OPERATING SUPPORT
TEACH WESTERN MASS, INC. 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	300,000.	0.			TEACH WESTERN MASS 2.0- OPERATING SUPPORT FOR NEW STRATEGIC PLAN
THE CHELSEA COLLABORATIVE 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	300,000.	0.			CHELSEA COLLABORATIVE OPERATING SUPPORT
THE TEACHERS' LOUNGE (THE TEACHER COLLABORATIVE) - P.O. BOX 441645 - SOMERVILLE, MA 02144	83-3639911	501(C)(3)	300,000.	0.			THE TEACHERS' LOUNGE OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE YOUNG PEOPLE'S PROJECT 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	64-0939004	501(C)(3)	300,000.	0.			THE YOUNG PEOPLE'S PROJECT
WOMEN ENCOURAGING EMPOWERMENT, INC. - 50 WALNUT STREET P.O. BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	300,000.	0.			OPERATING SUPPORT
WPANAK LANGUAGE AND CULTURAL WEETYOO, INC. - PO BOX 2221 - MASHPEE, MA 02649	41-2221825	501(C)(3)	300,000.	0.			WPANAK LANGUAGE RECLAMATION PROJECT NUMUKAYUHSUNNAK (OUR CHILDREN SPEAK TWO
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE, RM 324 BRIDGEPORT, CT 06604	06-6001865	PUBLIC SCHOOL	250,000.	0.			SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
BROCKTON PUBLIC SCHOOLS CROSBY ADMINISTRATION BUILDING 43 CRESCENT STREET - BROCKTON, MA 02301	04-6001382	PUBLIC SCHOOL	250,000.	0.			BROCKTON: SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
CHELSEA PUBLIC SCHOOLS 500 BROADWAY CHELSEA, MA 02150	41-6001384	PUBLIC SCHOOL	250,000.	0.			RACIAL EQUITY SUPPORT
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 255 MAIN STREET, 8TH FLOOR - CAMBRIDGE, MA 02142	26-2729057	501(C)(3)	250,000.	0.			STUDENT-CENTERED LEARNING, PHASE 2
HARTFORD PUBLIC SCHOOLS ATTN: DAVID FLEIG, FINANCIAL OFFICER 960 MAIN STREET, 9TH FLOOR - HARTFORD,	06-6001870	PUBLIC SCHOOL	250,000.	0.			HARTFORD SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
LAWRENCE PUBLIC SCHOOLS 233 HAVERHILL STREET LAWRENCE, MA 01840	04-6001394	PUBLIC SCHOOL	250,000.	0.			LAWRENCE: SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS

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MANCHESTER PUBLIC SCHOOLS 45 N SCHOOL STREET MANCHESTER, CT 06040	06-6001633	PUBLIC SCHOOL	250,000.	0.			RACIAL EQUITY SUPPORT
NEW HAVEN PUBLIC SCHOOLS 54 MEADOW STREET NEW HAVEN, CT 06519	06-6001876	PUBLIC SCHOOL	250,000.	0.			NEW HAVEN: SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
RANDOLPH PUBLIC SCHOOLS 40 HIGHLAND AVE RANDOLPH, MA 02368		PUBLIC SCHOOL	250,000.	0.			ADDRESSING TWO PANDEMICS
REVERE PUBLIC SCHOOLS 101 SCHOOL STREET REVERE, MA 02151	04-6001412	PUBLIC SCHOOL	250,000.	0.			REVERE: SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
WORCESTER PUBLIC SCHOOLS 20 IRVING STREET WORCESTER, MA 01609	04-6001418	PUBLIC SCHOOL	250,000.	0.			WORCESTER: SUPPORTING DISTRICTS ADDRESSING TWO PANDEMICS
THE TEACHER COLLABORATIVE P.O. BOX 441645 SOMERVILLE, MA 02144	83-3639911	501(C)(3)	223,094.	0.			EXIT GRANT: TEACHER COLLABORATIVE
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
NORTH AMERICAN COUNCIL FOR ONLINE LEARNING - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	501(C)(3)	200,000.	0.			OPERATING SUPPORT
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 PROVIDENCE, RI 02903	05-0277222	501(C)(3)	200,000.	0.			OUR SCHOOLS PVD

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SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND INC. - P.O. BOX 1053 - BUFFALO, NY 14205	82-2309274	501(C)(3)	200,000.	0.			OPERATING SUPPORT
THE EDUCATION TRUST 1250 H ST. NW, SUITE 700 WASHINGTON, DC 20005	52-1982223	501(C)(3)	200,000.	0.			MA EDUCATION EQUITY PROJECT
WOODROW WILSON ACADEMY OF TEACHING AND LEARNING - 24 THORNDIKE STREET - CAMBRIDGE, MA 02141	82-3452586	501(C)(3)	200,000.	0.			WOODROW WILSON GRADUATE SCHOOL OF TEACHING AND LEARNING Y5
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 255 MAIN STREET, 8TH FLOOR - CAMBRIDGE, MA 02142	26-2729057	501(C)(3)	175,000.	0.			COSEBOC ADDITIONAL RESOURCES 2020
ADVANCEMENT PROJECT 1220 L ST NW, SUITE 850 WASHINGTON, DC 20005	95-4835230	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
DECOLONIZING WEALTH PROJECT (ALLIED MEDIA PROJECTS) - 4126 THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	150,000.	0.			OPERATING SUPPORT
LATINOS FOR EDUCATION PO BOX 27 BELMONT, MA 02478	81-2883649	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CARES MENTORING MOVEMENT 5 PENN PLAZA, 23RD FL NEW YORK, NY 10001	32-0207585	501(C)(3)	150,000.	0.			OPERATING SUPPORT FOR BOSTON, STAMFORD AND PROVIDENCE
NATIONAL ECONOMIC AND SOCIAL RIGHTS INITIATIVE - 85 COLUMBIA STREET, APT 5B, - NEW YORK, NY 10002	73-1714118	501(C)(3)	150,000.	0.			PARTNERS FOR DIGNITY & RIGHTS

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RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
THE PROSPERITY FOUNDATION 1287 CHAPEL ST. NEW HAVEN, CT 06511	47-4364468	501(C)(3)	150,000.	0.			CT FUNDERS
YMCA OF GREATER BOSTON 316 HUNTINGTON STREET BOSTON, MA 02115	04-2103551	501(C)(3)	150,000.	0.			LEARNING COMMUNITIES
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	120,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
DIVERSITY TALKS, LLC (POWER UP RI) 22 PARSONAGE ST #290 PROVIDENCE, RI 02903	82-3543360	501(C)(3)	120,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
PARENTS LEADING FOR EDUCATIONAL EQUITY (EQUITY INSTITUTE) - 225 DYER STREET, 2ND FLOOR - PROVIDENCE, RI 02903	83-4472785	501(C)(3)	120,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	120,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	120,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
AFRICAN CARIBBEAN AMERICAN PARENTS OF CHILDREN WITH DISABILITIES, INC. - 49 WOODLAND STREET - HARTFORD, CT 06105	06-1614989	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: AFRICAN CARIBBEAN AMERICAN PARENTS OF CHILDREN WITH

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, SUITE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: AFRICAN COMMUNITY EDUCATION PROGRAM
BEND THE ARC 330 SEVENTH AVENUE NEW YORK, NY 10001	52-1332694	501(C)(3)	100,000.	0.			FCYO
BLACK LIVES MATTER, BOSTON (BUILDING AUDACITY) - 75 ALLEN AVE - LYNN, MA 01902	83-4650961	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: BLM BOSTON
BROCKTON INTERFAITH COMMUNITY 1350 PLEASANT STREET BROCKTON, MA 02301	22-3135464	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: BROCKTON INTERFAITH COMMUNITY
BUILDING ONE COMMUNITY CORP 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: BUILDING ONE COMMUNITY CORP
CENTER FOR LABOR EDUCATION AND RESEARCH - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	100,000.	0.			ORGANIZING FOR ED REFORM
CITY OF PROVIDENCE CITY HALL 25 DORRANCE STREET, SUITE PROVIDENCE, RI 02903	05-6000329	501(C)(3)	100,000.	0.			PROVIDENCE TRUTH, RECONCILIATION, AND REPARATIONS
COMMUNITY CHANGE, INC. 2 OLIVER ST. SUITE 802 BOSTON, MA 02109	04-2445805	501(C)(3)	100,000.	0.			OPERATING SUPPORT
CTCORE ORGANIZE NOW! (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	100,000.	0.			CTCORE ORGANIZE NOW!

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DIVERSITY TALKS, LLC (POWER UP RI) 22 PARSONAGE ST #290 PROVIDENCE, RI 02903	82-3543360	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: DIVERSITY TALKS
EDUCATION REIMAGINED 1133 19TH STREET NW, SUITE 410 WASHINGTON, DC 20036	83-1086088	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
FAITHACTS FOR EDUCATION 160 FAIRFIELD AVE BRIDGEPORT, CT 06604	47-2150020	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: FAITHACTS FOR EDUCATION
GRANT MAKERS FOR GIRLS OF COLOR (ROCKEFELLER PHILANTHROPY ADVISORS, INC.)	13-3615533	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
HERRING POND WAMPANOAG TRIBAL COUNCIL, INC - 128 HERRING POND RD - PLYMOUTH, MA 02360	26-2227626	501(C)(3)	100,000.	0.			OPERATING SUPPORT
LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, INC - 31 JEFFERSON STREET - NEW HAVEN, CT 06511	22-2906547	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: LEAP
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY - 1900 L STREET NW SUITE 825 - WASHINGTON, DC 20036	52-1072749	501(C)(3)	100,000.	0.			OPERATING SUPPORT
NATIVE AMERICANS IN PHILANTHROPY 1000 ALAMEDA ST SUITE 116 LOS ANGELES, CA 90012	56-1849598	501(C)(3)	100,000.	0.			OPERATING SUPPORT
NORTH AMERICAN INDIAN CENTER OF BOSTON - 105 SOUTH HUNTINGTON AVENUE - JAMAICA PLAIN, MA 02130	04-3132204	501(C)(3)	100,000.	0.			OPERATING SUPPORT

