

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)

2021

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 **2021** 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	
	1250 HANCOCK STREET	701N	G Gross receipts \$ 416,148,365.
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: GISLAINE NGOUNOU 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

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 2021 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	840,176.
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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,000.	100,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,662,878.	94,484,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		28,672,878.	94,584,276.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,635,615.	14,455,349.
	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)	4,875,301.	5,311,401.
	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)	3,649,532.	3,522,651.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,160,448.	23,289,401.
19 Revenue less expenses. Subtract line 18 from line 12	-14,487,570.	71,294,875.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	533,194,184.	585,493,964.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,120,626.	17,222,833.
	510,073,558.	568,271,131.	

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	Preparer's signature	Date	Check if self-employed	PTIN
	CRAIG KLEIN	CRAIG KLEIN	11/11/22	<input type="checkbox"/>	P00734664
Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶ 26-3753134		
Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116			Phone no. 617-761-0600		

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 \$ 18,434,870. including grants of \$ 14,455,349.) (Revenue \$) THE NELLIE MAE EDUCATION FOUNDATION ("FOUNDATION") STRATEGY IS INCLUSIVE OF GRANTMAKING, BUILDING THE CAPACITY AND SUSTAINABILITY OF ORGANIZATIONS AND SCHOOLS THAT WORK TO PROMOTE RACIAL EQUITY IN PUBLIC EDUCATION, PARTNERSHIPS AND ADVOCACY EFFORTS, AS WELL AS OTHER SUPPORTING ACTIVITIES. OUR GRANTMAKING ENCOMPASSES FOUR CORE FUNDS STRUCTURED TO REINFORCE ONE ANOTHER IN ADVANCING OUR MISSION AND COMBATTING ANTI-BLACK STRUCTURAL RACISM. ADDITIONALLY, AS PART OF OUR CORE GRANT FUNDS, THE FOUNDATION PROVIDES A ROBUST LEARNING COMMUNITY AND CAPACITY BUILDING SUPPORTS.

SEE SCHEDULE O FOR CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS.

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 18,434,870.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	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>	4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b 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>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 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 the 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 line 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 on 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 on 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 17 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.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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
b	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:		
a	The governing body?	X	
b	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
b	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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NICHOLAS C. DONOHUE PRESIDENT & CEO (UNTIL 05/31/21)	40.00			X				593,002.	0.	40,075.
(2) GISLAINE NGOUNOU INTERIM PRESIDENT & CEO	40.00			X				371,824.	0.	55,030.
(3) MICHAEL CAREY VP FOR FINANCE & ADMIN, TREASURER	40.00			X				298,037.	0.	64,277.
(4) JESSICA SPOHN DIRECTOR OF GRANTMAKING	40.00					X		198,048.	0.	49,129.
(5) DELIA ARELLANO-WEDDLETON DIR. OF ENGAGEMENT & PARTNERSHIPS	40.00					X		180,636.	0.	46,739.
(6) MARCOS POPOVICH PROGRAM DIRECTOR, GRANTMAKING	40.00					X		141,885.	0.	46,870.
(7) NINA CULBERSTON PROGRAM DIR, LEARNING/RESEARCH/EVAL	40.00					X		141,850.	0.	46,870.
(8) PAUL MARSH IT MANAGER	40.00					X		151,364.	0.	31,592.
(9) PAMELA WHITE CLERK	40.00			X				110,131.	0.	24,831.
(10) GREGORY GUNN DIRECTOR	4.00	X						39,000.	0.	0.
(11) COLLEEN QUINT DIRECTOR	3.00	X						26,000.	0.	0.
(12) DEBORAH JEWELL-SHERMAN DIRECTOR	2.00	X						24,000.	0.	0.
(13) ELSA NUNEZ DIRECTOR	3.00	X						24,000.	0.	0.
(14) JOHN REMONDI DIRECTOR	3.00	X						24,000.	0.	0.
(15) WARREN SIMMONS DIRECTOR	3.00	X						24,000.	0.	0.
(16) NICHOLAS WARREN DIRECTOR	3.00	X						24,000.	0.	0.
(17) ALLEN BOSTON DIRECTOR	2.00	X						20,000.	0.	0.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BETTY FRANSISCO DIRECTOR	2.00	X						20,000.	0.	0.
(19) ELIZABETH HILPMAN DIRECTOR	2.00	X						20,000.	0.	0.
(20) JOHN JACKSON DIRECTOR	2.00	X						20,000.	0.	0.
(21) STEPHEN KOSSAKOSKI DIRECTOR	2.00	X						20,000.	0.	0.
(22) CHRISTINA JIMENEZ MORET DIRECTOR	3.00	X						20,000.	0.	0.
(23) DANIA VAZQUEZ DIRECTOR	2.00	X						20,000.	0.	0.
(24) PRABAL CHAKRABARTI DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								2,511,777.	0.	405,413.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,511,777.	0.	405,413.

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 **14**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT CONSULTANT	216,698.
FRONTLINE SOLUTIONS 1032 15TH STREET, WASHINGTON, DC 20005	EVALUATION CONSULTANT	173,725.
A/B PARTNERS PBC PO BOX 341, MAPLEWOOD, NJ 07040	COMMUNICATIONS CONSULTANT	165,250.

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 **3**

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	100,000.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		100,000.			
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)		3,811,583.	840,176.	2971407.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	412,236,782.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		321,564,089.			
	7 c	Gain or (loss)		90,672,693.			
	d	Net gain or (loss)		90,672,693.		90672693.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
b	Less: direct expenses	8 b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
b	Less: direct expenses	9 b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
b	Less: cost of goods sold	10 b					
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			94,584,276.	0.	840,176.	93644100.

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 ...	14,455,349.	14,455,349.		
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	1,866,023.	483,894.	1,382,129.	
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	2,585,014.	1,611,266.	973,748.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	269,260.	219,737.	49,523.	
9 Other employee benefits	369,079.	254,230.	114,849.	
10 Payroll taxes	222,025.	122,429.	99,596.	
11 Fees for services (nonemployees):				
a Management				
b Legal	63,992.		63,992.	
c Accounting	81,705.		81,705.	
d Lobbying	66,000.		66,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,409,568.		1,409,568.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,037,245.	798,476.	238,769.	
12 Advertising and promotion				
13 Office expenses	92,451.	47,631.	44,820.	
14 Information technology	109,087.	56,213.	52,874.	
15 Royalties				
16 Occupancy	278,017.	143,262.	134,755.	
17 Travel	22,255.	14,359.	7,896.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	300.	163.	137.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	213,686.	110,113.	103,573.	
23 Insurance	52,513.	27,060.	25,453.	
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	80,915.	80,915.		
b PROF. DVL/PMT/MEMBERSHIP	14,917.	9,773.	5,144.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	23,289,401.	18,434,870.	4,854,531.	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 <input type="checkbox"/> 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	1,455,467.	1	227,497.
	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	277,283.	7	424,011.
	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 2,561,114.		
	b Less: accumulated depreciation	10b 1,919,129.		
		777,415.	10c	641,985.
	11 Investments - publicly traded securities	97,058,640.	11	194,142,360.
	12 Investments - other securities. See Part IV, line 11	433,625,379.	12	390,058,111.
	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)	533,194,184.	16	585,493,964.	
Liabilities	17 Accounts payable and accrued expenses	1,185,329.	17	1,795,569.
	18 Grants payable	21,935,297.	18	15,427,264.
	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	23,120,626.	26	17,222,833.
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	510,073,558.	27	568,271,131.
	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	510,073,558.	32	568,271,131.
	33 Total liabilities and net assets/fund balances	533,194,184.	33	585,493,964.

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	94,584,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,289,401.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,294,875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	510,073,558.
5	Net unrealized gains (losses) on investments	5	-13,097,302.
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	568,271,131.

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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		

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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 370

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	14,455,349.	0.
Total					14,455,349.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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:

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.

PART IV, SECTION A, LINE 2:

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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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
1	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <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	
(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	
(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	
(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	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

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 2021 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

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 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) 2021

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.	415,864.	313,286.
d Equipment		1,050,488.	837,250.	213,238.
e Other		781,476.	666,015.	115,461.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				641,985.

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	87,412,255.	END-OF-YEAR MARKET VALUE
(B) FOREIGN EQUITY	49,234,726.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT FUND -		
(D) DISTRESSED CREDIT	49,697,805.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT FUND - FIXED		
(F) INCOME	10,800,186.	END-OF-YEAR MARKET VALUE
(G) INVESTMENT FUND -		
(H) LONG/SHORT EQUITY	14,203,048.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	390,058,111.	

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	80,077,406.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-13,097,302.	
	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	-13,097,302.	
3	Subtract line 2e from line 1		3	93,174,708.
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	1,409,568.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	1,409,568.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	94,584,276.

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	21,879,833.
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	21,879,833.
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	1,409,568.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	1,409,568.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,289,401.

