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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1250 HANCOCK STREET 205N

City or town, state or country, and ZIP + 4
QUINCY, MA 02169

D Employer identification number
04-2755323

E Telephone number
781-348-4200

G Gross receipts $ 336,789,777.

F Name and address of principal officer: NICHOLAS C. DONOHUE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NMEFDN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999 **M** State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO STIMULATE TRANSFORMATIVE CHANGE OF PUBLIC EDUCATION SYSTEMS ACROSS NEW ENGLAND.	
	2	Check this box ▶ ☐ 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of employees (Part V, line 2a)	26
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	-28,773.
	b	Net unrelated business taxable income from Form 990-T, line 34	-28,773.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		500,000.
	9	Program service revenue (Part VIII, line 2g)	2,568,709.	1,311,555.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,838,374.	4,725,048.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,600.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,419,683.	6,536,603.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,735,435.	16,243,068.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,556,547.	3,002,303.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,091,264.	3,282,947.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,383,246.	22,528,318.
	19	Revenue less expenses. Subtract line 18 from line 12	-15,963,563.	-15,991,715.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	372,819,255.	438,330,786.
	21	Total liabilities (Part X, line 26)	4,554,901.	7,972,018.
	22	Net assets or fund balances. Subtract line 21 from line 20	368,264,354.	430,358,768.

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

▶ X _____ Signature of officer — Date 11/4/10

▶ NICHOLAS C. DONOHUE, PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 11/3/10 Check if self-employed ▶ ☐ Preparer's identifying number (see instructions) P00734640

Firm's name (or yours if self-employed), address, and ZIP + 4
CRIZ TOFIAS
350 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139

EIN ▶ 26-3753134

Phone no. ▶ 617-761-0600

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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION

THE MISSION OF THE FOUNDATION IS TO STIMULATE TRANSFORMATIVE CHANGE OF PUBLIC EDUCATION SYSTEMS ACROSS NEW ENGLAND BY GROWING A GREATER VARIETY OF HIGHER QUALITY EDUCATIONAL OPPORTUNITIES THAT ENABLE ALL LEARNERS, ESPECIALLY AND ESSENTIALLY UNDERSERVED LEARNERS, TO OBTAIN (CONTINUED ON SCHEDULE O)

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 19,785,974. including grants of $ 16,243,068.) (Revenue $)

THROUGH GRANT MAKING PROGRAMS, RESEARCH AND POLICY INITIATIVES, THE NELLIE MAE EDUCATION FOUNDATION "FOUNDATION" WORKS WITH EDUCATIONAL INSTITUTIONS, COMMUNITY ORGANIZATIONS, FOUNDATIONS, GOVERNMENT AGENCIES AND OTHERS TO ENCOURAGE, ESTABLISH AND MAINTAIN PROGRAMS AND SERVICES THAT PROMOTE EDUCATION. THE FOUNDATION FOCUSES EXCLUSIVELY ON PROMOTING ACCESS, QUALITY, AND EFFECTIVENESS OF EDUCATION. THE FOUNDATION PROVIDES GRANTS AND OTHER SUPPORT TO EDUCATION PROGRAMS AND INTERMEDIARY ORGANIZATIONS IN THE NEW ENGLAND REGION TO DRAMATICALLY IMPROVE UNDERSERVED STUDENTS' ACADEMIC ACHIEVEMENT AND TO INVESTIGATE AND PROMOTE HIGH QUALITY, VARIED APPROACHES FOR STUDENTS TO ACQUIRE THE SKILLS AND KNOWLEDGE NECESSARY IN THE 21ST CENTURY. THE FOUNDATION ALSO FUNDS RESEARCH THAT EXAMINES CRITICAL EDUCATION POLICY ISSUES AND (CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses ▶ $ 19,785,974.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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? *If "Yes," complete Schedule G, Part I*	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	32		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	***Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.*** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	***Section 4947(a)(1) non-exempt charitable trusts.*** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that 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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O*	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," *does the organization have written policies and procedures governing the activities of such chapters, affiliates,* and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MICHAEL CAREY - 781-348-4200