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PROGRESO LATINO 626 BROAD ST CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: PROGRESO LATINO
SABURA YOUTH PROGRAMS, INC. P.O. BOX 2843 BROCKTON, MA 02305	82-1598823	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: SABURA YOUTH PROGRAMS
UNITED TEEN EQUALITY CENTER P.O. BOX 7066 LOWELL, MA 01852	38-3669532	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: UTEK
VERMONT INTERFAITH ACTION 152 PEARL STREET BURLINGTON, VT 05401	03-0223222	501(C)(3)	100,000.	0.			VT RACIAL JUSTICE ALLIANCE
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	100,000.	0.			VT EDUCATION EQUITY PROJECT
WATERBURY BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP - 100 N. ELM STREET, 2ND FLOOR - WATERBURY, CT 06702	06-0646634	501(C)(3)	100,000.	0.			ADDITIONAL RESOURCES: WATERBURY BRIDGE
WELCOME PROJECT INC 530 MYSTIC AVE #111 SOMERVILLE, MA 02145	04-3088140	501(C)(3)	100,000.	0.			OPERATING SUPPORT
ILLUMINATIVE (NEW VENTURE FUND) 1201 CONNECTICUT AVE, NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	90,000.	0.			OPERATING SUPPORT
BOSTON AFTER SCHOOL AND BEYOND 89 SOUTH STREET, SUITE 601 BOSTON, MA 02111	20-1308560	501(C)(3)	75,000.	0.			BOSTON SUMMER PROGRAMS

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CONNECTICUT AFTER SCHOOL NETWORK 12 MELROSE AVE. BRANFORD, CT 06405	06-1319872	501(C)(3)	75,000.	0.			SUMMER PROGRAMMING
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET, SUITE 802 BOSTON, MA 02110	04-2457605	501(C)(3)	75,000.	0.			SUMMER FUND
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET PROVIDENCE, RI 02903	26-0319193	501(C)(3)	69,000.	0.			SUMMER PROGRAMMING DURING COVID
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	52,750.	0.			OPERATING SUPPORT
CITYWIDE YOUTH COALITION, INC. 928 CHAPEL STREET SUITE 201/202 NEW HAVEN, CT 06510	06-1386638	501(C)(3)	52,750.	0.			ANTI-RACISM YOUTH ORGANIZING AND POWER BUILDING
CT STUDENTS FOR A DREAM (UNITED WE DREAM) - C/O CT STUDENTS FOR A DREAM, PO BOX 33231 - WASHINGTON, DC 20033	46-2216565	501(C)(3)	52,750.	0.			OPERATING SUPPORT
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST. SUITE #120 LAWRENCE, MA 01840	27-3519031	501(C)(3)	52,750.	0.			ELEVATED THOUGHT OPERATING SUPPORT
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	52,750.	0.			AMPLIFYING YOUTH VOICE
HEARING YOUTH VOICES (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	52,750.	0.			HEARING YOUTH VOICES; REQUESTING GENERAL OPERATING SUPPORT

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OUTRIGHT VERMONT PO BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	52,750.	0.			STATEWIDE YOUTH ORGANIZING AT THE INTERSECTIONS: UPLIFTING LGBTQ+ AND POC YOUTH
PORTLAND OUTRIGHT (SOUTHERN MAINE WORKS CENTER) - 56 NORTH STREET, SUITE 100 - PORTLAND, ME 04101	20-4982064	501(C)(3)	52,750.	0.			PORTLAND OUTRIGHT - AMPLIFYING YOUTH VOICE APPLICATION
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	52,750.	0.			AMPLIFYING YOUTH VOICE: GENERAL OPERATING SUPPORT FOR PROVIDENCE STUDENT UNION
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVE SUITE B13 BOX 13 PROVIDENCE, RI 02907	65-1224536	501(C)(3)	52,750.	0.			ORGANIZING CIRCLE (OC) PROGRAM
REVERE YOUTH IN ACTION (WOMEN ENCOURAGING EMPOWERMENT) - 50 WALNUT STREET, PO BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	52,750.	0.			OPERATING SUPPORT
ROIL DBA MAINE INSIDE OUT PO BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	52,750.	0.			OPERATING SUPPORT
STUDENT IMMIGRANT MOVEMENT (CENTER FOR LABOR EDUCATION AND RESEARCH) - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	52,750.	0.			GENERAL OPERATING SUPPORT
STUDENTS FOR EDUCATIONAL JUSTICE (SEJ) (COMMUNITY MEDIATION) - COMMUNITY MEDIATION C/O DAVID CARTER 195 LIVINGSTON STREET - NEW	81-4845924	501(C)(3)	52,750.	0.			GENERAL OPERATING SUPPORT
THE PA'LANTE RESTORATIVE JUSTICE PROGRAM (HOLYOKE PUBLIC SCHOOLS) - THE PA'LANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	PUBLIC SCHOOL	52,750.	0.			PA'LANTE RESTORATIVE JUSTICE

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THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	52,750.	0.			YOUTH 4 CHANGE (PROGRAM GROWTH/OPERATING SUPPORT)
UNIVERSITY OF SOUTHERN MAINE RESEARCH SERVICE CENTER 96 FALMOUTH STREET, PO BOX 9300 - PORTLAND, ME 04104	01-6000769	PUBLIC UNIVERSIT	52,750.	0.			PORTLAND EMPOWERED - YOUTH ENGAGEMENT PARTNERS LATINO EDUCATION
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	52,750.	0.			INSTITUTE (LEI) AT WORCESTER STATE UNIVERSITY (WSU):
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	52,750.	0.			YOUTH IN ACTION, AMPLIFYING YOUTH VOICE THROUGH AUTHENTIC LEADERSHIP
YOUTH ON BOARD (YOUTHBUILD USA) 58 DAY STREET SOMERVILLE, MA 02144	33-3076454	501(C)(3)	52,750.	0.			YOUTH ON BOARD/BSAC
ACLU FOUNDATION OF MASSACHUSETTS, INC - 211 CONGRESS STREET - BOSTON, MA 02110	47-3686152	501(C)(3)	50,000.	0.			OPERATING GRANT
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
BOSTON DEBATE LEAGUE 1542 TREMONT ST. BOSTON, MA 02120	59-3789722	501(C)(3)	50,000.	0.			OPERATING SUPPORT
CAMBRIDGE COMMUNITY FOUNDATION 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-6012492	501(C)(3)	50,000.	0.			MEMORY OF LYNN D'AMBROSE

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CITYWIDE YOUTH COALITION, INC. 928 CHAPEL STREET SUITE 201/202 NEW HAVEN, CT 06510	06-1386638	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS - 333 BRIDGE STREET - SPRINGFIELD, MA 01103	22-3089640	501(C)(3)	50,000.	0.			SUMMER PROGRAMMING
CT STUDENTS FOR A DREAM (UNITED WE DREAM) - C/O CT STUDENTS FOR A DREAM, PO BOX 33231 - WASHINGTON, DC 20033	46-2216565	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST. SUITE #120 LAWRENCE, MA 01840	27-3519031	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
HE IS ME INSTITUTE, INC. 7 ROXANA STREET, #1 BOSTON, MA 02136	83-2578037	501(C)(3)	50,000.	0.			HE IS ME: ADDITIONAL RESOURCES
HEARING YOUTH VOICES (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
LAWYERS FOR CIVIL RIGHTS 61 BATTERYMARCH STREET, 5TH FLOOR BOSTON, MA 02110	04-3490614	501(C)(3)	50,000.	0.			OPERATING GRANT
MAINE COMMUNITY FOUNDATION 245 MAIN ST ELLSWORTH, ME 04605	01-0391479	501(C)(3)	50,000.	0.			ME COVID-19 RESPONSE FUND

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MAINE-WABANAKI REACH BOX 221 STILLWATER, ME 04489	83-0757221	501(C)(3)	50,000.	0.			OPERATING SUPPORT
MASSACHUSETTS CENTER FOR NATIVE AMERICAN AWARENESS - PO BOX 5885 - BOSTON, MA 02114	04-3049162	501(C)(3)	50,000.	0.			MCNAA: ADDITIONAL RESOURCES
MASSACHUSETTS DRAWING DEMOCRACY FUND (PHILANTHROPY MASSACHUSETTS) - 133 FEDERAL STREET, SUITE 802 - BOSTON, MA 02110	04-2457605	501(C)(3)	50,000.	0.			DRAWING DEMOCRACY
NATIONAL INDIAN EDUCATION ASSOCIATION - 1514 P STREET NW, SUITE B - WASHINGTON, DC 20005	41-0976048	501(C)(3)	50,000.	0.			OPERATING SUPPORT
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT STREET - CONCORD, NH 03301	02-6005625	501(C)(3)	50,000.	0.			COMMUNITY CRISIS ACTION FUND
OUTRIGHT VERMONT PO BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
PORTLAND OUTRIGHT (SOUTHERN MAINE WORKS CENTER) - 56 NORTH STREET, SUITE 100 - PORTLAND, ME 04101	20-4982064	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
PRISM 436 14TH STREET, SUITE 1500 OAKLAND, CA 94612	82-1772450	501(C)(3)	50,000.	0.			CORE SUPPORT FOR EDUCATION PROGRAMMING
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT

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PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVE SUITE B13 BOX 13 PROVIDENCE, RI 02907	65-1224536	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
REVERE YOUTH IN ACTION (WOMEN ENCOURAGING EMPOWERMENT) - 50 WALNUT STREET, PO BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
ROIL DBA MAINE INSIDE OUT PO BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
SISTERS UNCHAINED (THE CITY SCHOOL, INC.) - 614 COLUMBIA ROAD - DORCHESTER, MA 02125	02-0532474	501(C)(3)	50,000.	0.			SISTERS UNCHAINED: ADDITIONAL RESOURCES
STUDENT IMMIGRANT MOVEMENT (CENTER FOR LABOR EDUCATION AND RESEARCH) - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
STUDENTS FOR EDUCATIONAL JUSTICE (SEJ) (COMMUNITY MEDIATION) - COMMUNITY MEDIATION C/O DAVID CARTER 195 LIVINGSTON STREET - NEW	81-4845924	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	50,000.	0.			MA COVID-19 RELIEF FUND
THE PA'LANTE RESTORATIVE JUSTICE PROGRAM (HOLYOKE PUBLIC SCHOOLS) - THE PA'LANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501(C)(3)	50,000.	0.			RI COVID-19 RESPONSE FUND