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

2021

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		47,041,719.
3 a Subtotal	0	0			47,041,719.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			47,041,719.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER WAY FOUNDATION (CT BLACK AND BROWN STUDENT UNION) - P.O. BOX 942 - HARTFORD, CT 06143	06-1576383	501(C)(3)	100,000.	0.			COMMUNITY FIRST COALITION, CARE NOT COPS CAMPAIGN
A BETTER WAY FOUNDATION (HEARING YOUTH VOICES) - P.O. BOX 615 - NEW LONDON, CT 06320	06-1576383	501(C)(3)	50,000.	0.			HEARING YOUTH VOICES; REQUESTING GENERAL OPERATING SUPPORT
A BETTER WAY FOUNDATION (HEARING YOUTH VOICES) - P.O. BOX 615 - NEW LONDON, CT 06320	06-1576383	501(C)(3)	15,000.	0.			CAPACITY BUILDING: HEARING YOUTH VOICES
A BETTER WAY FOUNDATION (STEP UP NEW LONDON) - P.O. BOX 1672 - NEW LONDON, CT 06320	06-1576383	501(C)(3)	15,000.	0.			CAPACITY BUILDING/WELLNESS: STEP UP NEW LONDON
A LEADERSHIP JOURNEY P.O. BOX 29163 PROVIDENCE, RI 02909	82-4304890	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
ABOLITIONIST TEACHING NETWORK 4203 HOMER AVE CINCINNATI, OH 45227	85-2052580	501(C)(3)	7,500.	0.			SUMMER 2021 ABOLITIONIST TEACHING NETWORK VIRTUAL CONFERENCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 370.**

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

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVE HARTFORD! (RACCE) 14 STANROD AVE WATERBURY, CT 06704	45-0499390	501(C)(3)	35,000.	0.			CURATING COMMUNITY VOICE TO ADVOCATE FOR COVID RELIEF FUNDS TO ADVANCE EQUITY AND RACIAL JUSTICE
AFRICAN CARIBBEAN AMERICAN PARENTS OF CHILDREN WITH DISABILITIES, INC. - 49 WOODLAND STREET - HARTFORD, CT 06105	06-1614989	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, SUITE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	48,150.	0.			CAPACITY BUILDING: EVALUATION
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	20,000.	0.			CROSS RACIAL HEALING AND GROUNDING IN SHARED HISTORIES
ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION - 1 EMPIRE STREET ROOM 219 - PROVIDENCE, RI 02903	81-4458558	501(C)(3)	15,000.	0.			CAPACITY BUILDING FUNDS
ALLIED MEDIA PROJECTS (DECOLONIZING WEALTH PROJECT) - 4126 THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	17,000.	0.			HEALING PROGRAMS
ARTS IN REACH--ENCOURAGING GROWTH THROUGH THE ARTS - P.O. BOX 236 - PORTSMOUTH, NH 03802	02-0507428	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
ASIAN AMERICAN RESOURCE WORKSHOP 42 CHARLES STREET, SUITE D DORCHESTER, MA 02122	04-2707980	501(C)(3)	20,000.	0.			BUILDING MULTIRACIAL YOUTH POWER IN DORCHESTER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATES COLLEGE 2 ANDREWS ROAD LEWISTON, ME 04240	01-0211781	501(C)(3)	7,500.	0.			ENGAGING FAMILIES AND GUARDIANS IN RESTORATIVE PRACTICE IMPLEMENTATION AT LEWISTON MIDDLE SCHOOL
BELOVED COMMUNITY 3157 GENTILLY BLVD. #176 NEW ORLEANS, LA 70122	81-3388287	501(C)(3)	535,020.	0.			POC-LED GRANT FUND TA PROVIDER
BEND THE ARC 330 SEVENTH AVENUE NEW YORK, NY 10001	52-1332694	501(C)(3)	100,000.	0.			FCYO 2021-22
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC. - 800 NORTH MAIN STREET - SHEFFIELD, MA 01257	06-1254469	501(C)(3)	10,000.	0.			EDUCATIONAL ATTAINMENT FUND
BETA TAU ALUMNI ASSOCIATION 7064 E. TAMARON BLVD NEW ORLEANS, LA 70128	85-3184635	501(C)(3)	7,500.	0.			BETA TAU CHAPTER GRANT
BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E. FRANKLIN STREET - TRENTON, NJ 08610	06-1653897	501(C)(3)	10,000.	0.			MENTOR PROGRAM
BIG PICTURE LEARNING 325 PUBLIC STREET PROVIDENCE, RI 02905	05-0485883	501(C)(3)	200,000.	0.			EQUITY FELLOWSHIP
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	50,000.	0.			OPERATING SUPPORT
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	50,000.	0.			CAPACITY BUILDING: EVALUATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE HILLS CIVIC ASSOCIATION 410 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0876558	501(C)(3)	10,000.	0.			BLUE HILLS CIVIC ASSOCIATION: CAPACITY BUILDING
BMV CAPACITY BUILDING INSTITUTE 4751 BEST RD, STE 200 ATLANTA, GA 30337	82-3835203	501(C)(3)	50,000.	0.			OPERATING SUPPORT
BOSTON AFTER SCHOOL AND BEYOND (GREATEST MINDS) - 89 SOUTH STREET SUITE 601 - BOSTON, MA 02111	20-1308560	501(C)(3)	7,500.	0.			SYMPOSIUM ON RACIAL EQUITY & EXCELLENCE & BLACK JOY - THE NEXT STEP FOR PUBLIC EDUCATION FOR
BOSTON CHILDREN'S' CHORUS 20 OLD COLONY AVENUE/FLOOR 2 BOSTON, MA 02127	65-1188279	501(C)(3)	7,500.	0.			19TH ANNUAL DR. MARTIN LUTHER KING JR. TRIBUTE CONCERT: CAN YOU SEE THE STARS?
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - P.O. BOX 190886 - ROXBURY, MA 02119	22-2514422	501(C)(3)	25,000.	0.			THE HUB IS US PROGRAM
BOSTON GIRLS EMPOWERMENT NETWORK 2010 COLUMBUS AVE - LEVEL B BOSTON, MA 02119	83-4240431	501(C)(3)	25,000.	0.			HAITIAN GIRLS INITIATIVE - EMERGENCY SUPPORT FOR NEWLY ARRIVED AFRO-CARIBBEAN IMMIGRANT
BOSTON GIRLS EMPOWERMENT NETWORK 2010 COLUMBUS AVE - LEVEL B BOSTON, MA 02119	83-4240431	501(C)(3)	20,000.	0.			BIPOC GIRLS SOLIDARITY CIRCLE
BOSTON GIRLS EMPOWERMENT NETWORK 2010 COLUMBUS AVE - LEVEL B BOSTON, MA 02119	83-4240431	501(C)(3)	7,500.	0.			UNDERSTANDING STRUCTURAL RACISM
BOSTON SCHOOLS FUND (MS. P TAUGHT ME: UPRISINGS) - 126 AUSTIN ST. - HYDE PARK, MA 02136	47-3093274	501(C)(3)	19,625.	0.			UPRISINGS-ENRICHMENT/TUTORING

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BOTTOM LINE, INC. 500 AMORY STREET, SUITE 3 JAMAICA PLAIN, MA 02130	04-3351427	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
BOYS & GIRLS CLUB OF GREATER LOWELL, INC. - 657 MIDDLESEX ST. - LOWELL, MA 01851	04-2104396	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
BOYS & GIRLS CLUBS OF KENNEBEC VALLEY - 14 PRAY STREET - GARDINER, ME 04345-1929	60-0001275	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
BOYS AND GIRLS CLUB OF MERIDEN 15 LINCOLN STREET MERIDEN, CT 06451	06-1013015	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
BOYS AND GIRLS CLUB OF SOUTHERN MAINE - 277 CUMBERLAND AVENUE - PORTLAND, ME 04112	01-0211543	501(C)(3)	24,745.	0.			WELCOMING NEWCOMERS
BRIDGEPORT GENERATION NOW 1119 MAIN STREET BRIDGEPORT, CT 06604	81-4240436	501(C)(3)	35,000.	0.			BRIDGEPORT GENERATION NOW
BROCKTON INTERFAITH COMMUNITY 1350 PLEASANT STREET BROCKTON, MA 02301	22-3135464	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
BROCKTON INTERFAITH COMMUNITY 1350 PLEASANT STREET BROCKTON, MA 02301	22-3135464	501(C)(3)	35,000.	0.			BIC/RCAM PROJECT
BUILDING AUDACITY 75 ALLEN AVE LYNN, MA 01902	83-4650961	501(C)(3)	7,500.	0.			SAY THEIR NAME

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BUILDING AUDACITY (CAMBRIDGE FAMILIES OF COLOR COALITION) - 36 COOLIDGE HILL ROAD - CAMBRIDGE, MA 02138	83-4650961	501(C)(3)	50,000.	0.			CAMBRIDGE YOUTH AND CAREGIVERS CONNECTS
CAMBRIDGE PUBLIC SCHOOLS 135 BERKSHIRE STREET CAMBRIDGE, MA 02141	04-6001383	PUBLIC SCHOOL	7,500.	0.			YOUTH EQUITY LEADERSHIP SUMMIT
CARIBBEAN YOUTH CLUB 2010 COLUMBUS AVE - LEVEL B BOSTON, MA 02119	45-5316646	501(C)(3)	25,000.	0.			HAITIAN YOUTH INITIATIVE - INTEGRATED SOCIAL DEVELOPMENT AND COVID 19 SAFETY PROJECT FOR NEW
CARY INSTITUTE OF ECOSYSTEM STUDIES - BOX AB - MILLBROOK, NY 12545	22-3232968	501(C)(3)	10,000.	0.			MH-YES, MID HUDSON YOUNG ENVIROMENTAL STUDIES
CATHOLIC SCHOOLS FOUNDATION 67 BATTERYMARCH ST, 6TH FLOOR BOSTON, MA 02110	22-2485502	501(C)(3)	9,000.	0.			INNER CITY SCHOLARSHIP FUND
CENTER FOR COLLABORATIVE EDUCATION (FRIENDS OF BOSTON INTERNATIONAL) - 100 MAXWELL ST - DORCHESTER, MA 02124	04-3241676	501(C)(3)	25,000.	0.			BRINGING FAMILIES TO BINCA
CENTER FOR WHOLE COMMUNITIES P.O. BOX 5483 BURLINGTON, VT 05402-5483	51-0462232	501(C)(3)	12,000.	0.			CENTERING INDIGENOUS COMMUNITIES IN SHARED SYSTEMS
CENTRAL FALLS SCHOOL DISTRICT 949 DEXTER STREET CENTRAL FALLS, RI 02863	05-0459947	501(C)(3)	427,435.	0.			COMMUNITY-SCHOOL PARTNERSHIP (CENTRAL FALLS)
CHICA INC. 98 NORTH WASHINGTON ST, STE B5 BOSTON, MA 02114	45-3866647	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH

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CHILDREN'S DEFENSE FUND 840 FIRST STREET, NE, SUITE 300 WASHINGTON, DC 20002	52-0895622	501(C)(3)	10,000.	0.			CDF FREEDOM SCHOOLS
CHINATOWN PEOPLE PROGRESSIVE ASSOCIATION - 28 ASH ST - BOSTON, MA 02111	04-2631569	501(C)(3)	50,000.	0.			ASIAN PACIFIC ISLANDERS CIVIC ACTION NETWORK (APISCAN)
CHINESE PROGRESSIVE ASSOCIATION 28 ASH STREET BOSTON, MA 02111	04-2631569	501(C)(3)	20,000.	0.			CYIXYUP
CHOICES4TEENS MENTORING GROUP 175 MORaine STREET BROCKTON, MA 02301	81-4545439	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
CITIZEN SCHOOLS 1 BEACON STREET BOSTON, MA 02210	04-3259160	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
CITYWIDE YOUTH COALITION, INC. 928 CHAPEL STREET SUITE 201/202 NEW HAVEN, CT 06510	06-1386638	501(C)(3)	50,000.	0.			ANTI-RACISM YOUTH ORGANIZING AND POWER BUILDING
CITYWIDE YOUTH COALITION, INC. 928 CHAPEL STREET SUITE 201/202 NEW HAVEN, CT 06510	06-1386638	501(C)(3)	15,000.	0.			CAPACITY BUILDING: CITYWIDE YOUTH COALITION
CLEMMONS FAMILY FARM, INC. 2213 GREENBUSH ROAD CHARLOTTE, VT 05445	84-2314023	501(C)(3)	7,500.	0.			STAKEHOLDER DEBRIEF AND NEXT STEPS MEETING SERIES: PILOT OF "WINDOWS TO A MULTICULTURAL WORLD"
COALITION OF SCHOOLS EDUCATING BOYS OF COLOR - 255 MAIN STREET, 8TH FLOOR - CAMBRIDGE, MA 02142	26-2729057	501(C)(3)	100,000.	0.			OPERATING SUPPORT

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COLORADO NONPROFIT DEVELOPMENT CENTER - 789 N SHERMAN ST, STE 250 - DENVER, CO 80203-3539	84-1493585	501(C)(3)	70,000.	0.			CHANGE MATRIX - EXPANDING THE BENCH V2
COMMUNITY MEDIATION (STUDENTS FOR EDUCATIONAL JUSTICE-SEJ) - SEJ C/O DAVID CARTER 195 LIVINGSTON STREET	81-4845924	501(C)(3)	327,832.	0.			NEW HAVEN PUBLIC SCHOOLS, THE ANTI-RACIST TEACHING & LEARNING COLLECTIVE, AND STUDENTS FOR
COMMUNITY MEDIATION (STUDENTS FOR EDUCATIONAL JUSTICE-SEJ) - SEJ C/O DAVID CARTER 195 LIVINGSTON STREET	81-4845924	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY MEDIATION (STUDENTS FOR EDUCATIONAL JUSTICE-SEJ) - SEJ C/O DAVID CARTER 195 LIVINGSTON STREET	81-4845924	501(C)(3)	15,000.	0.			CAPACITY BUILDING/WELLNESS: STUDENTS FOR EDUCATIONAL JUSTICE
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE. 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	75,000.	0.			SOW-CT
CONNECTICUT PUBLIC, INC. 1049 ASYLUM AVE. HARTFORD, CT 06105	06-0758938	501(C)(3)	25,000.	0.			PROMOTION AND DISSEMINATION - DOCUMENTARY ON SCHEFF V. O'NEILL
CONNECTICUT PUBLIC, INC. 1049 ASYLUM AVE. HARTFORD, CT 06105	06-0758938	501(C)(3)	25,000.	0.			NEW ENGLAND NEWS COLLABORATIVE
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	100,000.	0.			ADVANCING RACE EQUITY IN EDUCATION THROUGH POLICY CHANGE
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	04-2263040	501(C)(3)	12,500.	0.			PEDIATRIC BRAIN TUMOR RESEARCH AND PATIENT CARE FOR DIFFUSE INTRINSIC PONTINE GLIOMA (DIPG)

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DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	04-2263040	501(C)(3)	7,500.	0.			SCHOOL AND ARTS PROGRAMS AT DANA-FARBER'S JIMMY FUND CLINIC
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	04-2263040	501(C)(3)	6,000.	0.			DR. MARIELLA FILBIN'S RESEARCH FUND FOR DIFFUSE INTRINSIC PONTINE GLIOMA (DIPG)
DANBURY PUBLIC SCHOOLS (WESTSIDE MIDDLE SCHOOL ACADEMY) - 1 SCHOOL RIDGE ROAD - DANBURY, CT 06811	06-6001980	PUBLIC SCHOOL	25,000.	0.			THE MENTOR LADDER
DIVERSITY TALKS, LLC 22 PARSONAGE ST #290 PROVIDENCE, RI 02903	82-3543360	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
DREAMYARD 1085 WASHINGTON AVE.-GROUND FLOOR. BRONX, NY 10456	13-3759661	501(C)(3)	10,000.	0.			DREAMYARD PROJECT
EASTERN CONNECTICUT STATE UNIVERSITY FOUNDATION - 83 WINDHAM STREET P.O. BOX 431 - WILLIMANTIC, CT	23-7111053	501(C)(3)	40,000.	0.			SCHOLARSHIPS
EDITORIAL PROJECTS IN EDUCATION, INC. - 6935 ARLINGTON ROAD, STE. 100 - BETHESDA, MD 20814	53-0246895	501(C)(3)	25,000.	0.			RACE AND OPPORTUNITY PROJECT REPORTING
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	20-3559947	501(C)(3)	15,000.	0.			INDICATORS REPORT
EDUCATION LEADERS OF COLOR, INC. 3680 WILSHIRE BLVD, SUITE P04-1052 LOS ANGELES., CA 90010	81-2253548	501(C)(3)	20,000.	0.			EDLOC 2021

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EDUCATION LEADERS OF COLOR, INC. 3680 WILSHIRE BLVD, SUITE P04-1052 LOS ANGELES., CA 90010	81-2253548	501(C)(3)	9,000.	0.			EDLOC 2021 MATCH
EDUCATION WRITERS ASSOCIATION 1825 K STREET, NW, SUITE 200 WASHINGTON, DC 20006	23-7439790	501(C)(3)	7,500.	0.			74TH EWA NATIONAL SEMINAR
EDUCATORS FOR ANTI-RACISM PO BOX 300869 JAMAICA PLAIN, MA 02130	85-4060065	501(C)(3)	7,500.	0.			EDUCATORS FOR ANTIRACISM CONFERENCE
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST., SUITE #120 LAWRENCE, MA 01840	27-3519031	501(C)(3)	50,000.	0.			ELEVATED THOUGHT OPERATING SUPPORT
ELEVATED THOUGHT FOUNDATION INC. 15 UNION ST., SUITE #120 LAWRENCE, MA 01840	27-3519031	501(C)(3)	15,000.	0.			CAPACITY BUILDING REQUEST
EMPOWER YOURSELF, LTD 47 ROCK MEADOW DRIVE BROCKTON, MA 02301	27-4762141	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY STREET, 4TH FLOOR BOSTON, MA 02111	46-3202177	501(C)(3)	10,000.	0.			RAISING OUR VOICES 2021
ENROOT 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-2103961	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
EVERETT PUBLIC SCHOOLS 121 VINE STREET EVERETT, MA 02149	04-6001386	PUBLIC SCHOOL	25,000.	0.			I LEARN AMERICA

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FAITHACTS FOR EDUCATION 857 POST ROAD, SUITE 310 FAIRFIELD, CT 06824	47-2150020	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
FAITHACTS FOR EDUCATION 857 POST ROAD, SUITE 310 FAIRFIELD, CT 06824	47-2150020	501(C)(3)	50,000.	0.			EDUCATION JUSTICE NOW COALITION
FOR KIDS ONLY AFTERSCHOOL INCORPORATED - 194 ESSEX STREET - SALEM, MA 02152	04-3037204	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
FOUNDATION FOR HEALTHY COMMUNITIES (ENDOWMENT FOR HEALTH) - 353 CUMBERLAND AVE - PORTLAND, ME 04101	02-0275078	501(C)(3)	100,000.	0.			RACE & EQUITY IN NH SERIES
FOUNDATION FOR PORTLAND PUBLIC SCHOOLS (PORTLAND EMPOWERED) - 353 CUMBERLAND AVE - PORTLAND, ME 04101	22-3179738	501(C)(3)	115,130.	0.			PORTLAND EMPOWERED - YOUTH ENGAGEMENT PARTNERS
FOUNDATION FOR PORTLAND PUBLIC SCHOOLS (PORTLAND EMPOWERED) - 353 CUMBERLAND AVE - PORTLAND, ME 04101	22-3179738	501(C)(3)	35,000.	0.			ARP PROPOSAL
FOUNDATION FOR PORTLAND PUBLIC SCHOOLS (PORTLAND EMPOWERED) - 353 CUMBERLAND AVE - PORTLAND, ME 04101	22-3179738	501(C)(3)	15,000.	0.			PORTLAND EMPOWERED: CAPACITY BUILDING
FRIENDS AND MENTORS INC. 39 ORCHARD AVENUE BROCKTON, MA 02301	82-2395095	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
GATEWAY COMMUNITY SERVICES MAINE 501 FOREST AVE PORTLAND, ME 04101	81-3604505	501(C)(3)	25,000.	0.			GATEWAY TO MAINE: WELCOMING OUR AFGHAN NEIGHBORS