1250 HANCOCK STREET, 205N, QUINCY, MA 02169

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY BOURGEOIS DIRECTOR	4.00	X						24,233.	0.	0.
YOEL CAMAYD-FREIXAS DIRECTOR	4.00	X						20,398.	0.	0.
JAMES P. COMER DIRECTOR	2.00	X						19,000.	0.	0.
KAREN HAMMOND DIRECTOR	3.00	X						19,000.	0.	0.
DIANA LAM DIRECTOR	3.00	X						24,000.	0.	0.
JOANNA LAU DIRECTOR	3.00	X						20,000.	0.	0.
JAMES W. MACALLEN DIRECTOR	4.00	X						24,000.	0.	0.
CLAUDIO MARTINEZ DIRECTOR	2.00	X						20,000.	0.	0.
MARGARITA MUNIZ DIRECTOR	2.00	X						19,166.	0.	0.
LAWRENCE W. O'TOOLE DIRECTOR	4.00	X						32,000.	0.	0.
JANET PHLEGAR DIRECTOR	4.00	X						20,000.	0.	0.
O. ROGERIEE THOMPSON DIRECTOR	2.00	X						19,084.	0.	0.
WILLIAM E. TRUEHEART DIRECTOR	3.00	X						23,166.	0.	0.
DUDLEY N. WILLIAMS DIRECTOR	4.00	X						23,000.	0.	0.
DAVID WOLK DIRECTOR	3.00	X						20,000.	0.	0.
NICHOLAS C. DONOHUE PRESIDENT & CEO	40.00			X				340,928.	0.	56,604.
MICHAEL CAREY TREASURER & DIR. OF FIN.	40.00			X				177,926.	0.	30,344.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA WHITE CLERK	40.00			X				84,473.	0.	23,077.
MARY HARRISON VP OF PROGRAMS	40.00				X			190,480.	0.	49,783.
BETH MILLER DIR. OF RESEARCH & EVAL	40.00					X		137,375.	0.	39,384.
JOSE MASSO DIR. OF COMMUNICATIONS	40.00					X		123,213.	0.	30,285.
LYNN D'AMBROSE SENIOR PROGRAM OFFICER	40.00					X		120,290.	0.	30,135.
CHARLES TOULMIN DIRECTOR OF POLICY	40.00					X		112,699.	0.	34,781.
PAUL MARSH IT MANAGER	40.00					X		111,966.	0.	34,502.
1b Total ▶								1,726,397.	0.	328,895.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCKHOLZ & ASSOCIATES 25 CHESTNUT STREET, PORTSMOUTH, NH 03801	INVESTMENT COUNSEL	158,723.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Form **990** (2009)

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a 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 500,000.				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶	500,000.			
Program Service Revenue		Business Code			
	2a STUDENT LOAN INCOME	611710 1,311,555.	1,311,555.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	1,311,555.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	5,553,991.		-28,773.	5,582,764.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	329,424,231.			
	b Less: cost or other basis and sales expenses	330,253,174.			
	c Gain or (loss)	-828,943.			
	d Net gain or (loss) ▶	-828,943.			-828,943.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶				
	12 **Total revenue.** See instructions. ▶	6,536,603.	1,311,555.	-28,773.	4,753,821.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	16,243,068.	16,243,068.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,240,672.	572,490.	668,182.	
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	1,288,472.	1,004,869.	283,603.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,124.	138,279.	26,845.	
9 Other employee benefits	183,467.	153,956.	29,511.	
10 Payroll taxes	124,568.	85,008.	39,560.	
11 Fees for services (non-employees):				
a Management	283,069.	283,069.		
b Legal	70,977.		70,977.	
c Accounting	63,765.		63,765.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,050,640.		1,050,640.	
g Other	436,417.	179,405.	257,012.	
12 Advertising and promotion	250.		250.	
13 Office expenses	137,750.	90,250.	47,500.	
14 Information technology	35,114.	21,767.	13,347.	
15 Royalties				
16 Occupancy	291,416.	180,649.	110,767.	
17 Travel	128,403.	90,167.	38,236.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,733.	50,727.	9,006.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,633.	9,691.	5,942.	
23 Insurance	35,669.	22,111.	13,558.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UNCOLLECTIBLE STU LOANS	532,961.	532,961.		
b REGIONAL ASSOC & MSHP	107,805.	107,805.		
c PROF. DVLPMT/MEMBERSHIP	24,072.	14,922.	9,150.	
d RESEARCH & EVALUATION	4,780.	4,780.		
e MISCELLANEOUS	4,493.		4,493.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	22,528,318.	19,785,974.	2,742,344.	0.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		4,566,033.	1	7,829,295.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		27,809,348.	4	21,241,299.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		910,281.	7	1,138,454.
	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 686,118.			
	b	Less: accumulated depreciation	10b 582,819.	7,248.	10c	103,299.
	11	Investments - publicly traded securities		278,392,431.	11	310,247,843.
	12	Investments - other securities. See Part IV, line 11		61,039,611.	12	97,707,725.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		94,303.	15	62,871.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		372,819,255.	16	438,330,786.
Liabilities	17	Accounts payable and accrued expenses		548,891.	17	565,094.
	18	Grants payable		4,006,010.	18	7,406,924.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,554,901.	26	7,972,018.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		368,264,354.	27	430,358,768.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		368,264,354.	33	430,358,768.
	34	Total liabilities and net assets/fund balances		372,819,255.	34	438,330,786.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
NELLIE MAE EDUCATION FOUNDATION, INC.	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 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
SCHEDULE O		2,6,7 & 9					X		16,243,068.
Total									16,243,068.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** 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 ▶ ☐

b **33 1/3% support test - 2008.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART I - QUESTION 11H - COLUMNS (I)(II)(VI)(VII):