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THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
UNIVERSITY OF MASSACHUSETTS FOUNDATION - 225 FRANKLIN ST, 33RD FLOOR - BOSTON, MA 02110	04-6013152	501(C)(3)	50,000.	0.			UMB INSTITUTE FOR NEW ENGLAND NATIVE AMERICAN STUDIES
UNIVERSITY OF SOUTHERN MAINE RESEARCH SERVICE CENTER 96 FALMOUTH STREET, PO BOX 9300 - PORTLAND, ME 04104	01-6000769	PUBLIC UNIVERSIT	50,000.	0.			PORTLAND EMPOWERED 2021 OPERATING SUPPORT
VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	22-2712160	501(C)(3)	50,000.	0.			VT COVID-19 RESPONSE FUND
VIOLENCE IN BOSTON INC. 96 BUSINESS STREET HYDE PARK, MA 02136	82-3523789	501(C)(3)	50,000.	0.			OPERATING SUPPORT
WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BRIGHTON, MA 02135	04-2104397	501(C)(3)	50,000.	0.			CORE SUPPORT FOR EDUCATION PROGRAMMING
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT
YOUTH ON BOARD (YOUTHBUILD USA) 58 DAY STREET SOMERVILLE, MA 02144	33-3076454	501(C)(3)	50,000.	0.			2021 OPERATING SUPPORT

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YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	50,000.	0.			YOUTH BUILD PREP
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	50,000.	0.			SUPPORT FOR YOUTHBUILD PREP ACADEMY
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
CITYWIDE YOUTH COALITION, INC. 928 CHAPEL STREET SUITE 201/202 NEW HAVEN, CT 06510	06-1386638	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
CT STUDENTS FOR A DREAM (UNITED WE DREAM) - C/O CT STUDENTS FOR A DREAM, PO BOX 33231 - WASHINGTON, DC 20033	46-2216565	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST. SUITE #120 LAWRENCE, MA 01840	27-3519031	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
HEARING YOUTH VOICES (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
OUTRIGHT VERMONT PO BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT

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PORTLAND OUTRIGHT (SOUTHERN MAINE WORKS CENTER) - 56 NORTH STREET, SUITE 100 - PORTLAND, ME 04101	20-4982064	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVE SUITE B13 BOX 13 PROVIDENCE, RI 02907	65-1224536	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
REVERE YOUTH IN ACTION (WOMEN ENCOURAGING EMPOWERMENT) - 50 WALNUT STREET, PO BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
ROIL DBA MAINE INSIDE OUT PO BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
STUDENT IMMIGRANT MOVEMENT (CENTER FOR LABOR EDUCATION AND RESEARCH) - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
STUDENTS FOR EDUCATIONAL JUSTICE (SEJ) (COMMUNITY MEDIATION) - COMMUNITY MEDIATION C/O DAVID CARTER 195 LIVINGSTON STREET - NEW	81-4845924	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
THE PA'LANTE RESTORATIVE JUSTICE PROGRAM (HOLYOKE PUBLIC SCHOOLS) - THE PA'LANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT

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UNIVERSITY OF SOUTHERN MAINE RESEARCH SERVICE CENTER 96 FALMOUTH STREET, PO BOX 9300 - PORTLAND, ME 04104	01-6000769	PUBLIC UNIVERSIT	47,250.	0.			ADDITIONAL OPERATING SUPPORT
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
YOUTH ON BOARD (YOUTHBUILD USA) 58 DAY STREET SOMERVILLE, MA 02144	33-3076454	501(C)(3)	47,250.	0.			ADDITIONAL OPERATING SUPPORT
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 PROVIDENCE, RI 02903	05-0277222	501(C)(3)	47,187.	0.			YLI2020
CENTRAL FALLS SCHOOL DISTRICT 21 HEDLEY AVE CENTRAL FALLS, RI 02863	05-0459947	501(C)(3)	40,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
DIVERSITY TALKS, LLC (POWER UP RI) 22 PARSONAGE ST #290 PROVIDENCE, RI 02903	82-3543360	501(C)(3)	40,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
EQUITY INSTITUTE 225 DYER STREET 2ND FL PROVIDENCE, RI 02903	83-4472785	501(C)(3)	40,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	501(C)(3)	40,000.	0.			OPERATING SUPPORT

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NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION - 750 CHASE PARKWAY - WATERBURY, CT 06708	23-7165869	501(C)(3)	40,000.	0.			RETENTION GRANT 2020
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	PUBLIC UNIVERSIT	40,000.	0.			LIFE SCIENCES RESEARCH FUND
PARENTS LEADING FOR EDUCATIONAL EQUITY (EQUITY INSTITUTE) - 225 DYER STREET, 2ND FLOOR - PROVIDENCE, RI 02903	83-4472785	501(C)(3)	40,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
READING IS FUNDAMENTAL 750 FIRST ST, NE, SUITE 920 WASHINGTON, DC 20002	52-0976257	501(C)(3)	40,000.	0.			SUPPORT LITERACY PROGRAMS
CAMBRIDGE RINDGE AND LATIN SCHOOL (THE TEACHER COLLABORATIVE) - P.O. BOX 441645 - SOMERVILLE, MA 02144	83-3639911	501(C)(3)	34,500.	0.			MATHEMATICS: A CIVIL RIGHTS ISSUE
BLACKYARD (BUILDING AUDACITY) 75 ALLEN AVE LYNN, MA 01902	83-4650961	501(C)(3)	30,000.	0.			BLACKYARD: CENTRIFUGAL BLACK CONNECTION
BOSTON PUBLIC SCHOOLS: PHINEAS BATES ELEMENTARY SCHOOL - 426 BEECH ST, - ROSLINDALE, MA 02131		PUBLIC SCHOOL	30,000.	0.			BATES ELEMENTARY SCHOOL: ANTI-RACIST AND ANTI-BIAS SOCIAL JUSTICE TEACHING AND CULTURALLY AND
BUILDING AUDACITY 75 ALLEN AVE LYNN, MA 01902	83-4650961	501(C)(3)	30,000.	0.			SAY THEIR NAMES
CAMBRIDGE FAMILIES OF COLOR COALITION (BUILDING AUDACITY) - 36 COOLIDGE HILL ROAD - CAMBRIDGE, MA 02138	83-4650961	501(C)(3)	30,000.	0.			OPERATING SUPPORT

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CLEMMONS FAMILY FARM, INC. 2213 GREENBUSH ROAD CHARLOTTE, VT 05445	84-2314023	501(C)(3)	30,000.	0.			TRAVELING WHILE BLACK: PILOTING AN ARTS-INTEGRATED AFRICAN-AMERICAN HISTORY
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE. 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	30,000.	0.			SOW CT
DR. WILLIAM W. HENDERSON K-12 INCLUSION SCHOOL - 18 CROFTLAND AVENUE - BOSTON, MA 02124		501(C)(3)	30,000.	0.			RESPONDING TO THE TIMES; UPLIFTING AND EMPOWERING BLACK STUDENTS THROUGH A HOLISTIC APPROACH.
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE. 101 DANVERS, MA 01923	04-3407816	501(C)(3)	30,000.	0.			COVID-19 RESPONSE AND SUMMER FUNDS
HARTFORD FOUNDATION FOR PUBLIC GIVING - 10 COLUMBUS BLVD. 8TH FLOOR - HARTFORD, CT 06106	06-0699252	501(C)(3)	30,000.	0.			COVID-19 RESPONSE FUND
MANCHESTER PUBLIC SCHOOLS 45 N SCHOOL STREET MANCHESTER, CT 06040	06-6001633	PUBLIC SCHOOL	30,000.	0.			YOUTH- ADULT COLLABORATIVE FOR RACIAL JUSTICE
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HIL, MA 02467	04-2103545	501(C)(3)	30,000.	0.			LYNCH LEADERSHIP ACADEMY: CONVENING BLACK SCHOOL LEADERS TO DISRUPT ANTI-BLACKNESS AND
VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET P.O. BOX 1050 - EXETER, NH 03833	56-2668724	501(C)(3)	30,000.	0.			ADVISORY DEVELOPMENT
WABANAKI PUBLIC HEALTH (WABANAKI HEALTH AND WELLNESS) - 1 MERCHANT PLAZA, 4TH FLOOR - BANGOR, ME 04401	04-3337456	501(C)(3)	30,000.	0.			OPERATING SUPPORT

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WABANAKI YOUTH IN SCIENCE 12 WABANAKI WAY OLD TOWN, ME 04468	47-5239057	501(C)(3)	30,000.	0.			OPERATING SUPPORT
WORCESTER EDUCATION COLLABORATIVE (UNITED WAY OF CENTRAL MASSACHUSETTS) - 484 MAIN STREET, SUITE 300 - WORCESTER, MA 01608	04-2104017	501(C)(3)	30,000.	0.			OPERATING SUPPORT
CONNECTICUT PUBLIC, INC. 1049 ASYLUM AVE. HARTFORD, CT 06105	06-0758938	501(C)(3)	25,000.	0.			DOCUMENTARY ON SCHEFF V. O'NEILL
GROWTH PHILANTHROPY NETWORK 122 E. 42ND STREET 17TH FLOOR NEW YORK, NY 10168	42-1625224	501(C)(3)	25,000.	0.			LEARNING COMMUNITY
STRONG WOMEN STRONG GIRLS 555 AMORY ST, #3R-3 JAMAICA PLAIN, MA 02130	20-2321377	501(C)(3)	25,000.	0.			OPERATING SUPPORT
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	25,000.	0.			COVID-19 RESPONSE FUND
BOSTON TEACHERS UNION (BOSTON EDUCATION DEVELOPMENT FOUNDATION) - 180 MOUNT VERNON ST - BOSTON, MA 02125	04-3561381	501(C)(3)	23,072.	0.			BLACK STUDIES FOR BOSTON PUBLIC SCHOOLS
BOSTON TEACHERS UNION (BOSTON EDUCATION DEVELOPMENT FOUNDATION) - 180 MOUNT VERNON ST - BOSTON, MA 02125	04-3561381	501(C)(3)	23,072.	0.			BLACK STUDIES FOR BOSTON PUBLIC SCHOOLS
CODMAN ACADEMY FOUNDATION 637 WASHINGTON STREET DORCHESTER, MA 02124	04-3559945	501(C)(3)	21,500.	0.			HEAL-ACT