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GATEWAY COMMUNITY SERVICES MAINE 501 FOREST AVE PORTLAND, ME 04101	81-3604505	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
GEDAKINA P.O. BOX 9061 ESSEX, VT 05452	33-1075692	501(C)(3)	15,000.	0.			GEDAKINA: CAPACITY BUILDING
GIRLS' LEAP P.O. BOX 220663 DORCHESTER, MA 02122	04-3454124	501(C)(3)	14,000.	0.			GIRLS' LEAP
GLOBAL SCIENCE ENVIROTECH, INC. 955C 80 DYER AVE CRANSTON, RI 02920	46-3784641	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	50,000.	0.			AMPLIFYING YOUTH VOICE
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	15,000.	0.			CAPACITY BUILDING
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O. BOX 2178 - PETALUMA, CA 94953	20-2559651	501(C)(3)	25,000.	0.			OPERATING SUPPORT
GROUNDWORK BRIDGEPORT, INC. 1001 MAIN STREET, SUITE 20 BRIDGEPORT, CT 06604	06-1556949	501(C)(3)	15,000.	0.			WELCOME SPACE
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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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.			SUPPORT FINANCIAL AID FOR DOCTORAL AND MASTERS STUDENTS
HEALTH RESOURCES IN ACTION 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	04-2229839	501(C)(3)	50,000.	0.			SUPPORTING LEAH PROJECT: YOUTH IN STEM
HILDEBRAND FAMILY SELF-HELP CENTER, INC. - 614 MASSACHUSETTS AVENUE, THIRD FLOOR - CAMBRIDGE, MA 02139	04-3014834	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
HOLYOKE PUBLIC SCHOOLS (PALANTE RESTORATIVE JUSTICE PROGRAM) - THE PALANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	PUBLIC SCHOOL	50,000.	0.			PA'LANTE RESTORATIVE JUSTICE
HOLYOKE PUBLIC SCHOOLS (PALANTE RESTORATIVE JUSTICE PROGRAM) - THE PALANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	PUBLIC SCHOOL	31,900.	0.			CAPACITY BUILDING:: EVALUATION
HOLYOKE PUBLIC SCHOOLS (PALANTE RESTORATIVE JUSTICE PROGRAM) - THE PALANTE RESTORATIVE JUSTICE PROGRAM, HOLYOKE HIGH SCHOOL, 500	04-6001393	PUBLIC SCHOOL	15,000.	0.			CAPACITY BUILDING
HORIZON'S YOUTH ENRICHMENT PROGRAM INC - 31 SCHOOL STREET - WINDSOR LOCKS, CT 06096	77-0632067	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
INNOVATORS FOR PURPOSE 91 1ST STREET #425475 CAMBRIDGE, MA 02142	30-0841640	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
INSTITUTE FOR PAN AFRICAN CULTURAL EDUCATION INC. - 2836 WASHINGTON STREET - ROXBURY, MA 02119	27-3912404	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH

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INTERNATIONAL WOMEN'S WRITING GUILD - 22 PARSONAGE ST SUITE 293 - PROVIDENCE, RI 02903	13-2964947	501(C)(3)	25,000.	0.			LISTENING TO NEWCOMERS - THEIR VISION, THEIR VOICE
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND, INC. - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972	501(C)(3)	7,500.	0.			JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND BUSINESS HALL OF FAME
KRIOLAS PROFESSIONAL ASSOCIATION 36 DUNN TERR RANDOLPH, MA 02368	83-3712248	501(C)(3)	10,000.	0.			CABO VERDEAN GIRLS CAN THRIVE IN EDUCATION
LA COLABORATIVA 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	600,000.	0.			CHELSEA VIRTUAL LEARNING ACADEMY (CVLA)
LA COLABORATIVA 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	50,000.	0.			CAPACITY BUILDING: EVALUATION
LA COLABORATIVA 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	10,000.	0.			CAPACITY BUILDING
LATINOS FOR EDUCATION PO BOX 27 BELMONT, MA 02478	81-2883649	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
LAWRENCE BOYS & GIRLS CLUB 136 WATER STREET LAWRENCE, MA 01841	04-2104377	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, INC - 31 JEFFERSON STREET - NEW HAVEN, CT 06511	22-2906547	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT

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LEARNLAUNCH 1 LINCOLN STREET, SUITE 26-114 BOSTON, MA 02111	46-1270864	501(C)(3)	7,500.	0.			BUILDING BLOCKS OF EQUITABLE LEARNING VIRTUAL WORKSHOPS
LOVE YOUR MENSES, INC. 591 WALK HILL STREET BOSTON, MA 02126	85-1043305	501(C)(3)	15,000.	0.			UNDERSTANDING AND EMBRACING MY FLOW: A MENSTRUAL WELLNESS EMPOWERMENT AND
MAINE COMMUNITY FOUNDATION 245 MAIN ST ELLSWORTH, ME 04605	01-0391479	501(C)(3)	50,000.	0.			BLACK, INDIGENOUS, AND PEOPLE OF COLOR FUND (BIPOC FUND)
MAINE CURRICULUM LEADERS ASSOCIATION - P.O. BOX 804 - DAMARISCOTTA, ME 04553	77-0687538	501(C)(3)	7,500.	0.			DEI AUDITS: EXAMINING A CURRENT REALITY OF SCHOOL CLIMATE AND CIVIC EDUCATION
MAINE IMMIGRANT AND REFUGEE SERVICES - 256 BARTLETT STREET - LEWISTON, ME 04240	26-3099485	501(C)(3)	25,000.	0.			REFUGEE YOUTH PEER SUPPORT SAFE SPACE
MAINE PHILANTHROPY CENTER USM GLICKMAN FAMILY LIBRARY, ROOM 321 P.O. BOX 9301 - PORTLAND, ME 04104	01-0503126	501(C)(3)	7,500.	0.			2021 PHILANTHROPY PARTNERS CONFERENCE
MAKE THE ROAD STATES (MAKE THE ROAD CT) - 360 FARMINGTON AVE. - HARTFORD, CT 06105	84-3988830	501(C)(3)	50,000.	0.			CAPACITY BUILDING:: EVALUATION
MAKE THE ROAD STATES (MAKE THE ROAD CT) - 360 FARMINGTON AVE. - HARTFORD, CT 06105	84-3988830	501(C)(3)	10,000.	0.			CAPACITY BUILDING
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT

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MASSACHUSETTS BUDGET & POLICY CENTER - ONE STATE STREET, SUITE 1250 - BOSTON, MA 02109	04-2967537	501(C)(3)	100,000.	0.			ADVANCING RACE EQUITY IN EDUCATION THROUGH POLICY CHANGE
MASSACHUSETTS COMMUNITIES ACTION NETWORK - 14 CUSHING AVE - DORCHESTER, MA 02125	04-2863903	501(C)(3)	75,000.	0.			COLLECTIVE POWER FOR EDUCATION EQUITY.
MASSACHUSETTS IMMIGRANT REFUGEE ADVOCACY INC - 105 CHAUNCY ST 109 - BOSTON, MA 02111	22-3115048	501(C)(3)	21,000.	0.			OUR SHARED TABLE
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	PUBLIC SCHOOL	23,895.	0.			WELCOMING NEW REFUGEE AND IMMIGRANT STUDENTS AND FAMILIES-MERIDEN PUBLIC SCHOOLS
MID FAIRFIELD CHILD GUIDANCE CENTER, INC. - 100 EAST AVENUE - NORWALK, CT 06851	06-0725052	501(C)(3)	20,000.	0.			COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOL: MULTILINGUAL LEARNERS NORWALK
MORGAN STATE UNIVERSITY FOUNDATION 1700 E COLD SPRING LN BALTIMORE, MD 21264-4261	23-7089143	501(C)(3)	15,000.	0.			GRAVES HONORS PROGRAM
MORGAN STATE UNIVERSITY FOUNDATION 1700 E COLD SPRING LN BALTIMORE, MD 21264-4261	23-7089143	501(C)(3)	6,000.	0.			GRAVES HONORS PROGRAM
NATIONAL CARES MENTORING MOVEMENT, INC. - 5 PENN PLAZA 23RD FLOOR - NEW YORK, NY 10001	32-0207585	501(C)(3)	50,000.	0.			NATIONAL CARES MENTORING MOVEMENT: SUPPORTING BOSTON, MA; STAMFORD, CT AND PROVIDENCE, RI
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY - 1900 L STREET NW SUITE 825 - WASHINGTON, DC 20036	52-1072749	501(C)(3)	50,000.	0.			OPERATING SUPPORT

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NATIONAL ECONOMIC AND SOCIAL RIGHTS INITIATIVE - 85 COLUMBIA STREET, APT 5B, - NEW YORK, NY 10002	73-1714118	501(C)(3)	75,000.	0.			DIGNITY IN SCHOOLS CAMPAIGN
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	150,000.	0.			PARTNERSHIP FOR THE FUTURE OF LEARNING
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	100,000.	0.			OPERATING GRANT
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET, NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	18,000.	0.			SHARED SYSTEMS INITIATIVE
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT STREET - CONCORD, NH 03301	02-6005625	501(C)(3)	50,000.	0.			ADVANCING EQUITY AND RACIAL JUSTICE IN NH
NEW HAMPSHIRE PUBLIC RADIO 2 PILLSBURY ST., 6TH FLOOR CONCORD, NH 03301	02-0338667	501(C)(3)	25,000.	0.			COVID AND THE CLASSROOM 2021-2022
NEW HAVEN PUBLIC SCHOOLS 54 MEADOW STREET NEW HAVEN, CT 06519	06-6001876	PUBLIC SCHOOL	272,168.	0.			NEW HAVEN PUBLIC SCHOOLS, THE ANTI-RACIST TEACHING & LEARNING COLLECTIVE, AND STUDENTS FOR
NEW VENTURE FUND (AAPI CIVIC ENGAGEMENT FUND) - 1201 CONNECTICUT AVE, NW SUITE 300 - WASHINGTON, DC 20036	20-5806345	501(C)(3)	25,000.	0.			OPERATING SUPPORT
NEW VENTURE FUND (ILLUMINATIVE) 1201 CONNECTICUT AVE, NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	35,000.	0.			OPERATING SUPPORT