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 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 EDUCATION PURPOSES OF, EDUCATIONAL 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. BECAUSE THE FOUNDATION SUPPORTS A CLASS OF CHARITIES (RATHER THAN SPECIFICALLY NAMED ORGANIZATIONS), IT IS NOT POSSIBLE FOR THE FOUNDATION TO NOTIFY ALL MEMBERS OF THE CLASS OF CHARITIES OF THE POSSIBILITY OF SUPPORT BY THE FOUNDATION.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		43,801.	39,124.	4,677.
d Equipment		151,781.	148,493.	3,288.
e Other		490,536.	395,202.	95,334.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				103,299.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
FARRALLON	6,478,787.	END-OF-YEAR MARKET VALUE
GMO FORESTRY	4,513,036.	END-OF-YEAR MARKET VALUE
GUGGENHEIM	2,689,827.	END-OF-YEAR MARKET VALUE
ROYAL CAPITAL	5,572,704.	END-OF-YEAR MARKET VALUE
NYES LEDGE	20,828,889.	END-OF-YEAR MARKET VALUE
PARK STREET CAPITAL	6,599,583.	END-OF-YEAR MARKET VALUE
WELLINGTON	10,840,452.	END-OF-YEAR MARKET VALUE
KING STREET	6,004,110.	END-OF-YEAR MARKET VALUE
WEATHERLOW	20,941,441.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	97,707,725.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 SEE PART XIV FOR CONTINUATIONS

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,536,603.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,528,318.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-15,991,715.
4	Net unrealized gains (losses) on investments	4	78,086,125.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	78,086,125.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	62,094,410.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	83,575,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	78,086,125.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	78,086,125.
3	Subtract line 2e from line 1			3	5,489,775.
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	1,046,828.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	1,046,828.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,536,603.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	21,481,490.
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 XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	21,481,490.
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	1,046,828.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	1,046,828.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	22,528,318.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FIN 48 NOTE UNCERTAIN TAX POSITIONS: 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

Part XIV Supplemental Information *(continued)*

PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE. THE FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION AND HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

Part XIV Supplemental Information *(continued)*

Part VII Investments - Other Securities. 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
DENHAM	2,613,486.	FMV
VARDE	5,625,410.	FMV
CONVEXITY	5,000,000.	FMV

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENT		0.
Totals ▶	0	0			0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2009**

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02-01-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash 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 tax-exempt 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 ▶

Schedule F (Form 990) 2009

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

Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.**

OMB No 1545-0047

2009

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLUSTIME NH! 202 N. STATE STREET CONCORD, NH 03301	02-0251420	501 (C) (3)	800,000.	0.			EXTENDED LEARNING OPP. MODEL
SEN. GEORGE MITCHELL RES. INST. 22 MONUMENT SQ., STE. 200 PORTLAND, ME 04101	01-0523390	501 (C) (3)	500,000.	0.			N.E. CONSORTIUM FOR SEC. SCHOOLS
N.E. LITERACY RESOURCE CENTER 44 FARNSWORTH STREET BOSTON, MA 02210-1121	13-1804349	501 (C) (3)	334,697.	0.			ADULT LEARNING INTERMEDIARY
NERCHE UNIVERSITY OF MASSACHUSETTS UNIV. OF MASS., 100 MORRISSEY BLV BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	328,000.	0.			PROJECT COMPASS INTERMEDIARY
EARLY LEARNING NEW HAMPSHIRE 2 DELTA DRIVE CONCORD, NH 03301	02-0517109	501 (C) (3)	250,000.	0.			EARLY LEARNING COALITION
JOBS FOR MAINE'S GRADUATES 45 COMMERCE DR., STE. 9 AUGUSTA, ME 04330	01-0482628	501 (C) (3)	250,000.	0.			STRATEGIC EXPANSION INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations ▶ 208.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, 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.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE DEVELOPMENT FOUNDATION 295 WATER ST., STE. 5 AUGUSTA, ME 04330	01-0355563	501 (C) (3)	250,000.	0.			EARLY LEARNING COMM. COALITION
MT. ABRAHAM UNION HIGH SCHOOL 220 AIRPORT DRIVE BRISTOL, VT 05443	03-6000901	501 (C) (3)	250,000.	0.			5 TOWN COMMUNITY LEARNIN CTR
NAT'L YOUTH EMPLOYMENT COALITION 1836 JEFFERSON PLACE, NW WASHINGTON, DC 20036	13-3031098	501 (C) (3)	250,000.	0.			POST SECONDARY
NAT'L YOUTH EMPLOYMENT COALITION 1836 JEFFERSON PLACE, NW WASHINGTON, DC 20036	13-3031098	501 (C) (3)	250,000.	0.			POST SECONDARY
STRATEGIES FOR CHILDREN 400 ATLANTIC AVENUE BOSTON, MA 02110	04-3551406	501 (C) (3)	250,000.	0.			EARLY LEARNING COMM. COALITION
VOICES FOR VERMONT'S CHILDREN 149 STATE ST., P.O. BOX 261 MONTPELIER, VT 05601	22-2611535	501 (C) (3)	250,000.	0.			EARLY LEARNING COALITION
DORCAS PLACE ADULT & FAMILY LEARN 220 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0391754	501 (C) (3)	240,000.	0.			DEVELOPMENTAL EDUCATION INSTITUTE
THE COLLEGE CRUSADE OF RI 134 THURBERS AVE., STE. 111 PROVIDENCE, RI 02905	22-3031765	501 (C) (3)	231,000.	0.			COMMUNITY ADVISORY SERVICES PROJ