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BIG SISTER ASSOCIATION OF GREATER BOSTON INC - 20 PARK PLAZA, SUITE 1420 - BOSTON, MA 02116	04-2150651	501(C)(3)	20,000.	0.			VIRTUAL MENTORING ACTIVITY KITS FOR GREATER BOSTON'S GIRLS
BOSTON ARTS ACADEMY FOUNDATION 45 TEMPLE PLACE, 4TH FLOOR BOSTON, MA 02111	04-3454898	501(C)(3)	20,000.	0.			SUPPORTING INCREASED MENTAL HEALTH SERVICES FOR BOSTON ARTS ACADEMY'S DIVERSE AT-RISK STUDENTS
BOSTON COMMUNITY PEDIATRICS 527 ALBANY ST SUITE 200 BOSTON, MA 02118	84-3091463	501(C)(3)	20,000.	0.			YOUTH TUTORING PROGRAM
BOSTON PLAN FOR EXCELLENCE 67 KEMBLE STREET, SUITE 2.5 BOSTON, MA 02119	81-3213571	501(C)(3)	20,000.	0.			BOSTON TEACHER RESIDENCY - SUPPORTING EDUCATORS FOR BLACK LIVES
BROAD INSTITUTE -MIT-HARVARD 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	20,000.	0.			GENERAL FUND
COLLEGE VISIONS 131 WASHINGTON STREET, STE. 205 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	20,000.	0.			SUPPORTING THE MENTAL WELLNESS OF YOUTH IN PROVIDENCE, RHODE ISLAND
CT BLACK AND BROWN STUDENT UNION (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	20,000.	0.			QUARANTEENS YOUTH WELLNESS SERIES
DECOLONIZING WEALTH PROJECT (ALLIED MEDIA PROJECTS) - 4126 THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	20,000.	0.			NATIVE AMERICAN COMMUNITY RESPONSE FUND (COVID-19)
EDITORIAL PROJECTS IN EDUCATION, INC. - 6935 ARLINGTON ROAD, STE. 100 - BETHESDA, MD 20814	53-0246895	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT FOR EDWEEK REPORTING

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EDUCATION LEADERS OF COLOR, INC. 3680 WILSHIRE BLVD, SUITE P04-1052 LOS ANGELES, CA 90010	81-2253548	501(C)(3)	20,000.	0.			EDLOC 2020
EDUCATIONAL PRAXIS INC. PO BOX 409 PUTNEY, VT 05346	04-3385897	501(C)(3)	20,000.	0.			TEACHING IN SOLIDARITY WITH BLACK LIVES
ELEVATE NEW ENGLAND PO BOX 265 LOWELL, MA 01851	81-2111126	501(C)(3)	20,000.	0.			THE SPOT- A SAFE SPACE TO LEARN
FRIENDS OF THE RAFAEL HERNANDEZ SCHOOL - 61 SCHOOL STREET - ROXBURY, MA 02119	04-3532825	501(C)(3)	20,000.	0.			FRIENDS OF THE HERNNDEZ
GEDAKINA PO BOX 9061 ESSEX JCT, VT 05452	33-1075692	501(C)(3)	20,000.	0.			COVID-19 RESPONSE IN NATIVE AMERICAN COMMUNITIES
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	20,000.	0.			MANCHESTER LEARNING HUBS
HELPING OUR PEOPLE TO EXCEL, INCORPORATED - PO BOX 9032 - NEW HAVEN, CT 06532	30-0781968	501(C)(3)	20,000.	0.			#TEAMRESILIENT: STUDENT SUCCESS, EVERYDAY!
LEAP FOR EDUCATION 35 CONGRESS STREET SUITE 102 SALEM, MA 01970	47-1445061	501(C)(3)	20,000.	0.			SALEM MA LEARNING HUBS
MAINE IMMIGRANT AND REFUGEE SERVICES - 256 BARTLETT STREET - LEWISTON, ME 04240	26-3099485	501(C)(3)	20,000.	0.			REMOTE LEARNING SUPPORT FOR AFRICAN REFUGEE AND IMMIGRANT YOUTH IN LEWISTON

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MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	20,000.	0.			ON TRACK FOR SUCCESS
MS. P TAUGHT ME: UPRISINGS (MAURICE J. TOBIN K-8 SCHOOL) - 40 SMITH STREET - ROXBURY, MA 02120	04-6001380	501(C)(3)	20,000.	0.			UPRISINGS-ENRICHMENT/TUTORING
NEW BEGINNINGS FAMILY ACADEMY 184 GARDEN ST. BRIDGEPORT, CT 06605	06-1578214	501(C)(3)	20,000.	0.			TECHNOLOGY FOR NBFA STUDENTS
NEW HAMPSHIRE PUBLIC RADIO 2 PILLSBURY ST., 6TH FLOOR CONCORD, NH 03301	02-0338667	501(C)(3)	20,000.	0.			COVID AND THE CLASSROOM
PT PARTNERS (UNITED WAY OF COASTAL FAIRFIELD COUNTY, INC.) - 855 MAIN STREET, 10TH FLOOR - BRIDGEPORT, CT 06604	06-0864341	501(C)(3)	20,000.	0.			PT PARTNERS EDUCATION VILLAGE SPACE
SOMERVILLE PUBLIC SCHOOLS 8 BONAIR STREET SOMERVILLE, MA 02145	04-6001414	PUBLIC SCHOOL	20,000.	0.			BLACK STUDENTS THRIVE IN SOMERVILLE PUBLIC SCHOOLS
SPRINGFIELD PUBLIC SCHOOLS 1550 MAIN ST SPRINGFIELD, MA 01103	04-6001415	PUBLIC SCHOOL	20,000.	0.			POWER ACTION COLLECTIVE FOR BLACK LIVES (POWER = PARAPROFESSIONALS OPPOSING WHITE
THE PERFORMANCE PROJECT PO BOX 1173 NORTHAMPTON, MA 01060	30-0157803	501(C)(3)	20,000.	0.			IN THE TIME OF COVID: FIRST GENERATION MEMBERS SUPPORT FOR SELF-CARE, COUNSELING, CONNECTION
THE UCAP SCHOOL 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	20,000.	0.			THE UCAP SCHOOL - EDUCATING THROUGH COVID-19

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNITED WORKERS, INC. DBA THE BOYS & GIRLS CLUB OF NEW HAVEN - 253 COLUMBUS AVENUE - NEW HAVEN, CT 06519	06-0646935	501(C)(3)	20,000.	0.			INCREASING EDUCATIONAL EQUITY THROUGH ON-SITE LEARNING HUB: OUR COVID-19 RESPONSE IN NEW
COMMUNITY TEAMWORK INC. 155 MERRIMACK STREET LOWELL, MA 01852	04-2382027	501(C)(3)	19,400.	0.			SOCIAL-EMOTIONAL, WELLNESS, AND ACADEMIC SUPPORTS FOR CHILDREN IN EMERGENCY SHELTER AND
THE ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	06-0689699	501(C)(3)	18,500.	0.			HORIZONS: CENTERING HER
SOUTH WINDSOR PUBLIC SCHOOLS 1737 MAIN ST. SOUTH WINDSOR, CT 06074		PUBLIC SCHOOL	18,250.	0.			PREPARING A SUBURBAN DISTRICT TO BE ANTI-RACIST
CITY OF WATERBURY, WATERBURY PUBLIC SCHOOLS - 236 GRAND ST. - WATERBURY, CT 06702		PUBLIC SCHOOL	18,000.	0.			URBAN TRAUMA LEARNING SERIES
WHALING CITY JR/SR HIGH SCHOOL 455 COUNTY STREET NEW BEDFORD, MA 02740	04-6001402	PUBLIC SCHOOL	18,000.	0.			SOCIAL CAPITAL
HYDE SQUARE TASK FORCE, INC. 30 SUNNYSIDE STREET P.O. BOX 301871 JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	17,951.	0.			HSTF YOUTH SELF-CARE KITS
RADICAL JOY INC 29 MONADNOCK STREET DORCHESTER, MA 02125	84-2705303	501(C)(3)	17,625.	0.			RADICAL JOY INC
UNIVERSITY OF PITTSBURGH ATTN: 371220 500 ROSS STREET, 154-0455 - PITTSBURGH, PA 15262-0001	25-0965591	PUBLIC UNIVERSIT	16,000.	0.			DESIGNING FINAL REPORTS FOR SCAN YEAR 3 AND BMTN YEAR 4

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BOSTON PLAN FOR EXCELLENCE 67 KEMBLE STREET, SUITE 2.5 BOSTON, MA 02119	81-3213571	501(C)(3)	15,233.	0.			DEARBORN EDUCATORS FOR BLACK LIVES
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	15,000.	0.			ARISE RAPID RESPONSE PROJECT
BLACKSTONE ACADEMY CHARTER SCHOOL 334 PLEASANT ST PAWTUCKET, RI 02860	80-0025718	501(C)(3)	15,000.	0.			RI BLACK YOUTH CONFERENCE 2021
BOSTON CHINATOWN NEIGHBORHOOD CENTER, INC. - 885 WASHINGTON ST - BOSTON, MA 02111	23-7209691	501(C)(3)	15,000.	0.			BCNC RAPID RESPONSE
BOSTON GREEN ACADEMY FOUNDATION 20 WARREN ST. BRIGHTON, MA 02135	46-4779019	501(C)(3)	15,000.	0.			EXPRESSION AND CONNECTION: USING THE ARTS TO MAINTAIN A SAFE, VIRTUAL LGBT COMMUNITY
BOSTON PLAN FOR EXCELLENCE 67 KEMBLE STREET, SUITE 2.5 BOSTON, MA 02119	81-3213571	501(C)(3)	15,000.	0.			DUDLEY STREET SCHOOL EDUCATORS FOR BLACK LIVES
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION - 465 SCHOOL STREET - LOWELL, MA 01851	22-2553560	501(C)(3)	15,000.	0.			YOUTH VOICES AGAINST RACISM; OPERATING SUPPORT
CT STUDENTS FOR A DREAM (UNITED WE DREAM) - C/O CT STUDENTS FOR A DREAM, PO BOX 33231 - WASHINGTON, DC 20033	46-2216565	501(C)(3)	15,000.	0.			WELLNESS & MENTAL HEALTH SUPPORT
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501(C)(3)	15,000.	0.			EQUITY OUTCOMES