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NORTH AMERICAN COUNCIL FOR ONLINE LEARNING - 1100 N. GLEBE RD. SUITE 1010 - ARLINGTON, VA 22201	20-0310109	501(C)(3)	100,000.	0.			EXAMINE THE IMPLEMENTATION OF EDUCATIONAL POLICIES
NORTH AMERICAN INDIAN CENTER OF BOSTON - 105 SOUTH HUNTINGTON AVENUE - JAMAICA PLAIN, MA 02130	04-3132204	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
OLNEYVILLE NEIGHBORHOOD ASSOCIATION (COALITION FOR A MULTILINGUAL RHODE ISLAND) - C/O RIFLA	83-0434706	501(C)(3)	50,000.	0.			COALITION FOR A MULTILINGUAL RHODE ISLAND
ORGANIZATION FOR REFUGEE AND IMMIGRANT SUCCESS - 434 LAKE AVENUE, 2ND FLOOR - MANCHESTER, NH 03103	76-0826598	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
OUTRIGHT VERMONT P.O. BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	50,000.	0.			STATEWIDE YOUTH ORGANIZING AT THE INTERSECTIONS: UPLIFTING LGBTQ+ AND POC YOUTH
OUTRIGHT VERMONT P.O. BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	50,000.	0.			OUTRIGHT VERMONT: EVALUATION SUPPORT
OUTRIGHT VERMONT P.O. BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	10,000.	0.			CAPACITY BUILDING
PARENTS LEADING FOR EDUCATIONAL EQUITY - 60 VALLEY STREET, SUITE 105 - PROVIDENCE, RI 02909	85-4350943	501(C)(3)	217,000.	0.			PARENT POWER OPERATING SUPPORT
PARENTS LEADING FOR EDUCATIONAL EQUITY - 60 VALLEY STREET, SUITE 105 - PROVIDENCE, RI 02909	85-4350943	501(C)(3)	119,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)

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PARENTS LEADING FOR EDUCATIONAL EQUITY - 60 VALLEY STREET, SUITE 105 - PROVIDENCE, RI 02909	85-4350943	501(C)(3)	39,000.	0.			CAPACITY BUILDING SUPPORT: EVALUATION
PARENTS LEADING FOR EDUCATIONAL EQUITY - 60 VALLEY STREET, SUITE 105 - PROVIDENCE, RI 02909	85-4350943	501(C)(3)	38,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (CENTRAL FALLS)
PARENTS LEADING FOR EDUCATIONAL EQUITY - 60 VALLEY STREET, SUITE 105 - PROVIDENCE, RI 02909	85-4350943	501(C)(3)	15,000.	0.			CAPACITY BUILDING FUNDS
PEACE DEVELOPMENT FUND (EDUCATION JUSTICE COALITION OF VERMONT) - P.O. BOX 1280 - AMHERST, MA, MA 01004-1280	04-2738794	501(C)(3)	75,000.	0.			EDUCATION JUSTICE COALITION OF VERMONT
PEACE DEVELOPMENT FUND (EDUCATION JUSTICE COALITION OF VERMONT) - P.O. BOX 1280 - AMHERST, MA, MA 01004-1280	04-2738794	501(C)(3)	35,000.	0.			BEYOND COVID RECOVERY
PEOPLES RIGHTS FUND (UNITED AMERICAN INDIANS OF NEW ENGLAND) - 147 WEST 24TH STREET - NEW YORK, NY 10011	13-3270831	501(C)(3)	25,000.	0.			OPERATING SUPPORT
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612-1201	94-3136771	501(C)(3)	25,000.	0.			BUILDING BELONGING FUND
POLAND REGIONAL HIGH SCHOOL 1457 MAINE STREET POLAND, ME 04274	26-4196919	PUBLIC SCHOOL	10,000.	0.			OPPORTUNITY FUND
POWERMYLEARNING, INC. 228 PARK AVENUE SOUTH, PMB 16373 NEW YORK, NY 10003	13-3935309	501(C)(3)	10,000.	0.			PML 2021

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PRISM 436 14TH STREET, SUITE 1500 OAKLAND, CA 94612	82-1772450	501(C)(3)	70,000.	0.			CORE SUPPORT FOR EDUCATION PROGRAMMING
PROGRESO LATINO 626 BROAD ST CENTRAL FALLS, RI 02863-2835	05-0380608	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
PROVIDENCE PUBLIC SCHOOLS 797 WESTMINSTER ST. PROVIDENCE, RI 02903		PUBLIC SCHOOL	226,000.	0.			ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS (PROVIDENCE)
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	50,000.	0.			AMPLIFYING YOUTH VOICE: GENERAL OPERATING SUPPORT FOR PROVIDENCE STUDENT UNION
PROVIDENCE STUDENT UNION 775 WESTMINSTER STREET PROVIDENCE, RI 02903	45-5052229	501(C)(3)	15,000.	0.			CAPACITY BUILDING REQUEST
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVE SUITE B13 BOX 13 PROVIDENCE, RI 02907	65-1224536	501(C)(3)	50,000.	0.			ORGANIZING CIRCLE (OC) PROGRAM
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVE SUITE B13 BOX 13 PROVIDENCE, RI 02907	65-1224536	501(C)(3)	50,000.	0.			CAPACITY BUILDING: EVALUATION
QUINCY ASIAN RESOURCES, INC. 1509 HANCOCK STREET, SUITE 209 QUINCY, MA 02169	01-0556446	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
RACIAL UNITY TEAM 5 KINLOCH DRIVE STRATHAM, NH 03885	82-3220338	501(C)(3)	7,500.	0.			ART & POETRY CHALLENGE 2022

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RAW ART WORKS 37 CENTRAL SQUARE LYNN, MA 01901	22-2854850	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501(C)(3)	100,000.	0.			ADVANCING RACE EQUITY IN EDUCATION THROUGH POLICY CHANGE
READING IS FUNDAMENTAL 750 FIRST ST, NE, SUITE 920 WASHINGTON, DC 20002	52-0976257	501(C)(3)	40,000.	0.			RIF RACE EQUITY AND INCLUSION INITIATIVE
REFUGEE DEVELOPMENT CENTER 747 BROAD STREET PROVIDENCE, RI 02907-1340	47-3515841	501(C)(3)	25,000.	0.			REFUGEE YOUTH ACCLIMATION INITIATIVE
RELAY GRADUATE SCHOOL OF EDUCATION RELAY GSE ATTN: FINANCE DEPARTMENT 25 BROADWAY, 3RD FLOOR - NEW YORK,	27-5316628	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	40,000.	0.			SUSTAINER LEARNING CIRCLES
RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	20,000.	0.			SUSTAINER LEARNING CIRCLE
RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	5,300.	0.			RESOURCE ORGANIZING PROJECT - GRASSROOTS FUNDRAISING SESSIONS
RESIST, INC. (MASSACHUSETTS EDUCATION JUSTICE ALLIANCE - EDUCATION FUND) - 375 CENTRE STREET - BOSTON, MA 02130	04-2433182	501(C)(3)	100,000.	0.			MASSACHUSETTS EDUCATION JUSTICE ALLIANCE EDUCATION FUND

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RESIST, INC. (STUDENT IMMIGRANT MOVEMENT) - 42 SEAVERNS AVE - JAMAICA PLAIN, MA 02130	04-2433182	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
RESOURCES FOR ORGANIZING AND SOCIAL CHANGE (CHOOSEYOURSELF) - P.O BOX 3411 - PORTLAND, ME 04104	01-0353747	501(C)(3)	20,000.	0.			HEALING TOGETHER
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501(C)(3)	125,000.	0.			ADVANCING RACE EQUITY IN EDUCATION THROUGH POLICY CHANGE
RHODE ISLAND SCHOOL FOR PROGRESSIVE EDUCATION - 225 DYER ST - PROVIDENCE, RI 02903	82-0605219	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
RIAN IMMIGRANT CENTER ONE STATE STREET, 8TH FLOOR BOSTON, MA 02109	04-3063382	501(C)(3)	25,000.	0.			LEGAL AID FOR 5DP IMMIGRANT YOUTH
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	21-0650678	501(C)(3)	15,000.	0.			ASPIRING ACCOUNTING PROFESSIONAL PROGRAM
RIGHTS & DEMOCRACY EDUCATION FUND INC. DBA RIGHTS & DEMOCRACY INSTITUTE - 70 S. WINOOSKI AVE. BOX #205 - BURLINGTON, VT 05401	47-5375511	501(C)(3)	50,000.	0.			HEAL (HONEST EDUCATION ACTION & LEADERSHIP) TOGETHER
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 - PROVIDENCE, RI 02903	05-0277222	501(C)(3)	545,000.	0.			YLI/NEYON 2021-22
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 - PROVIDENCE, RI 02903	05-0277222	501(C)(3)	355,000.	0.			CYCLE 2021-22 TECHNICAL ASSISTANCE FOR AYVL

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ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 - PROVIDENCE, RI 02903	05-0277222	501(C)(3)	100,000.	0.			OURSCHOOLSPVD ALLIANCE
ROGER WILLIAMS UNIVERSITY 1 EMPIRE STREET CYCLE - SUITE 513 - PROVIDENCE, RI 02903	05-0277222	501(C)(3)	35,000.	0.			SUPPORTING COMMUNITY VOICE IN THE AMERICAN RESCUE PLAN
ROIL DBA MAINE INSIDE OUT P.O. BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	50,000.	0.			OPERATING SUPPORT
ROIL DBA MAINE INSIDE OUT P.O. BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	50,000.	0.			CAPACITY BUILDING: EVALUATION
ROIL DBA MAINE INSIDE OUT P.O. BOX 15168 PORTLAND, ME 04112	83-0462687	501(C)(3)	15,000.	0.			CAPACITY BUILDING/COMMUNICATIONS: MAINE INSIDE OUT
SABURA YOUTH PROGRAMS, INC. P.O. BOX 2843 BROCKTON, MA 02305	82-1598823	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
SAVE GIRLS ON FYER, INC. 276 HIGHLAND AVE WATERBURY, CT 06708	46-2376450	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
SCHOOL ON WHEELS OF MASSACHUSETTS 100 LAUREL STREET SUITE 121 - EAST BRIDGEWATER, MA 02333	20-1020880	501(C)(3)	10,000.	0.			PATHWAYS TO SUCCESS FOR NEW IMMIGRANT/REFUGEE STUDENTS PROJECT
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - ONE MIFFLIN PLACE, SUITE 400 - CAMBRIDGE, MA 02138	04-3457065	501(C)(3)	60,000.	0.			TELL THE WHOLETRUTH FUND