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COLLABORATIVE EDUCATION 1 RENAISSANCE PK, 1135 TREMONT ST BOSTON, MA 02120	04-3241676	501 (C) (3)	325,000.	0.			DESIGN ACCOUNTABILITY SYSTEM
THE BOSTON FOUNDATION 75 ARLINGTON ST., 10TH FLOOR BOSTON, MA 02116	04-2104021	501 (C) (3)	225,000.	0.			SKILLWORKS 2010-2012
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06501	06-0939659	501 (C) (3)	200,314.	0.			OPPORTUNITY HIGH SCHOOL
BRIDGEWATER STATE COLLEGE 131 SUMMER STREET, BOYDEN HALL BRIDGEWATER, MA 02325	22-2678005	501 (C) (3)	200,000.	0.			PROJECT COMPASS - EDUCATION
CITIZEN SCHOOLS 308 CONGRESS ST. BOSTON, MA 02210	04-3259160	501 (C) (3)	200,000.	0.			APPRENTICESHIPS/CITIZEN TEACHERS
EASTERN CONNECTICUT STATE UNIV. 83 WINDHAM STREET WILLIMANTIC, CT 06226	23-7111053	501 (C) (3)	200,000.	0.			PROJECT COMPASS - EDUCATION
LYNDON STATE COLLEGE 1001 COLLEGE RD., P.O. BOX 919 LYNDONVILLE, VT 05851	03-0213787	501 (C) (3)	200,000.	0.			PROJECT COMPASS - EDUCATION
MASSACHUSETTS 2020 ONE BEACON ST., 34TH FLR BOSTON, MA 02108	04-3534001	501 (C) (3)	200,000.	0.			NAT'L CTR ON TIME & LEARNING

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MA DEPT. OF ELEM & SECONDARY EDUC 75 PLEASANT STREET MALDEN, MA 02148	GOV'T UNIT	STATE AGENCY	200,000.	0.			CURRICULUM-EMBEDDED PERFORMANCE
UNITED WAY OF RI, RI AFTERSCHOOL 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501 (C) (3)	200,000.	0.			RI EARLY LEARNING OPPORTUNITIES
UNIV. OF MAINE, PRESQUE ISLE 181 MAIN STREET PRESQUE ISLE, ME 04769	GOV'T UNIT	PUBLIC UNIV.	199,338.	0.			PROJECT COMPASS - EDUCATION
UNIV. OF MA, CTR FOR INT'L EDUC. 285 HILLS HOUSE SO., INFIRMARY WAY AMHERST, MA 01003	GOV'T UNIT	PUBLIC UNIV.	197,446.	0.			ADULT TRANSITIONS STUDY
THE PROVIDENCE PLAN 10 DAVOL SQUARE, STE. 300 PROVIDENCE, RI 02903	05-0467353	501 (C) (3)	183,122.	0.			PATHWAY FOR CAREER & TECH. EDUC.
EXPEDITIONARY LEARNING SCHOOLS 30 BOLTWOOD WALK, STE. 104 AMHERST, MA 01002	04-2375956	501 (C) (3)	176,350.	0.			DIGITAL ARCHIVE/SKILLS ASSESSMENT
MASSACHUSETTS 2020 ONE BEACON ST., 34TH FLR BOSTON, MA 02108	04-3534001	501 (C) (3)	175,000.	0.			MA EXPANDED LEARN TIME INITIATIVE
MASSACHUSETTS 2020 ONE BEACON ST., 34TH FLR BOSTON, MA 02108	04-3534001	501 (C) (3)	175,000.	0.			NAT'L CTR ON TIME & LEARNING