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FAMILY SERVICE OF RI 134 THURBERS AVE. PROVIDENCE, RI 02905	05-0258858	501(C)(3)	15,000.	0.			ENHANCED SCHOOL BASED MENTAL HEALTH THROUGH THERAPEUTIC ART ACTIVITIES FOR PROVIDENCE
FREDERICK H. TUTTLE MIDDLE SCHOOL 500 DORSET STREET SOUTH BURLINGTON, VT 05403		501(C)(3)	15,000.	0.			STUDENTS ORGANIZING AGAINST RACISM & BLACK STUDENT AFFINITY
HOLOCAUST AND HUMAN RIGHTS CENTER OF MAINE - 46 UNIVERSITY DRIVE - AUGUSTA, ME 04330	01-0406624	501(C)(3)	15,000.	0.			HHRC ONLINE ANTI-ASIAN RACISM AND XENOPHOBIA PROGRAM FOR MAINE STUDENTS
LOVE YOUR MAGIC (FOUNDATION FOR SALEM PUBLIC EDUCATION) - P.O. BOX 8184 - SALEM, MA 01970	04-3276653	501(C)(3)	15,000.	0.			UNLEARNING SCHOOL AND FREE LITTLE DIVERSE LIBRARIES
MORGAN STATE UNIVERSITY FOUNDATION P.O. BOX 64261 BALTIMORE, MD 21264-4261	23-7089143	501(C)(3)	15,000.	0.			GRAVES HONORS PROGRAM
PORTLAND HIGH SCHOOL 284 CUMBERLAND AVE. PORTLAND, ME 04101	04-3374427	PUBLIC SCHOOL	15,000.	0.			PARENT OUTREACH & STUDENT ENRICHMENT OPPORTUNITIES
PROSPECT HILL ACADEMY CHARTER SCHOOL FOUNDATION - 50 ESSEX STREET - CAMBRIDGE, MA 02139	01-0851252	501(C)(3)	15,000.	0.			CHALLENGING ANTI-BLACKNESS RESTORATIVE PRACTICES PROJECT
RACCE (ACHIEVE HARTFORD) 221 MAIN STREET, 3RD FLOOR HARTFORD, CT 06106	45-0499390	501(C)(3)	15,000.	0.			SUPPORTING THE SOCIAL EMOTIONAL WELFARE OF BIPOC EDUCATORS IN WATERBURY
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	21-0650678	501(C)(3)	15,000.	0.			ASPIRING ACCOUNTING PROFESSIONAL PROGRAM

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SCHOOL ON WHEELS OF MASSACHUSETTS 100 LAUREL STREET SUITE 121 EAST BRIDGEWATER, MA 02333	20-1020880	501(C)(3)	15,000.	0.			REMOTE TUTORING & RESOURCES TO SUPPORT BROCKTON, MA K-12 STUDENTS IMPACTED BY
SISTA FIRE (PROJECT SOUTH) 9 GAMMON AVENUE SOUTHEAST ATLANTA, GA 30315	58-1956686	501(C)(3)	15,000.	0.			OUR STRENGTH OUR COMMUNITIES
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN ST. SUITE 400 - WORCESTER, MA 01608	04-3393955	501(C)(3)	15,000.	0.			SOUTHEAST ASIAN YOUTH EFFECT FIGHTS COVID-19 CAMPAIGN
THE LEARNING COMMUNITY CHARTER SCHOOL INC. - 21 LINCOLN AVE - CENTRAL FALLS, RI 02863	47-0942849	501(C)(3)	15,000.	0.			LEARNING AND BECOMING AN ANTI-RACIST INSTITUTION
TREE STREET YOUTH 144 HOWE STREET LEWISTON, ME 04240	46-0942854	501(C)(3)	15,000.	0.			EXPANDING BRANCHES
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF UNIVERSITY DEVELOPMENT UNC GIFT SERVICES UNC 208 WEST FRANKLIN ST - CHAPEL	56-6001393	501(C)(3)	15,000.	0.			CORE SUPPORT FOR IDA B. WELLS SOCIETY
UNIVERSITY OF SOUTHERN MAINE RESEARCH SERVICE CENTER 96 FALMOUTH STREET, PO BOX 9300 - PORTLAND, ME 04104	01-6000769	PUBLIC UNIVERSIT	15,000.	0.			MAINE BLACK EDUCATORS COLLECTIVE
VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC. - 42 CHARLES STREET SUITE E - DORCHESTER, MA 02122	04-3289039	501(C)(3)	15,000.	0.			WE ARE NOT A VIRUS INITIATIVE
PORTLAND PUBLIC SCHOOLS 196 ALLEN AVENUE PORTLAND, ME 04103	04-3374427	501(C)(3)	14,899.	0.			VOICE AND VISIBILITY IN A TIME OF CRISIS

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NATIONAL QUEER ASIAN PACIFIC ISLANDER ALLIANCE - PO BOX 1277 OLD CHELSEA STATION - NEW YORK, NY 10113	27-2114866	501(C)(3)	14,000.	0.			SINOPHOBIA AND SUPPORTING LGBTQ+ API COMMUNITIES
HEARING YOUTH VOICES (A BETTER WAY FOUNDATION) - PO BOX 942 - HARTFORD, CT 06101	06-1576383	501(C)(3)	13,880.	0.			HEARING YOUTH VOICES RAPID RESPONSE
RIVERZEDGE ARTS 196 SECOND AVENUE WOONSOCKET, RI 02895	13-4206227	501(C)(3)	13,620.	0.			EVERYTHING EQUAL?: YOUTH EXPERIENCES AND THE SOCIAL-EMOTIONAL IMPACT OF IDENTITY-BASED
CHINATOWN PEOPLE PROGRESSIVE ASSOCIATION - 28 ASH ST - BOSTON, MA 02111	04-2631569	501(C)(3)	13,500.	0.			ADDRESSING RACISM DURING THE COVID-19 PANDEMIC THROUGH YOUTH ACTION
COMMUNITY CHARTER SCHOOL OF CAMBRIDGE FOUNDATION - 245 BENT ST - CAMBRIDGE, MA 02141	20-3179850	501(C)(3)	13,000.	0.			DISMANTLING ANTI-BLACKNESS AND BUILDING AN ANTI-RACIST SCHOOL CULTURE
MOZART SCHOOL 236 BEECH ST BOSTON, MA 02131	04-6001380	501(C)(3)	12,865.	0.			RACE MATTERS AT THE MOZART BY GARCELINE CHAMPAGNE
ACE MENTOR PROGRAM OF GREATER BOSTON - 1 PLEASURE ISLAND RD - WAKEFIELD, MA 01880	51-0465877	501(C)(3)	12,450.	0.			ACE MENTOR PROGRAM SUPPLY KITS
SOUTHSIDE ELEMENTARY CHARTER SCHOOL - SOUTHSIDE ELEMENTARY CHARTER SCHOOL 135 PRAIRIE AVENUE - PROVIDENCE, RI 02905	46-4002550	501(C)(3)	12,275.	0.			PROJECT WE CARE FOR ALL
URBAN COMMUNITY ALLIANCE 446 BLAKE ST., NEW HAVEN, CT 06515	06-1324343	501(C)(3)	12,250.	0.			CENTER FOR PSYCHOLOGY AND CULTURE

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GREAT OAKS CHARTER SCHOOL 357 HOWARD AVE BRIDGEPORT, CT 06605	45-1260087	501(C)(3)	11,170.	0.			GO BPT
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC. - 800 NORTH MAIN STREET - SHEFFIELD, MA 01257	06-1254469	501(C)(3)	10,000.	0.			EDUCATIONAL ATTAINMENT FUND
BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E. FRANKLIN STREET - TRENTON, NJ 08610	06-1653897	501(C)(3)	10,000.	0.			MENTOR PROGRAM
CARY INSTITUTE OF ECOSYSTEM STUDIES - BOX AB - MILLBROOK, NY 12545	22-3232968	501(C)(3)	10,000.	0.			MH-YES, MID-HUDSON YOUNG EVIROMENTAL SCIENTISTS
CHINESE CULTURE CONNECTION, INC. 99 DARTMOUTH STREET MALDEN, MA 02148	04-3103223	501(C)(3)	10,000.	0.			COVID-19 RACISM IS A VIRUS TOO SUPPORT
CONNECTICUT PUBLIC, INC. 1049 ASYLUM AVE. HARTFORD, CT 06105	06-0758938	501(C)(3)	10,000.	0.			REOPENING CT SCHOOLS SHOW
EAST LONGMEADOW PUBLIC SCHOOLS 180 MAPLE ST EAST LONGMEADOW, MA 01028	04-6001139	501(C)(3)	10,000.	0.			SCHOOL AND COMMUNITY SPEAKER SERIES
ENGAGING SCHOOLS 23 GARDEN STREET CAMBRIDGE, MA 02138	04-2764204	501(C)(3)	10,000.	0.			EDUCATION FUNDING SUPPORT
FABNEWPORT, INC. 1 YORK ST. NEWPORT, RI 02840	46-3237048	501(C)(3)	10,000.	0.			EDUCATORS FOR BLACK LIVES