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SKOWHEGAN SCHOOL OF PAINTING & SCULPTURE - 136 WEST 22ND STREET - NEW YORK, NY 10011	01-0263908	501(C)(3)	15,000.	0.			SKOWHEGAN SCHOLARSHIP PROGRAM
SKOWHEGAN SCHOOL OF PAINTING & SCULPTURE - 136 WEST 22ND STREET - NEW YORK, NY 10011	01-0263908	501(C)(3)	6,000.	0.			SKOWHEGAN SCHOLARSHIP PROGRAM
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
SOCIEDAD LATINA (GREATER BOSTON LATINO NETWORK) - 1530 TREMONT STREET - BOSTON, MA 02120	04-2678255	501(C)(3)	50,000.	0.			EXPANDING OUR REACH, OUR POWER/EXPANDIR NUESTRO ALCANCE, NUESTRO PODER
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN ST. SUITE 400 - WORCESTER, MA 01608	04-3393955	501(C)(3)	20,000.	0.			HEALING JUSTICE: BLACK-ASIAN SOLIDARITY
SOUTHERN MAINE WORKERS CENTER (PORTLAND OUTRIGHT) - 56 NORTH STREET, SUITE 100 - PORTLAND, ME 04101	20-4982064	501(C)(3)	50,000.	0.			PORTLAND OUTRIGHT: AYVL YEAR 2
SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	8,360.	0.			EXPANDED AFTERSCHOOL OUTREACH TO MULTICULTURAL YOUTH IN NORTHERN VERMONT
STRONG WOMEN STRONG GIRLS 555 AMORY ST, #3R-3 JAMAICA PLAIN, MA 02130	20-2321377	501(C)(3)	25,000.	0.			OPERATING SUPPORT
SUMMER SEARCH 3840 WASHINGTON STREET BOSTON, MA 02130	68-0200138	501(C)(3)	7,500.	0.			CHAMPIONING JUSTICE + EQUITY: CLOSING THE EDUCATION EQUITY GAP

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TEACH WESTERN MASS, INC. 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	30,000.	0.			CAPACITY BUILDING: EVALUATION
TEACH WESTERN MASS, INC. 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	10,000.	0.			CAPACITY BUILDING
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 W. 120TH ST - NEW YORK, NY 10027	13-1624202	501(C)(3)	75,000.	0.			BLACK EDUCATION RESEARCH COLLECTIVE
THE ARTS COUNCIL OF GREATER NEW HAVEN, INC (BLACK INFINITY COLLECTIVE) - P.O. BOX 8897 - NEW HAVEN, CT 06532	06-6082782	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	50,000.	0.			BOSTON OPPORTUNITY AGENDA
THE EDUCATION TRUST 1501 K STREET NW, SUITE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	50,000.	0.			MASSACHUSETTS EDUCATION EQUITY PARTNERSHIP
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 HAYMARKET PEOPLE'S FUND 42 SEAVENS AVE BOSTON, MA 02130	04-2586725	501(C)(3)	40,000.	0.			BLACK, INDIGENOUS RESISTANCE FUND
THE IMMIGRANT LEARNING CENTER 442 MAIN STREET MALDEN, MA 02148-5622	04-3138284	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LATINA CIRCLE INC. 200 PORTLAND ST./WEWORK, SUITE 500 BOSTON, MA 02114	82-4167948	501(C)(3)	25,000.	0.			AMPLIFY LATINX - LATINO/A/X CIVIC ENGAGEMENT
THE LATINA CIRCLE INC. 200 PORTLAND ST./WEWORK, SUITE 500 BOSTON, MA 02114	82-4167948	501(C)(3)	15,000.	0.			POWERUP LATINX BUSINESS INITIATIVE
THE LEADERSHIP ACADEMY 10-27 46TH AVENUE, 1ST FLOOR LONG ISLAND CITY, NY 11101	03-0503570	501(C)(3)	50,000.	0.			OPERATING SUPPORT
THE LINKS FOUNDATION, INCORPORATED THE COMMONWEALTH (VA) CHAPTER THE LINKS, INC. P.O. BOX 27183 - RICHMOND, V	52-1170830	501(C)(3)	10,000.	0.			EDUCATING BOYS OF COLOR
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	50,000.	0.			YOUTH 4 CHANGE (PROGRAM GROWTH/OPERATING SUPPORT)
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	40,000.	0.			CAPACITY BUILDING: EVALUATION
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	15,000.	0.			CAPACITY BUILDING: THE ROOT SOCIAL JUSTICE CENTER
THE STEPPINGSTONE FOUNDATION ONE APPLETON STREET, 4TH FLOOR BOSTON, MA 02116	04-3086666	501(C)(3)	10,000.	0.			NPEA 2022 ANNUAL CONFERENCE: MEETING THE MOMENT: REIMAGINING EQUITY AND ACCESS FOR A
THE TEACHERS' LOUNGE 208 POPLAR STREET BOSTON, MA 02131	84-2578468	501(C)(3)	200,000.	0.			THE TEACHERS' LOUNGE 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEACHERS' LOUNGE 208 POPLAR STREET BOSTON, MA 02131	84-2578468	501(C)(3)	15,000.	0.			CAPACITY BUILDING
THE WBUR GROUP - BOSTON UNIVERSITY 890 COMMONWEALTH AVENUE, 3RD FLOOR BOSTON, MA 02215	04-2103547	501(C)(3)	50,000.	0.			CORE SUPPORT FOR EDUCATION PROGRAMMING
UASPIRE, INC. 31 MILK STREET, SUITE 900 BOSTON, MA 02109	46-1314848	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
UNITED WAY OF CENTRAL MASSACHUSETTS (WORCESTER EDUCATION COLLABORATIVE) - 484 MAIN STREET, SUITE 300 - WORCESTER, MA 01608	04-2104017	501(C)(3)	50,000.	0.			WORCESTER ROUNDTABLE AND COALITION FOR EDUCATION EQUITY
UNITED WAY OF CENTRAL MASSACHUSETTS (WORCESTER EDUCATION COLLABORATIVE) - 484 MAIN STREET, SUITE 300 - WORCESTER, MA 01608	04-2104017	501(C)(3)	30,000.	0.			OPERATING SUPPORT
UNITED WE DREAM UNITED WE DREAM NETWORK PO BOX 33231 - WASHINGTON, DC 20033	46-2216565	501(C)(3)	40,000.	0.			UNDENIABLE CAMPAIGN
UNITED WE DREAM (CT STUDENTS FOR A DREAM) - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605	46-2216565	501(C)(3)	50,000.	0.			OPERATING SUPPORT
UNITED WE DREAM (CT STUDENTS FOR A DREAM) - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605	46-2216565	501(C)(3)	46,500.	0.			CAPACITY BUILDING:: EVALUATION
UNITED WE DREAM (CT STUDENTS FOR A DREAM) - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605	46-2216565	501(C)(3)	10,000.	0.			CAPACITY BUILDING 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, RIVERSIDE - UNIVERSITY OF CALIFORNIA, RIVERSIDE MAIN CASHIER'S OFFICE	95-6006142	PUBLIC UNIVERSIT	25,000.	0.			AAPI DATA: OPERATING SUPPORTING
UNIVERSITY OF NEW HAMPSHIRE 73 MAIN STREET DURHAM, NH 03824	02-6000937	PUBLIC UNIVERSIT	100,000.	0.			SUPPORTING FIELD BUILDING FOR YOUTH ORGANIZING IN NH
UNIVERSITY OF NEW HAMPSHIRE 73 MAIN STREET DURHAM, NH 03824	02-6000937	PUBLIC UNIVERSIT	75,000.	0.			NH LISTENS NEW HAMPSHIRE EDUCATIONAL EQUITY SUPPORT
UNIVERSITY OF SOUTHERN MAINE - SOUTHERN MAINE PARTNERSHIP - UNIVERSITY OF SOUTHERN MAINE 37 COLLEGE AVENUE - GORHAM, ME	01-6000769	PUBLIC UNIVERSIT	7,500.	0.			EQUITY COMMUNITY OF LEARNERS AND LEADERS
URBAN COMMUNITY ALLIANCE 446 BLAKE ST., NEW HAVEN, CT 06515	06-1324343	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
VICTORY WOMEN OF VISION 25 LOWELL STREET, SUITE 307 MANCHESTER, NH 03101	43-2046070	501(C)(3)	15,000.	0.			WELCOMING CLUB BY AND FOR NEW AMERICANS
VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC. - 42 CHARLES STREET SUITE E - DORCHESTER, MA 02122	04-3289039	501(C)(3)	20,000.	0.			NELLIE MAE CROSS RACIAL SOLIDARITY
VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET P.O. BOX 1050 - EXETER, NH 03833	56-2668724	501(C)(3)	40,000.	0.			STRATEGIC PROJECTS
VOICE OF TABERNACLE MULTI-SERVICE CENTER - 47 EDGEWATER STREET P.O. BOX 260564 - MATTAPAN, MA 02126	30-0477908	501(C)(3)	25,000.	0.			EMERGENCY REFUGEE YOUTH HOUSING ASSISTANCE PROJECT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR VERMONT'S CHILDREN P.O. BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	50,000.	0.			VERMONT COMMUNITY SCHOOLS COALITION
WABANAKI YOUTH IN SCIENCE P.O BOX 215 OLD TOWN, ME 04468	47-5239057	501(C)(3)	300,000.	0.			POC-LED OPERATING SUPPORT
WINOOSKI SCHOOL DISTRICT 60 NORMAND STREET WINOOSKI, VT 05404	03-6000783	PUBLIC SCHOOL	25,000.	0.			DEEPER CONNECTIONS THROUGH HERITAGE LANGUAGE
WOMEN ENCOURAGING EMPOWERMENT, INC. (REVERE YOUTH IN ACTION) - P.O. BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	50,000.	0.			OPERATING SUPPORT 2021-2022
WOMEN ENCOURAGING EMPOWERMENT, INC. (REVERE YOUTH IN ACTION) - P.O. BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	18,890.	0.			CAPACITY BUILDING: EVALUATION
WOMEN ENCOURAGING EMPOWERMENT, INC. (REVERE YOUTH IN ACTION) - P.O. BOX 13 - REVERE, MA 02151	04-3286531	501(C)(3)	12,932.	0.			CAPACITY BUILDING FUNDS
WOMEN'S REFUGEE CARE WRC 570 BROAD STREET, SUITE 103 PROVIDENCE, RI 02907	47-4084932	501(C)(3)	25,000.	0.			SUPPORT TO REFUGEE YOUTH IN RI
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	50,000.	0.			LATINO EDUCATION INSTITUTE (LEI) AT WORCESTER STATE UNIVERSITY (WSU):
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	50,000.	0.			CAPACITY BUILDING: EVALUATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER STATE UNIVERSITY FOUNDATION - 486 CHANDLER STREET - WORCESTER, MA 01602	22-3248067	501(C)(3)	25,000.	0.			LATINOS INVOLVED IN DISCOVERING EDUCATIONAL RESOURCES (LIDER) PROGRAM
WORCESTER YOUTH CENTER, INC. 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	20,000.	0.			BETA TAU ALUMNI SCHOLARSHIPS
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	50,000.	0.			YOUTH IN ACTION, AMPLIFYING YOUTH VOICE THROUGH AUTHENTIC LEADERSHIP
YOUTH IN ACTION, INC 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	15,000.	0.			CAPACITY BUILDING
YOUTH MENTORING ACTION NETWORK P.O. BOX 1633 CLAREMONT, CA 91711	27-4560912	501(C)(3)	100,000.	0.			BLACK GIRLS (EM) POWER (BGE)
YWCA SOUTHEASTERN MASSACHUSETTS 20 SOUTH SIXTH ST. NEW BEDFORD, MA 02740	04-2104747	501(C)(3)	6,000.	0.			SUPPORTING STAFF MENTAL HEALTH
ZEARN 261 W. 35TH ST, 15TH FLOOR NEW YORK, NY 10001	37-1665745	501(C)(3)	10,000.	0.			ZEARN 2021