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ME SCHOOL ADMIN DISTRICT #54 61 ACADEMY CIRCLE SKOWHEGAN, ME 04976	01-0276217	501 (C) (3)	165,600.	0.			MULTIPLE PATHWAYS INITIATIVE
FLANDERS BAY CONSOL. SCHOOL DIST 2456 US HIGHWAY 1 SULLIVAN, ME 04664	01-6001312	501 (C) (3)	155,000.	0.			SUMNER PATHWAYS ADULT EDUCATION
AFTERSCHOOL ALLIANCE 1616 H ST., NW, STE. 820 WASHINGTON, DC 20006	52-2275123	501 (C) (3)	150,000.	0.			ASPIRE - TIME STUDY
MA AFTERSCHOOL PARTNERSHIP 128A TREMONT ST., 4TH FLR FRONT BOSTON, MA 02111	20-5116880	501 (C) (3)	150,000.	0.			ACHIEVEMENT PROJECT
STRATEGIES FOR CHILDREN 400 ATLANTIC AVENUE BOSTON, MA 02110	04-3551406	501 (C) (3)	150,000.	0.			POLICY WORK SUPPORT
UNIV. OF MAINE, FARMINGTON 246 MAIN STREET FARMINGTON, ME 04938	01-6000769	501 (C) (3)	150,000.	0.			PARTNERSHIPS FOR COLLEGE SUCCESS
N. E. LITERACY RESOURCE CENTER 44 FARNSWORTH STREET BOSTON, MA 02210-1211	13-1804349	501 (C) (3)	149,967.	0.			TECHNICAL ASSIST FOR TRANSITIONS
COMMUNITY COLLEGE OF VERMONT P.O. BOX 489, 660 ELM ST. MONTPELIER, VT 05601	03-0213787	501 (C) (3)	149,500.	0.			RISE TO CHALLENGE DUAL ENROLLMENT

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OMB No 1545-0047
2009
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Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

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UNIV. OF MA, DONAHUE INSTITUTE 100 VENTURE WAY, STE. 9 HADLEY, MA 01035	GOV'T UNIT	PUBLIC UNIV.	155,257.	0.			EARLY LEARNING EVALUATION
RENNIE CENTER FOR EDUCATION 131 MT. AUBURN ST., 1ST FLR CAMBRIDGE, MA 02138	51-0548106	501 (C) (3)	140,000.	0.			EDUCATION POLICY PROJECT
FRAMEWORKS INSTITUTE 1776 I ST., NW, 9TH FLR WASHINGTON, DC 20006	71-0891642	501 (C) (3)	130,000.	0.			N.E, REG. STRATEGIC FRAMING
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501 (C) (3)	130,000.	0.			PREKINDERGARTEN INITIATIVE
UNIV. OF MA, DONAHUE INSTITUTE 100 VENTURE WAY, STE. 9 HADLEY, MA 01035	GOV'T UNIT	PUBLIC UNIV.	128,511.	0.			NESSC EVALUATION
BRANDEIS UNIVERSITY P.O. BOX 549110 WALTHAM, MA 02454-9110	04-2103552	501 (C) (3)	125,658.	0.			PROJECT COMPASS EVALUATION
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067-1350	06-1084194	501 (C) (3)	125,000.	0.			CT P-20 COUNCIL
DORCAS PLACE ADULT & FAMILY LEARN 220 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0391754	501 (C) (3)	120,000.	0.			COLLEGE READINESS INSTITUTE