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GRANTMAKERS FOR EDUCATION 700 SW 5TH AVE STE 4000 PORTLAND, OR 97204	33-0919329	501(C)(3)	10,000.	0.			2020 GFE ANNUAL CONFERENCE
HARVARD UNIVERSITY, GRADUATE SCHOOL OF EDUCATION - PRESIDENT AND FELLOWS OF HARV - PO BOX 415649 - CAMBRIDGE, MA 02241-5649	04-2103580	501(C)(3)	10,000.	0.			SCHOLARSHIP FUND
LIFE IN MY DAYS 12 DONALD TERRACE WATERBURY, CT 06705	81-5093147	501(C)(3)	10,000.	0.			YOUNG LEADERS NAVIGATING MENTAL HEALTH
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	501(C)(3)	10,000.	0.			BASIC SUPPORT FOR COVID-19 RESPONSE
NEIGHBORHOOD NETWORK CENTER 530 WARREN ST DORCHESTER, MA 02121	04-3396667	501(C)(3)	10,000.	0.			SUMMER PROGRAMMING
PITTSFIELD YOUTH WORKSHOP 5 PART ST PO BOX 206 PITTSFIELD, NH 03236	02-0414050	501(C)(3)	10,000.	0.			SUMMER PROGRAMMING
POLAND REGIONAL HIGH SCHOOL 1457 MAINE STREET POLAND, ME 04274	26-4196919	501(C)(3)	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 2020
REFUGEE DEVELOPMENT CENTER 340 LOCKWOOD STREET PROVIDENCE, RI 02907-1340	47-3515841	501(C)(3)	10,000.	0.			CRISIS RESPONSE OPERATING SUPPORT

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RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	10,000.	0.			#JUSTICEISESSENTIAL SERIES
SHOOTING TOUCH, INC. 65 SPRAGUE STREET, EAST BUILDING, 2 BOSTON, MA 02136	61-1544791	501(C)(3)	10,000.	0.			SHOOTING TOUCH: BOSTON (STB)
SKOWHEGAN SCHOOL OF PAINTING & SCULPTURE - 136 WEST 22ND STREET - NEW YORK, NY 10011	01-0263908	501(C)(3)	10,000.	0.			SKOWHEGAN SCHOLARSHIP PROGRAM
SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	10,000.	0.			EDUCATIONAL SUPPORT FOR MULTICULTURAL YOUTH IN NORTHERN VERMONT
SURGE INSTITUTE 935 W CHESTNUT ST, SUITE 515 CHICAGO, IL 60642	47-1995566	501(C)(3)	10,000.	0.			SURGE 2020
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 W. 120TH ST - NEW YORK, NY 10027	13-1624202	501(C)(3)	10,000.	0.			REIMAGINING EDUCATION SUMMER INSTITUTE 2020
THE CENTER FOR THE ARTS IN NATICK, INC. - 14 SUMMER STREET - NATICK, MA 01760	04-3364016	501(C)(3)	10,000.	0.			EDUCATION FUNDING SUPPORT
THE LATINA CIRCLE INC. 745 ATLANTIC AVE, STE 800 BOSTON, MA 02111	82-4167948	501(C)(3)	10,000.	0.			POWERUP
THE LINKS FOUNDATION, INCORPORATED THE LINKS FOUNDATION, INC. THE COMMONWEALTH (VA) CHAPTER THE LINKS, INC. PO	52-1170830	501(C)(3)	10,000.	0.			YOUNG ACHIEVERS

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TREE STREET YOUTH 144 HOWE STREET LEWISTON, ME 04240	46-0942854	501(C)(3)	10,000.	0.			SUMMER PROGRAMMING
VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET P.O. BOX 1050 - EXETER, NH 03833	56-2668724	501(C)(3)	10,000.	0.			BRAND STRATEGY DEVELOPMENT
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	10,000.	0.			REOPENING VT SCHOOLS CONVERSATION
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	10,000.	0.			GIVE LOVE XAVIER CAMPAIGN
YOUNG MAN WITH A PLAN (PREPARATORY FOUNDATION, INC.) - 1286 HYDE PARK AVENUE - HYDE PARK, MA 02136	11-3690799	501(C)(3)	10,000.	0.			TRAUMA TRAINING RETREAT FOR BLACK MALE EDUCATORS/MENTORS
YOUTH ON BOARD (YOUTHBUILD USA) 58 DAY STREET SOMERVILLE, MA 02144	33-3076454	501(C)(3)	10,000.	0.			SUPPORT FOR BOSTON STUDENT ADVISORY COUNCIL
YWCA HARTFORD REGION, INC. 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501(C)(3)	10,000.	0.			SUMMER PROGRAMMING
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 255 MAIN STREET, 8TH FLOOR - CAMBRIDGE, MA 02142	26-2729057	501(C)(3)	9,800.	0.			STUDENT-CENTERED LEARNING & EQUITY PROJECT DISSEMINATION PROPOSAL
COMMUNITY MUSIC CENTER OF BOSTON 34 WARREN AVE BOSTON, MA 02116	04-2437973	501(C)(3)	9,250.	0.			MUSIC THERAPY: SONGWRITING FOR WELL-BEING

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CATHOLIC SCHOOLS FOUNDATION 67 BATTERYMARCH ST, 6TH FLOOR BOSTON, MA 02110	22-2485502	501(C)(3)	9,000.	0.			INNER CITY SCHOLARSHIP FUND
INDIGENOUS ENVIRONMENTAL NETWORK INDIGENOUS ENVIRONMENTAL NETWORK PO BEMIDJI, MN 56619	38-3653476	501(C)(3)	9,000.	0.			CLIMATE EDUCATION
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	PUBLIC UNIVERSIT	9,000.	0.			LIFE SCIENCES RESEARCH FUND
ZEARN 261 W. 35TH ST, 15TH FLOOR NEW YORK, NY 10001	37-1665745	501(C)(3)	9,000.	0.			ZEARN 2020
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - 7 PALMER STREET 2ND FLOOR - ROXBURY, MA 02119	22-2514422	501(C)(3)	7,982.	0.			BPS TEACHER LEADERSHIP REPORT
ASIAN PACIFIC ISLANDER COMMUNITY ACTION - 937 REDBUD RD. - CHULA VISTA, CA 91910	81-0720026	501(C)(3)	7,500.	0.			COVIDCAMPUS REQUEST
EDUCATION WRITERS ASSOCIATION 1825 K STREET, NW, SUITE 200 WASHINGTON, DC 20006	23-7439790	501(C)(3)	7,500.	0.			2020 NATIONAL SEMINAR
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	04-2761636	501(C)(3)	7,500.	0.			FACING HISTORY AND OURSELVES RAPID RESPONSE PROJECT
HANOVER PERMANENT SCHOLARSHIP FUND P.O. BOX 67 HANOVER, MA 02339	04-2625836	501(C)(3)	7,500.	0.			JENNA ATTURIO MEMORIAL SCHOLARSHIP

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SKOWHEGAN SCHOOL OF PAINTING & SCULPTURE - 136 WEST 22ND STREET - NEW YORK, NY 10011	01-0263908	501(C)(3)	7,500.	0.			SKOWHEGAN SCHOLARSHIP PROGRAM
THE FOUNDATION CENTER DBA CANDID 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	13-1837418	501(C)(3)	7,500.	0.			GENERAL PROGRAM FUNDING
THE RIGHT TO IMMIGRATION INSTITUTE 24 CRESCENT STREET, SUITE #201 WALTHAM, MA 02453	81-4220881	501(C)(3)	7,500.	0.			SEED MONEY TO FUND A COVID-19 RAPID RESPONSE LEGAL, PUBLIC ADVOCACY AND HUMAN RIGHTS
THE STEPPINGSTONE FOUNDATION ONE APPLETON STREET, 4TH FLOOR BOSTON, MA 02116	04-3086666	501(C)(3)	7,500.	0.			NATIONAL PARTNERSHIP FOR EDUCATIONAL ACCESS VIRTUAL CONVENINGS
AMERICAN INSTITUTES FOR RESEARCH PO BOX 28126 NEW YORK, NY 10087-8126	25-0965219	501(C)(3)	7,485.	0.			DESIGN AND PROMOTION OF BMTN YEAR 4 REPORTS
THE CONNECTICUT FORUM, INC. 750 MAIN STREET HARTFORD, CT 06103	06-1343149	501(C)(3)	7,200.	0.			HOPE & DREAMS FOR OUR FUTURE EVENT
YOUTHBUILD PREPARATORY ACADEMY 66 CHAFFEE STREET PROVIDENCE, RI 02909	81-3957029	501(C)(3)	7,000.	0.			YOUTHBUILD PREPARATORY ACADEMY
ASIAN AMERICAN RESOURCE WORKSHOP 42 CHARLES STREET, SUITE D DORCHESTER, MA 02122	04-2707980	501(C)(3)	6,000.	0.			PAN-ASIAN SOLIDARITY IN THE TIME OF COVID-19
MEXICAN AMERICAN UNITY COUNCIL 2300 W COMMERCE SUITE 200 SAN ANTONIO, TX 78207	74-6088061	501(C)(3)	6,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
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 PITTSBURGH ATTN: 371220 500 ROSS STREET, 154-0455 - PITTSBURGH, PA 15262-0001	25-0965591	PUBLIC UNIVERSIT	5,546.	0.			EVALUATION OF BMTN AND SCAN - Y1 AND Y2 CORRECTION
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	5,000.	0.			ARISE YOUTH ORGANIZING
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	5,000.	0.			REOPENING RHODE ISLAND SCHOOLS: A COMMUNITY DRIVEN CONVERSATION SERIES
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	5,000.	0.			SUPPORT YOUTH-LED RAPID RESPONSE FUND DEVELOPMENT
ALLIED MEDIA PROJECTS 4126 THIRD ST. DETROIT, MI 48201	01-0559608	501(C)(3)	5,000.	0.			HEALING SUMMIT- DECOLONIZING WEALTH
ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY - 301 RHODE ISLAND AVENUE NW #2204 - WASHINGTON, DC 20001	53-0219640	501(C)(3)	5,000.	0.			SCHOLARSHIP AND RESEARCH
ASSOCIATION OF BLACK FOUNDATION EXECUTIVES - 55 EXCHANGE PLACE, STE. 401 - NEW YORK, NY 10005	23-7156531	501(C)(3)	5,000.	0.			RESPONSIVE PHILANTHROPY IN BLACK COMMUNITIES
BOSTON CHINATOWN NEIGHBORHOOD CENTER, INC. - 885 WASHINGTON ST - BOSTON, MA 02111	23-7209691	501(C)(3)	5,000.	0.			2020 ANNUAL BANQUET