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: ACHIEVE HARTFORD! (RACCE)

(H) PURPOSE OF GRANT OR ASSISTANCE: CURATING COMMUNITY VOICE TO ADVOCATE FOR COVID RELIEF FUNDS TO ADVANCE EQUITY AND RACIAL JUSTICE IN WATERBURY

NAME OF ORGANIZATION OR GOVERNMENT:

BOSTON AFTER SCHOOL AND BEYOND (GREATEST MINDS)

(H) PURPOSE OF GRANT OR ASSISTANCE: SYMPOSIUM ON RACIAL EQUITY & EXCELLENCE & BLACK JOY - THE NEXT STEP FOR PUBLIC EDUCATION FOR STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON GIRLS EMPOWERMENT NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: HAITIAN GIRLS INITIATIVE - EMERGENCY SUPPORT FOR NEWLY ARRIVED AFRO-CARIBBEAN IMMIGRANT AND REFUGEE GIRLS

NAME OF ORGANIZATION OR GOVERNMENT: CARIBBEAN YOUTH CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: HAITIAN YOUTH INITIATIVE - INTEGRATED SOCIAL DEVELOPMENT AND COVID 19 SAFETY PROJECT FOR NEW ARRIVALS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: STAKEHOLDER DEBRIEF AND NEXT STEPS MEETING SERIES: PILOT OF "WINDOWS TO A MULTICULTURAL WORLD" K-12 REMOTE LEARNING

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY MEDIATION (STUDENTS FOR EDUCATIONAL JUSTICE-SEJ)

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW HAVEN PUBLIC SCHOOLS, THE ANTI-RACIST TEACHING & LEARNING COLLECTIVE, AND STUDENTS FOR EDUCATIONAL JUSTICE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LOVE YOUR MENSES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING AND EMBRACING MY FLOW:
A MENSTRUAL WELLNESS EMPOWERMENT AND LEADERSHIP PROJECT FOR GIRLS AND
YOUNG WOMEN

NAME OF ORGANIZATION OR GOVERNMENT:

MID FAIRFIELD CHILD GUIDANCE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COGNITIVE BEHAVIORAL INTERVENTION
FOR TRAUMA IN SCHOOL: MULTILINGUAL LEARNERS NORWALK INTERNATIONAL ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: NEW HAVEN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW HAVEN PUBLIC SCHOOLS, THE
ANTI-RACIST TEACHING & LEARNING COLLECTIVE, AND STUDENTS FOR EDUCATIONAL
JUSTICE

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: THE STEPPINGSTONE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NPEA 2022 ANNUAL CONFERENCE: MEETING
THE MOMENT: REIMAGINING EQUITY AND ACCESS FOR A NEW EDUCATIONAL ERA

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

**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

2021

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 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		
2		
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) 2021

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 and/or 1099-NEC 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 (UNTIL 05/31/21)	(i)	289,734.	0.	303,268.	13,205.	26,870.	633,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GISLAINE NGOUNOU INTERIM PRESIDENT & CEO	(i)	371,824.	0.	0.	44,795.	10,235.	426,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL CAREY VP FOR FINANCE & ADMIN, TREASURER	(i)	298,037.	0.	0.	44,795.	19,482.	362,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA SPOHN DIRECTOR OF GRANTMAKING	(i)	198,048.	0.	0.	30,357.	18,772.	247,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DELIA ARELLANO-WEDDLETON DIR. OF ENGAGEMENT & PARTNERSHIPS	(i)	180,636.	0.	0.	27,353.	19,386.	227,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARCOS POPOVICH PROGRAM DIRECTOR, GRANTMAKING	(i)	141,885.	0.	0.	20,254.	26,616.	188,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NINA CULBERSTON PROGRAM DIR, LEARNING/RESEARCH/EVAL	(i)	141,850.	0.	0.	20,254.	26,616.	188,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAUL MARSH IT MANAGER	(i)	151,364.	0.	0.	21,564.	10,028.	182,956.	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 4A:

THE EXECUTIVE COMMITTEE RECOMMENDED AND THE BOARD APPROVED SEVERANCE
 COMPENSATION FOR NICHOLAS DONOHUE, BASED ON A LONGSTANDING CONTRACTUAL
 EMPLOYMENT AGREEMENT WITH THE FOUNDATION. THE BOARD OBTAINED AND RELIED
 UPON "APPROPRIATE DATA AS TO COMPARABILITY" IN MAKING ITS DETERMINATION
 THAT TOTAL COMPENSATION WAS REASONABLE. THE COMPENSATION WAS GRANTED IN
 CONNECTION WITH THE TERMINATION OF HIS EMPLOYMENT EFFECTIVE AS OF MAY 31,
 2021. DURING 2021, \$303,268 WAS PAID IN CONNECTION WITH THIS ARRANGEMENT.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

ORGANIZATIONS LED BY PEOPLE OF COLOR ARE IN THE BEST POSITION TO
ORGANIZE AND LIFT UP THE INVALUABLE VOICES OF STUDENTS AND FAMILIES WHO
HAVE BEEN TRADITIONALLY EXCLUDED FROM DECISIONS MADE ABOUT THEIR
SCHOOLS. THESE ORGANIZATIONS ARE ADVOCATING FOR RACIAL EQUITY IN NEW
ENGLAND SCHOOLS, SUCH AS: IMPLEMENTING CULTURALLY RESPONSIVE TEACHING
AND LEARNING, DIVERSIFYING THE TEACHER WORKFORCE, ESTABLISHING
RESTORATIVE JUSTICE PRACTICES IN SCHOOLS, AND SERVING THE WHOLE CHILD
AND FAMILY. BY PROVIDING MULTI-YEAR, GENERAL OPERATING SUPPORT TO
ORGANIZATIONS LED BY AND SERVING PEOPLE OF COLOR, FOCUSED ON ADDRESSING
RACIAL INEQUITIES IN EDUCATION, WE BELIEVE WE WILL SUPPORT THE
INCREASED FINANCIAL FREEDOM AND ORGANIZATIONAL STABILITY NEEDED TO
ADVANCE THEIR MISSIONS OVER THE LONG TERM, IN TURN SUPPORTING YOUNG
PEOPLE TO PARTICIPATE IN MORE RACIALLY JUST PUBLIC EDUCATION SYSTEMS.
THE FOUNDATION DISTRIBUTED \$5 MILLION TO ORGANIZATIONS LED BY PEOPLE OF
COLOR.

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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AMPLIFYING YOUTH VOICE & LEADERSHIP:

YOUTH - PARTICULARLY YOUTH OF COLOR - DIRECTLY EXPERIENCE EDUCATIONAL INEQUITIES, BUT THEIR INPUT IS USUALLY LEFT OUT OF DISCUSSIONS AROUND SOLVING THOSE PROBLEMS. YOUTH NEED SPACE TO ARTICULATE THEIR IDEAS, CONCERNS AND EXPERIENCES, AND SUPPORT TO BUILD THE SKILLS AND CAPACITY TO ARTICULATE, ADVOCATE FOR, AND EFFECT THE CHANGES THEY SEEK IN EDUCATION. YOUTH ORGANIZING CAN ACHIEVE INCREASED IMPACT BY PURSUING SIMILAR GOALS IN COLLABORATION WITH EACH OTHER. BUT WITHOUT DEDICATED FUNDING, IT CAN BE DIFFICULT FOR YOUTH ORGANIZING GROUPS TO FIND SUFFICIENT RESOURCES TO SHARE BEST PRACTICES AND BUILD CAPACITY. WHEN YOUNG PEOPLE CAN WORK COLLECTIVELY, THEY CAN BUILD POWER, AND INCREASE MOMENTUM AND MOVEMENT TOWARDS SHARED ACTION. THEREFORE, THE FOUNDATION SUPPORTS CAPACITY OF INDIVIDUAL YOUTH ORGANIZING GROUPS WHILE SUPPORTING THEIR COLLABORATION THROUGH A NEW ENGLAND WIDE NETWORK. AS A RESULT, MEMBER ORGANIZATIONS WILL BECOME MORE EFFECTIVE AT PURSUING THEIR AGENDAS AND MOVE TOWARDS MORE COLLABORATIVE AND ALIGNED WORK, INCREASING AND STRENGTHENING THE POWER OF YOUTH VOICE IN THE REGION OVERALL. THE FOUNDATION DISTRIBUTED \$2 MILLION TO SEVERAL ORGANIZATIONS TO AMPLIFY YOUTH VOICE AND BECOME PART OF THE DECISIONS THAT AFFECT THEIR FUTURE.