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CITY OF CAMBRIDGE PUBLIC SCHOOLS 795 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	GOV'T UNIT	PUBLIC UNIV.	117,000.	0.			SHARED YOUTH, SHARED STRATEGIES
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501 (C) (3)	110,000.	0.			BRIGHTSTARS, QUALITY RATING SYS.
BOSTON CHILDREN'S MUSEUM 300 CONGRESS STREET BOSTON, MA 02210	04-2103993	501 (C) (3)	100,000.	0.			KIDS AFTERSCHOOL ONLINE
COMMUNITY COLLEGE OF VERMONT P.O. BOX 489, 660 ELM ST. MONTPELIER, VT 05601	03-0213787	501 (C) (3)	100,000.	0.			RISE TO CHALLENGE DUAL ENROLLMENT
COMMUNITY EDUCATION PROJECT 317 MAIN STREET HOLYOKE, MA 01040	04-3458723	501 (C) (3)	100,000.	0.			COLLEGE/CAREER TRANSITIONS
LEWISTON ADULT EDUCATION 156 EAST AVENUE LEWISTON, ME 04240	01-0447384	501 (C) (3)	100,000.	0.			COLLEGE/CAREER TRANSITIONS
ME COALITION FOR EXCELLENCE IN ED 295 WATER ST., STE. 5 AUGUSTA, ME 04330	16-1430799	501 (C) (3)	100,000.	0.			GRADUATE READY PROGRAM
MASSINC 18 TREMONT ST., STE. 1120 BOSTON, MA 02108-2301	04-3271457	501 (C) (3)	100,000.	0.			EDUCATION POLICY PROJECT

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

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ME SCHOOL ADMIN DISTRICT #35 260 ROUTE 236 SOUTH BERWICK, ME 03908	GOV'T UNIT	STATE AGENCY	100,000.	0.			COLLEGE/CAREER TRANSITIONS
N.E. BOARD OF HIGHER EDUCATION 45 TEMPLE PLACE BOSTON, MA 02109	04-2207418	501 (C) (3)	100,000.	0.			N.E. JOURNAL OF HIGHER EDUCATION
NO. SHORE COMMUNITY ACTION PROG. 98 MAIN STREET PEABODY, MA 01960	04-2385280	501 (C) (3)	100,000.	0.			COLLEGE/CAREER TRANSITIONS
PRESCHOOL ENRICHMENT TEAM 293 BRIDGE ST., STE. 322 SPRINGFIELD, MA 01103	04-2790929	501 (C) (3)	100,000.	0.			EARLY CHILDHOOD COMM COALITION
THE BOSTON FOUNDATION 75 ARLINGTON ST., 10TH FLOOR BOSTON, MA 02116	04-2104021	501 (C) (3)	100,000.	0.			SKILLWORKS
THE TUTORIAL CENTER 208 PLEASANT STREET BENNINGTON, VT 05201	03-0233583	501 (C) (3)	100,000.	0.			COLLEGE/CAREER TRANSITIONS
UNITED WAY OF PIONEER VALLEY 184 MILL STREET SPRINGFIELD, MA 01108	04-2152680	501 (C) (3)	100,000.	0.			SUMMER LEARNING INITIATIVE
UNITED WAY OF PIONEER VALLEY 184 MILL STREET SPRINGFIELD, MA 01108	04-2152680	501 (C) (3)	100,000.	0.			SUMMER LEARNING INITIATIVE

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VERNON REGIONAL ADULT EDUCATION 30 PARK ST., P.O. BOX 600 VERNON, CT 06066	GOV'T UNIT	PUBLIC SCHOOL	100,000.	0.			COLLEGE/CAREER TRANSITIONS
NORWALK COMMUNITY COLLEGE 188 RICHARDS AVENUE NORWALK, CT 06854-1655	06-6000798	501 (C) (3)	98,270.	0.			ACHIEVE THE DREAM PROGRA
CAPITAL COMMUNITY COLLEGE 950 MAIN STREET HARTFORD, CT 06103	06-1398052	501 (C) (3)	93,810.	0.			ACHIEVE THE DREAM PROGRA
HOUSATONIC COMMUNITY COLLEGE 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 06604-4704	13-4310869	501 (C) (3)	100,341.	0.			ACHIEVE THE DREAM PROGRA
SEN. GEORGE MITCHELL RES. INST. 22 MONUMENT SQ., STE. 200 PORTLAND, ME 04101	01-0523390	501 (C) (3)	93,606.	0.			N.E. SECONDARY SCHOOL CONSORTIUM
QED FOUNDATION 43 AUSTIN ROAD AMHERST, NH 03031	26-1516897	501 (C) (3)	81,980.	0.			EXPANDED LEARNING OPP.
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLR BOSTON, MA 02110	06-1164568	501 (C) (3)	75,000.	0.			ACHIEVE THE DREAM
STAND FOR CHILDREN LEADERSHIP CTR 77 RUMFORD AVENUE, STE. 2 WALTHAM, MA 02453	52-1957214	501 (C) (3)	75,000.	0.			CAPACITY BUILDING