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMPASS WORKING CAPITAL 89 SOUTH ST, SUITE 804 BOSTON, MA 02111	20-3975100	501(C)(3)	5,000.	0.			GENERAL PROGRAMS
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE. 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	5,000.	0.			2020 ANNUAL CONFERENCE
DEERING HIGH SCHOOL 370 STEVENS AVE PORTLAND, ME 04103	04-3374427	501(C)(3)	5,000.	0.			BLACK STUDENTS UNION MENTORSHIP FOR LYMAN MOORE MIDDLE SCHOOL
EAST HARTFORD PUBLIC SCHOOLS- RJ O'BRIEN STEM ACADEMY - 56 FARM DRIVE - EAST HARTFORD, CT 06108	06-6001609	501(C)(3)	5,000.	0.			UNPACK YOUR IMPACT
ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY STREET, 7TH FLOOR BOSTON, MA 02111	46-3202177	501(C)(3)	5,000.	0.			RAISING OUR VOICES 2020
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	5,000.	0.			SUPPORT YOUTH-LED RAPID RESPONSE FUND DEVELOPMENT
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501(C)(3)	5,000.	0.			PERSONALIZATION 2020
HIGHLANDER INSTITUTE 166 VALLEY STREET #101 PROVIDENCE, RI 02909	22-3115046	501(C)(3)	5,000.	0.			PERSONALIZATION 2019
INSTITUTE FOR LEADERSHIP EDUCATION, ADVANCEMENT AND DEVELOPMENT - 1122 COUNTY LINE ROAD - BRYN MAWR, PA 19010	23-2821833	501(C)(3)	5,000.	0.			THEY CARRIED US?BOOK LAUNCH EVENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LA SALLE ACADEMY 612 ACADEMY AVENUE PROVIDENCE, RI 02908	53-0196617	501(C)(3)	5,000.	0.			TUITION ASSISTANCE FUND FOR STUDENTS FROM PROVIDENCE PUBLIC SCHOOLS
LUCYS LOVE BUS CHARITABLE TRUST PO BOX 464 AMESBURY, MA 01913	20-4036256	501(C)(3)	5,000.	0.			EMERGENCY FUND
MAINE PUBLIC BROADCASTING CORPORATION - 323 MARGINAL WAY - PORTLAND, ME 04101	22-3171529	501(C)(3)	5,000.	0.			MAINE CALLING SHOW ON SCHOOL REOPENING
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	501(C)(3)	5,000.	0.			EDUCATION FUNDING SUPPORT
MASSINC 11 BEACON STREET, STE. 500 BOSTON, MA 02108	04-3271457	501(C)(3)	5,000.	0.			GATEWAY CITIES INNOVATION INSTITUTE AWARDS AND VIRTUAL SUMMIT
MORE THAN WORDS 242 EAST BERKELEY ST., 2ND FLOOR BOSTON, MA 02118	04-2784985	501(C)(3)	5,000.	0.			MORE THAN DESSERT
NATIONAL CENTER FOR FAMILIES LEARNING - 325 W. MAIN STREET #300 - LOUISVILLE, KY 40202	61-1159549	501(C)(3)	5,000.	0.			2020 FAMILIES LEARNING CONFERENCE
NEW HAVEN ECOLOGY PROJECT 358 SPRINGSIDE AVE NEW HAVEN, CT 06515	22-3171185	501(C)(3)	5,000.	0.			FEAST FROM THE FIELDS 2020
PLAYWORKS NEW ENGLAND 67 KEMBLE ST., SUITE 3.6 ROXBURY, MA 02119	94-3251867	501(C)(3)	5,000.	0.			THE 5TH ANNUAL GET IN THE GAME BREAKFAST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PROMISE EARLY EDUCATION 269 BATES STREET LEWISTON, ME 04240	23-7323306	501(C)(3)	5,000.	0.			FAMILY AND PROGRAM SUPPORT
RHODE ISLAND CENTER FOR THE BOOK 100 OCHRE POINT AVENUE NEWPORT, RI 02840	82-5478418	501(C)(3)	5,000.	0.			2021 READING ACROSS RHODE ISLAND PROGRAM - STAMPED BY JASON REYNOLDS
SAFE PASSAGE 49 FARM VIEW DR, SUITE 302 NEW GLOUCESTER, ME 04260	01-0532835	501(C)(3)	5,000.	0.			EXPEDITIONARY LEARNING
SALEM STATE UNIVERSITY FOUNDATION 352 LAFAYETTE STREET SALEM, MA 01970	04-2620632	501(C)(3)	5,000.	0.			CONGRESSIONAL INTERNSHIP PROGRAM
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 1250 HANCOCK STREET, SUITE 803N - QUINCY, MA 02169	04-3457065	501(C)(3)	5,000.	0.			LOVING COMMUNITIES COVID FUND
ST. GEORGE YOUTH SPORTS LEAGUE P.O. BOX 343 ST. GEORGE, SC 29477	45-2978042	501(C)(3)	5,000.	0.			TENNIS AND ACADEMICS FOR CHILDREN
THE HAYMARKET PEOPLE'S FUND 42 SEAVERNS AVE BOSTON, MA 02130	04-2586725	501(C)(3)	5,000.	0.			2020 MAINE LOBSTER FEED: A CELEBRATION OF GRASSROOTS ORGANIZING
THE LEARNING PROJECT, INC. 107 MARLBOROUGH STREET BOSTON, MA 02116	04-2525467	501(C)(3)	5,000.	0.			EDUCATIONAL PROGRAMMING
THE SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BLVD. WARWICK, RI 02886	22-2797284	501(C)(3)	5,000.	0.			SOCIAL EMOTIONAL LEARNING RESIDENCIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TREE STREET YOUTH 144 HOWE STREET LEWISTON, ME 04240	46-0942854	501(C)(3)	5,000.	0.			PROGRAM AND STUDENT SUPPORT
UASPIRE, INC. 31 MILK STREET BOSTON, MA 02109	46-1314848	501(C)(3)	5,000.	0.			UASPIRE'S 2020 FIRST ONE AWARDS
UASPIRE, INC. 31 MILK STREET BOSTON, MA 02109	46-1314848	501(C)(3)	5,000.	0.			HIGH SCHOOL ADVISING
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN STREET, SUITE 2-5 DANBURY, CT 06810	06-0646577	501(C)(3)	5,000.	0.			COVID19 AND YOUTH VOICE CAMPAIGN
UNIVERSITY OF NEW HAMPSHIRE FOUNDATION - ELLIOTT ALUMNI CENTER 9 EDGEWOOD ROAD - DURHAM, NH 03824	02-0437506	501(C)(3)	5,000.	0.			STUDENT IMPACT SCHOLORSHIP
VERMONT HUMAN RIGHTS COMMISSION 14-16 BALDWIN STREET MONTPELIER, VT 05602		501(C)(3)	5,000.	0.			RAPID RESPONSE GRANT FUND: COVID-19
VIJONA AFRICA 5403 TWIN LAKES DR CYPRESS, CA 90630	82-4813043	501(C)(3)	5,000.	0.			OPERATING SUPPORT
WASHINGTON NATIONALS YOUTH BASEBALL ACADEMY - 3675 ELY PLACE, SE - WASHINGTON, DC 20019	45-3990897	501(C)(3)	5,000.	0.			ACADEMIC SUPPORT
WHOLESOME HEALTH PROMOTION 2355 WILSON CREEK CIRCLE AURORA, IL 60503	81-4853619	501(C)(3)	5,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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:

SCHOTT FOUNDATION FOR PUBLIC EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING CAPACITY OF THE EDUCATION JUSTICE MOVEMENT IN NEW ENGLAND TO ADDRESS THE COVID-19 PANDEMIC AND RACIAL JUSTICE

NAME OF ORGANIZATION OR GOVERNMENT:

WPANAK LANGUAGE AND CULTURAL WEETYOO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WPANAK LANGUAGE RECLAMATION PROJECT NUMUKAYUHSUNNAK (OUR CHILDREN SPEAK TWO LANGUAGES) OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN CARIBBEAN AMERICAN PARENTS OF CHILDREN WITH DISABILITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL RESOURCES: AFRICAN CARIBBEAN AMERICAN PARENTS OF CHILDREN WITH DISABILITIES, INC.

NAME OF ORGANIZATION OR GOVERNMENT: OUTRIGHT VERMONT

(H) PURPOSE OF GRANT OR ASSISTANCE: STATEWIDE YOUTH ORGANIZING AT THE INTERSECTIONS: UPLIFTING LGBTQ+ AND POC YOUTH POWER IN VERMONT

NAME OF ORGANIZATION OR GOVERNMENT: WORCESTER STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LATINO EDUCATION INSTITUTE (LEI) AT WORCESTER STATE UNIVERSITY (WSU): OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

BOSTON PUBLIC SCHOOLS: PHINEAS BATES ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BATES ELEMENTARY SCHOOL: ANTI-RACIST AND ANTI-BIAS SOCIAL JUSTICE TEACHING AND CULTURALLY AND LINGUISTICALLY

Part IV Supplemental Information

SUSTAINING

NAME OF ORGANIZATION OR GOVERNMENT: CLEMMONS FAMILY FARM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAVELING WHILE BLACK: PILOTING AN ARTS-INTEGRATED AFRICAN-AMERICAN HISTORY K-12 REMOTE LEARNING PLATFORM IN VERMONT

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF BOSTON COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: LYNCH LEADERSHIP ACADEMY: CONVENING BLACK SCHOOL LEADERS TO DISRUPT ANTI-BLACKNESS AND INEQUITIES IN THEIR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: POWER ACTION COLLECTIVE FOR BLACK LIVES (POWER = PARAPROFESSIONALS OPPOSING WHITE ETHNOCENTRISM & RACISM)