ADVANCING COMMUNITY-SCHOOL PARTNERSHIPS:

WHEN SCHOOLS WORK IN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS, STUDENTS ARE BETTER POSITIONED TO RECEIVE THE COMMUNITY SUPPORTS THEY NEED TO THRIVE. WE KNOW WHEN COMMUNITY MEMBERS ARE WELCOMED INTO THE SCHOOL ENVIRONMENT AND PLAY A KEY ROLE IN DECISION MAKING, ALL YOUNG

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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PEOPLE BENEFIT. ROBUST COMMUNITY-SCHOOL PARTNERSHIPS ARE ESSENTIAL TO FOSTERING RELATIONSHIPS OF TRUST AND RESPECT, AND BUILDING THE CAPACITY OF ALL STAKEHOLDERS INSIDE AND OUTSIDE OF THE SCHOOL BUILDING. SUCH PARTNERSHIPS CAN HELP FACILITATE INCLUSIVE DECISION-MAKING PROCESSES, AND LEVERAGE LOCAL RESOURCES AND EXPERTISE TO ADDRESS EDUCATIONAL INEQUITIES. THE ULTIMATE PURPOSE OF THIS GRANT FUND IS TO SUPPORT COMMUNITY-DRIVEN PARTNERSHIPS BETWEEN DISTRICTS AND THEIR COMMUNITIES TO ADVANCE RACIAL EQUITY AND EXCELLENT, STUDENT-CENTERED PUBLIC EDUCATION. THE FOUNDATION DISTRIBUTED \$ 2 MILLION TO SEVERAL ORGANIZATIONS TO BEGIN PARTNERHIPS EFFORTS.

STRENGTHENING PARTNERSHIPS AND MOVEMENT BUILDING:

WHEN ORGANIZATIONS COME TOGETHER AND ARE ABLE TO SHARE KNOWLEDGE, RESOURCES, AND GOALS, THEY ARE BETTER EQUIPPED TO ACHIEVE LASTING CHANGE. WE UNDERSTAND THAT MANY OF THE RACIAL EQUITY BARRIERS THAT EXIST IN OUR EDUCATION SYSTEM ARE IN PART SHAPED BY INEQUITABLE POLICIES, PAST AND PRESENT. WE SUPPORT EXISTING AND EMERGING PARTNERSHIPS, MOVEMENTS, AND COALITIONS THAT ARE LOOKING TO IDENTIFY AND DISMANTLE STATE AND FEDERAL POLICY BARRIES TO ADVANCING RACIAL EQUITY IN PUBLIC EDUCATION. ADDITIONALLY, WE BELIEVE THAT IF WE SUPPORT OUR GRANTEES TO BUILD RELATIONSHIPS WITH EACH OTHER, WHILE SIMULTANEOUSLY BUILDING AND CONNECTING WITH STATE AND NATIONAL COALITIONS, THEN ORGANIZATIONS WILL FIND OPPORTUNITIES TO ALIGN THEIR WORK AND ADVANCE A SHARED VISION FOR EQUITY ON MULTIPLE LEVELS. OUR STRENGTHENING PARTNERSHIPS AND MOVEMENT BUILDING FUND IS COMPRISED OF THREE SUB-FUNDS: 1). ADVOCACY 2). COALITIONS AND 3). PARTNERSHIPS. THE FOUNDATION DISTRIBUTED \$2.5 MILLION TO BUILD STATE AND NATIONAL

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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PARTNERSHIPS, COALITIONS, AND MOVEMENT BUILDING.

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.

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

Name of the organization NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
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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 2021.

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

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

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

2021

For calendar year 2021 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"/> 529A</p>	Print or Type	<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, 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 ▶ 585,493,964.</p>			

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

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	767,176.
2 Reserved	2	
3 Add lines 1 and 2	3	767,176.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	767,176.
6 Deduction for net operating loss. See instructions STATEMENT 3	6	767,176.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
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 amounts due. 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 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 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 2022 estimated tax	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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	\$		
4 Enter available pre-2018 NOL carryovers here	\$ <u>1,521,981.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
523000	\$ 752,757.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

STATEMENT 5

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	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG KLEIN	CRAIG KLEIN	11/11/22		P00734664
	Firm's name	Firm's EIN			
	500 BOYLSTON STREET			26-3753134	
	BOSTON, MA 02116			Phone no. 617-761-0600	

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - KING STREET CAPITAL	N/A	206.
CHARITABLE CONTRIBUTIONS - VARDE INVESTMENT PARTNERS	N/A	7.
CHARITABLE CONTRIBUTIONS - WELLSPRING CAPITAL PARTNERS VI LP	N/A	37.
TOTAL TO FORM 990-T, PART I, LINE 4		250.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	250	
TOTAL CONTRIBUTIONS AVAILABLE	250	
TAXABLE INCOME LIMITATION AS ADJUSTED	0	
EXCESS CONTRIBUTIONS	250	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	250	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1,521,981.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 767,176.

SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A SHARE
 SCHEDULE A ENTITY SCHEDULE A SHARE
 1 0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION 0.
 767,176.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 754,805.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	23,794.	23,794.	0.	0.
12/31/09	28,773.	28,773.	0.	0.
12/31/10	83,893.	83,893.	0.	0.
12/31/12	33,691.	33,691.	0.	0.
12/31/13	225,187.	126,570.	98,617.	98,617.
12/31/14	315,346.	0.	315,346.	315,346.
12/31/15	117,594.	0.	117,594.	117,594.
12/31/16	189,105.	0.	189,105.	189,105.
12/31/17	801,319.	0.	801,319.	801,319.
NOL CARRYOVER AVAILABLE THIS YEAR			1,521,981.	1,521,981.

FORM 990-T PART V - SUPPLEMENTAL INFORMATION STATEMENT 5

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, 2021

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).

1
OMB No. 1545-0047

2021

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) ▶ 523000	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 ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a	365,970.		365,970.
c Capital loss deduction for trusts	4b	312,979.		312,979.
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	4c			
6 Rent income (Part IV)	5	161,227.		161,227.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12			
	13	840,176.		840,176.

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			6,705.
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	718.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			718.
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 7	14			65,577.
15 Total deductions. Add lines 1 through 14	15			73,000.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			767,176.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			767,176.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
A []
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for line 2. Gross advertising income. Add columns A through D. Enter here and on Part I, line 11, column (A). 0.

Table with 4 columns (A, B, C, D) for line 3. Direct advertising costs by periodical. Add columns A through D. Enter here and on Part I, line 11, column (B). 0.

Table with 4 columns (A, B, C, D) for lines 4-8. Line 4: Advertising gain (loss). Line 5: Readership costs. Line 6: Circulation income. Line 7: Excess readership costs. Line 8: Excess readership costs allowed as a deduction.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes entry for MICHAEL CAREY, TREASURER & DIR. OF FINANCE, 10.00%, 6,705.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	6,000.
INVESTMENT MANAGEMENT FEE	35,274.
INVESTMENT CUSTODY FEES	21,203.
RENT EXPENSES	1,605.
ACCOUNTING FEES	1,495.
TOTAL TO SCHEDULE A, PART II, LINE 14	65,577.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	366,604.	0.	366,604.	366,604.
12/31/20	386,153.	0.	386,153.	386,153.
NOL CARRYOVER AVAILABLE THIS YEAR			752,757.	752,757.

**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

2021

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				416,696.
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	416,696.

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				-50,726.
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	-50,726.

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	365,970.
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	365,970.

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

Name(s) shown on return

Social security number or taxpayer identification no.
04-2755323

NELLIE MAE EDUCATION FOUNDATION, INC.

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	INCOME / (LOSS) FROM INVESTMENT PARTNERSHI							73,648. C
	INCOME / (LOSS) FROM INVESTMENT PARTNERSHI							239,385. C
	INCOME / (LOSS) FROM INVESTMENT PARTNERSHI							54. C
	INCOME / (LOSS) FROM INVESTMENT PARTNERSHI							102,352. C
	INCOME / (LOSS) FROM INVESTMENT PARTNERSHI							1,257. C
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								416,696.

Note: If you checked Box A 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.

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) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes rows for 'INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI' and a '2 Totals' row at the bottom.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

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

Name(s) shown on return

Identifying number

NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

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 9						
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						7 312,979.
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 SEE STATEMENT 10						8 361,717.
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 0.

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 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12 312,979.
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						17 312,979.
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							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							18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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
20 Gross sales price (Note: See line 1a 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 9

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						279,454.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						31,579.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						9.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						1,937.
TOTAL TO 4797, PART I, LINE 2						312,979.

FORM 4797 NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS STATEMENT 10

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2016	0.	0.	
2017	0.	0.	
2018	0.	0.	
2019	0.	0.	
2020	361,717.	0.	361,717.
TOTAL TO FORM 4797, LINE 8	361,717.		361,717.

**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

2021

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				416,696.
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	416,696.

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				-50,726.
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	-50,726.

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	365,970.
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	365,970.

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
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							1,233.
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							<26,642.>
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							5,080.
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							<30,368.>
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							<140.>
	INCOME/ (LOSS) FROM INVESTMENT PARTNERSHI							111.
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)								<50,726.>

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.

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NELLIE MAE EDUCATION FOUNDATION, INC. PARTNERSHIP INVESTMENTS 04-2755323

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	718.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	718.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle details and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns for Yes/No answers.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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.

Name(s) shown on return

Identifying number

NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

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 11						
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						7 312,979.
<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						8 361,717.
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 0.

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 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12 312,979.
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						17 312,979.
<p>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.</p> <p>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</p> <p>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</p>							
18a							18a
18b							18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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 1a 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 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						279,454.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						31,579.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						9.
INCOME/(LOSS) FROM INVESTMENT PARTNERSHI						1,937.
TOTAL TO 4797, PART I, LINE 2						312,979.