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THE BRIDGESPAN GROUP 535 BOYLSTON ST., 10TH FLR BOSTON, MA 02116	31-1625487	501 (C) (3)	75,000.	0.			MA RACE TO TOP APPLICATION
THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501 (C) (3)	75,000.	0.			RACE TO TOP STRATEGIC PLAN
ERIKSON INSTITUTE 451 NORTH LASALLE ST. CHICAGO, IL 60654	36-2593545	501 (C) (3)	69,000.	0.			NON-SCHOOL LEARN SETTING/EXPER.
VOICES FOR VERMONT'S CHILDREN 149 STATE ST., P.O. BOX 261 MONTPELIER, VT 05601	22-2611535	501 (C) (3)	63,000.	0.			IMPACT OF EARLY CARE & EDUCATION
BOYS & GIRLS CLUBS OF PAWTUCKET ONE MOELLER AVENUE PAWTUCKET, RI 02860	05-0258924	501 (C) (3)	60,000.	0.			SUMMER LEARNING PROGRAM
BROWN UNIV., ANNENBURG INST. P.O. BOX 1985 PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	60,000.	0.			ASSESS NE COMM. ORGANIZING/ENGAGE
CENTRAL FALLS SCHOOL DISTRICT 21 HEDLEY AVENUE CENTRAL FALLS, RI 02863	GOV'T UNIT	PUBLIC SCHOOL	60,000.	0.			CALCUTT'S COOL SUMMER PROGRAM
CONNECTING FOR CHILDREN & FAMILY 46 HOPE STREET WOONSOCKET, RI 02895	05-0475365	501 (C) (3)	60,000.	0.			CHILLIN AND SKILLIN PROGRAM

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PAWTUCKET SCHOOL DEPT-COZ CUNNINGHAM SCHOOL, 40 BALDWIN ST PAWTUCKET, RI 02860	GOV'T UNIT	PUBLIC SCHOOL	60,000.	0.			COZ SUMMER PROGRAM
PROVIDENCE AFTERSCHOOL ALLIANCE 17 GORDON AVE., STE. 104 PROVIDENCE, RI 02905	26-0319193	501 (C) (3)	60,000.	0.			SUMMER PROGRAM
NAT'L SUMMER LEARNING ASSOC. 800 WYMAN PARK DR., STE. 110 BALTIMORE, MD 21211	26-3356271	501 (C) (3)	58,400.	0.			SUMMER SCHOOL CONVERSATION
ASSOCIATED GRANT MAKERS 55 COURT ST., STE. 520 BOSTON, MA 02108	04-2457605	501 (C) (3)	50,000.	0.			SUMMER FUND 2010
BIG PICTURE LEARNING COMPANY 325 PUBLIC STREET PROVIDENCE, RI 02905	05-0485883	501 (C) (3)	50,000.	0.			COLLEGE UNBOUND
BOSTON ARTS ACADEMY 174 IPSWICH STREET BOSTON, MA 02215	04-3454898	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
BOSTON BEYOND 89 SOUTH ST., STE. 601 BOSTON, MA 02111	20-1308560	501 (C) (3)	50,000.	0.			BOSTON AFTERSCHOOL & BEYOND
BOSTON DAY & EVENING ACADEMY 20 KEARSARGE AVENUE ROXBURY, MA 02119	31-1708923	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS

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BROOKLINE SCHOOL STEPS TO SUCCESS 19 KENNARD STREET BROOKLINE, MA 02445	GOV'T UNIT	PUBLIC SCHOOL	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
CAMBRIDGE FAMILY & CHILDREN 60 GORE STREET CAMBRIDGE, MA 02141	04-2104057	501 (C) (3)	50,000.	0.			CAYL INSTITUTE SCHOLARSHIPS
COMMUNITY COLLEGE OF RI 400 EAST AVENUE WARWICK, RI 02886-1807	GOV'T UNIT	PUBLIC UNIV.	50,000.	0.			RI TRANSITION TO COLLEGE INIT.
CT STATE DEPT OF EDUCATION P.O. BOX 2219 HARTFORD, CT 06145	GOV'T UNIT	STATE AGENCY	50,000.	0.			AARA RACE TO TOP APPLICATION
CUMBERLAND LOCAL EDUCATION P.O. BOX 7458 CUMBERLAND, RI 02864	05-0494483	501 (C) (3)	50,000.	0.			MAYORAL ACADEMY PROJECT
DOMUS FOUNDATION 83 LOCKWOOD AVENUE STAMFORD, CT 02906	06-0891998	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
UNIV. OF MA, GASTON INSTITUTE 100 MORRISSEY BLVD BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	50,000.	0.			STRENGTHEN LATINO PARTICIPATION
GRANTMAKERS FOR EDUCATION 720 SW WASHINGTON ST., STE. 605 PORTLAND, OR 97205	33-0919329	501 (C) (3)	50,000.	0.			2009 NATIONAL CONFERENCE SPONSOR