NAME OF ORGANIZATION OR GOVERNMENT: THE PERFORMANCE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE TIME OF COVID: FIRST GENERATION MEMBERS SUPPORT FOR SELF-CARE, COUNSELING, CONNECTION AND CELEBRATION.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WORKERS, INC. DBA THE BOYS & GIRLS CLUB OF NEW HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING EDUCATIONAL EQUITY THROUGH ON-SITE LEARNING HUB: OUR COVID-19 RESPONSE IN NEW HAVEN, CT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY TEAMWORK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL-EMOTIONAL, WELLNESS, AND

Part IV Supplemental Information

ACADEMIC SUPPORTS FOR CHILDREN IN EMERGENCY SHELTER AND CHILDCARE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF RI

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCED SCHOOL BASED MENTAL HEALTH THROUGH THERAPEUTIC ART ACTIVITIES FOR PROVIDENCE STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL ON WHEELS OF MASSACHUSETTS

(H) PURPOSE OF GRANT OR ASSISTANCE: REMOTE TUTORING & RESOURCES TO SUPPORT BROCKTON, MA K-12 STUDENTS IMPACTED BY HOMELESSNESS & COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: RIVERZEDGE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: EVERYTHING EQUAL?: YOUTH EXPERIENCES AND THE SOCIAL-EMOTIONAL IMPACT OF IDENTITY-BASED VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE RIGHT TO IMMIGRATION INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEED MONEY TO FUND A COVID-19 RAPID RESPONSE LEGAL, PUBLIC ADVOCACY AND HUMAN RIGHTS DOCUMENTATION TEAM AT TRII

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	555,294.	0.	0.	44,098.	25,273.	624,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL CAREY VP FOR FINANCE & ADMIN, TREASURER	(i)	295,969.	0.	0.	43,543.	18,019.	357,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GISLAINE NGOUNOU VP FOR STRATEGY & PROGRAMS	(i)	266,513.	0.	0.	42,869.	9,543.	318,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA SPOHN DIRECTOR OF GRANTMAKING	(i)	184,001.	0.	0.	27,865.	17,913.	229,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DELIA ARELLANO-WEDDLETON DIR. OF ENGAGEMENT & PARTNERSHIPS	(i)	180,914.	0.	0.	27,682.	17,875.	226,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EVE GOLDBERG (UNTIL 3/31/20) DIRECTOR OF RESEARCH	(i)	68,819.	0.	125,371.	3,001.	24,061.	221,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES TOULMIN (UNTIL 1/31/20) DIRECTOR OF POLICY	(i)	23,132.	0.	140,709.	1,343.	23,941.	189,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SONIA GLEASON (UNTIL 4/10/20) DIR. OF STRATEGIC LEARNING & EVAL.	(i)	56,823.	0.	103,505.	3,519.	24,616.	188,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

NO EXCEPTIONS WERE MADE THIS YEAR FOR OUR PRESIDENT, WHO WITH PRIOR

APPROVAL OF OUR BOARD CHAIR, WOULD BE ABLE TO FLY FIRST CLASS.

PART I, LINE 4A:

SEVERANCE PAYMENTS:

EVE GOLDBERG \$125,371

CHARLIE TOULMIN \$140,709

SONIA GLEASON \$103,505

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 for the latest information.

OMB No. 1545-0047

2020

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:

SUPPORTING ORGANIZATIONS LED BY PEOPLE OF COLOR - THIS FUND SUPPORTS
COMMUNITY-BASED ORGANIZATIONS THAT ARE LED BY PEOPLE OF COLOR AND ARE
WORKING WITH COMMUNITIES OF COLOR TO TRANSFORM BARRIERS TO RACIAL
EQUITY IN PUBLIC K-12 EDUCATION. THE FOUNDATION DISTRIBUTED \$4.9
MILLION TO ORGANIZATIONS LED BY PEOPLE OF COLOR.

COMMUNITY-SCHOOL PARTNERSHIPS - THIS FUND SUPPORTS COMMUNITY-BASED
ORGANIZATIONS LED BY PEOPLE OF COLOR TO STRENGTHEN RACIAL EQUITY
FOCUSED PARTNERSHIPS WITH SCHOOLS AND DISTRICTS. THE PURPOSE OF THE
PARTNERSHIPS IS TO ADDRESS SYSTEMIC RACISM AND OPPRESSION FACED BY
YOUNG PEOPLE OF COLOR. THE FOUNDATION DISTRIBUTED \$1.8 MILLION TO
SEVERAL ORGANIZATIONS TO BEGIN PARTNERSHIP EFFORTS.

AMPLIFYING YOUTH VOICE - THIS GRANT FUND AMPLIFIES THE AUTHENTIC VOICES
OF YOUNG PEOPLE, GIVING THEM A SEAT AT THE TABLE AROUND DECISIONS THAT
AFFECT THEIR FUTURE. ADDITIONALLY, THIS FUND FOCUSES ON BUILDING THE
CAPACITY, POWER, AND VOICE OF YOUTH ORGANIZING GROUPS THROUGHOUT THE
NEW ENGLAND REGION. THE FOUNDATION DISTRIBUTED \$3 MILLION TO YOUTH

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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ORGANIZATIONS TO AMPLIFY YOUTH VOICE AND BECOME PART OF THE DECISIONS THAT AFFECT THEIR FUTURE.

STRENGTHENING PARTNERSHIPS, COALITIONS AND MOVEMENTS - THIS FUND SUPPORTS COALITIONS AND PARTNERSHIPS FOCUSED ON ADVANCING RACIAL EQUITY IN OUR PUBLIC EDUCATION SYSTEM AT BOTH THE STATE AND NATIONAL LEVELS. THE FOUNDATION DISTRIBUTED \$1.2 MILLION TO BUILD STATE AND NATIONAL PARTNERSHIPS, COALITIONS, AND MOVEMENT BUILDING.

CHAMPIONING STUDENT-CENTERED LEARNING - THIS FUND SUPPORTS RESEARCHERS, PRACTITIONERS, COMMUNITY MEMBERS, STUDENTS, AND FAMILIES TO WIDEN AND BUILD UPON OUR FRAMEWORK FOR STUDENT-CENTERED LEARNING TO REFLECT A GREATER FOCUS ON RACIAL EQUITY. DISTRIBUTED \$250,000 TO THIS AREA.

ADDITIONALLY, IN 2020, THE FOUNDATION'S BOARD OF DIRECTORS APPROVED AN ADDITIONAL \$20 MILLION IN GRANTMAKING ON TOP OF OUR PLANNED GRANTMAKING FOR 2020 TO SUPPORT WORK ADDRESSING ANTI-BLACK RACISM AND COVID RELIEF - ESPECIALLY AS BOTH RELATE TO OUR PUBLIC EDUCATION SYSTEM. DISTRIBUTED \$20 MILLION, AS ALL DOLLARS WERE AWARDED.

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

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

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

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number

04-2755323

FINANCIAL STATEMENTS AND TAX RETURNS APPEAR ON THE ORGANIZATION'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.

Multiple horizontal lines for additional text entry.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323

Name and title of officer or person subject to tax

MICHAEL CAREY
VP FOR FINAN & ADMIN/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CBIZ MHM, LLC** to enter my PIN **55323**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04737791068

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **CBIZ MHM, LLC** Date **11/11/21**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ Go to 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>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NELLIE MAE EDUCATION FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1250 HANCOCK STREET, NO. 701N</p> <p>City or town, state or province, country, and ZIP or foreign postal code QUINCY, MA 02169</p>	<p>D Employer identification number 04-2755323</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 533,194,184.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-386,153.
2 Reserved	2	
3 Add lines 1 and 2	3	-386,153.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-386,153.
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-386,153.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 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 statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 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
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

STATEMENT 1

Sign Here	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.			
	Signature of officer	Date	VP FOR FINAN & ADMIN/TREASURER	Title
Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN		Preparer's signature	Date 11/11/21
	Firm's name CBIZ MHM, LLC		Check <input type="checkbox"/> if self-employed	
	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116		PTIN P00734664	
			Firm's EIN 26-3753134	Phone no. 617-761-0600

PART, V - 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, 2020

NELLIE MAE EDUCATION FOUNDATION, INC. IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to 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).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	B Employer identification number 04-2755323
C Unrelated business activity code (see instructions) ▶ 525990	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 0.		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b -361,717.		-361,717.
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2		5 30,314.		30,314.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -331,403.		-331,403.

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

1 Compensation of officers, directors, and trustees (Part X)				1 4,814.
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement) SEE STATEMENT 3				14 49,936.
15 Total deductions. Add lines 1 through 14				15 54,750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 -386,153.
17 Deduction for net operating loss (see instructions)				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 -386,153.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	6,000.
INVESTMENT MANAGEMENT FEE	28,295.
INVESTMENT CUSTODY FEES	13,380.
RENT EXPENSES	1,318.
ACCOUNTING FEES	943.
TOTAL TO SCHEDULE A, PART II, LINE 14	49,936.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				17,574.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	17,574.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-61,804.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-61,804.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18 0.

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

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				17,574.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	17,574.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-61,804.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-61,804.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18 0.

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 (sales price), (e) Cost or other basis, (f) Adjustment code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI with values <770.>, <423.>, and <60,611.>.

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) > <61,804.>

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.

OMB No. 1545-0184

2020

Attachment
 Sequence No. **27**

Go to www.irs.gov/Form4797 for instructions and the latest information.

NELLIE MAE EDUCATION FOUNDATION, INC.

Identifying number
04-2755323

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 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)
	SEE STATEMENT 4						-361,717.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	-361,717.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. 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.

8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
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	9	

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	11	(361,717.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-361,717.

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	18a	
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), Part I, line 4	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
26 If section 1250 property: 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				
27 If section 1252 property: 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				
28 If section 1254 property:					
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				
29 If section 1255 property:					
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	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						-150,085.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						-212,443.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						48.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						687.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						5.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						71.
TOTAL TO 4797, PART I, LINE 2						-361,717.

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 for instructions and the latest information.

NELLIE MAE EDUCATION FOUNDATION, INC.

Identifying number
04-2755323

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 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)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 -361,717.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. 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.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
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						9

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						11 (361,717.)
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 -361,717.
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						18a
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), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: 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			
27 If section 1252 property: 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			
28 If section 1254 property:					
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			
29 If section 1255 property:					
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	