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JOBS FOR MAINE'S GRADUATES 45 COMMERCE DR., STE. 9 AUGUSTA, ME 04330	01-0482628	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
MASS INSIGHT 18 TREMONT ST., STE. 930 BOSTON, MA 02108	04-3369687	501 (C) (3)	50,000.	0.			MASS AP INITIATIVE
NORTHEAST KINGDOM LEARNING 1 MAIN STREET NEWPORT, VT 05855	22-3113459	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
PROVIDENCE AFTERSCHOOL ALLIANCE 17 GORDON AVE., STE. 104 PROVIDENCE, RI 02905	26-0319193	501 (C) (3)	50,000.	0.			EXTENDED LEARNING OPP. MODEL
QED FOUNDATION 43 AUSTIN ROAD AMHERST, NH 03031	26-1516897	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
SPRINGFIELD RENAISSANCE SCHOOL 1170 CAREW STREET SPRINGFIELD, MA 01104	GOV'T UNIT	PUBLIC SCHOOL	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
UNITED WAY OF RI, RI AFTERSCHOOL 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501 (C) (3)	50,000.	0.			RI EXPANDED LEARNING OPP
VERMONT RURAL PARTNERS P.O. BOX 37 EAST HARDWICK, VT 05836	03-0360919	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS

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VERMONT YOUTH CONSERVATION 1949 EAST MAIN STREET RICHMOND, VT 05477	03-0328834	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
WISCASSET ADULT & COMM. EDUCATION 272 GARDINER ROAD WISCASSET, ME 04578	GOV'T UNIT	PUBLIC SCHOOL	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
YOUNG VOICES 150 MILLER AVENUE PROVIDENCE, RI 02905	43-2103674	501 (C) (3)	50,000.	0.			CATALYST FOR CHANGE PROGRAMS
UNIV. OF MA, GASTON INSTITUTE 100 MORRISSEY BLVD BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	49,997.	0.			TRANSLATING KNOWLEDGE INTO ACTION
BROWN UNIV., ANNENBURG INST. P.O. BOX 1985 PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	49,000.	0.			RI URBAN TASK FORCE IMPLEMENT
LELAND STANFORD JUNIOR UNIV. 340 PANAMA STREET STANFORD, CA 94305	94-1156365	501 (C) (3)	45,000.	0.			PERFORMANCE ASSESS COST ANALYSIS
NH STATE DEPT. OF EDUCATION 101 PLEASANT STREET CONCORD, NH 03301-3860	GOV'T UNIT	STATE AGENCY	42,000.	0.			PERFORM BASED SYST SCHOO ACCOUNT
MAINE ADULT EDUCATION P.O. BOX 187 GREENWOOD, ME 04255	01-0482994	501 (C) (3)	40,000.	0.			ADULT EDUCATION ADVOCACY

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MA COALITION FOR ADULT EDUCATION 101 TREMONT ST., STE. 812 BOSTON, MA 02108	22-3016440	501 (C) (3)	40,000.	0.			ADULT EDUC. STATEWIDE COALITION
THAYER ACADEMY 745 WASHINGTON STREET BRAINTREE, MA 02184	04-2106781	501 (C) (3)	40,000.	0.			EDUCATION PROGRAMS
YALE UNIVERSITY CHILD STUDY CTR P.O. BOX 208047 NEW HAVEN, CT 06520-8047	06-0923986	501 (C) (3)	40,000.	0.			SCHOOL DEVELOPMENT PROGRAM
EDUCATION DEVELOPMENT CENTER 55 CHAPEL STREET NEWTON, MA 02458-1060	04-2241718	501 (C) (3)	39,043.	0.			ROLE OF TECHNOLOGY IN LEARNING
NH STATE DEPT. OF EDUCATION 101 PLEASANT STREET CONCORD, NH 03301-3860	GOV'T UNIT	STATE AGENCY	35,000.	0.			RACE TO TOP STRATEGIC PLAN
NH STATE DEPT. OF EDUCATION 101 PLEASANT STREET CONCORD, NH 03301-3860	GOV'T UNIT	STATE AGENCY	35,000.	0.			RACE TO TOP STRATEGIC PLAN
THE POVERTY INSTITUTE 600 MT. PLEASANT AVENUE PROVIDENCE, RI 02908	05-6049721	501 (C) (3)	34,000.	0.			ADULT EDUCATION STATE COALITION
NORTH COUNTRY UNION HIGH SCHOOL 209 VETERANS AVENUE NEWPORT, VT 05855	GOV'T UNIT	PUBLIC SCHOOL	33,500.	0.			PATHWAYS PROGRAM

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VERMONT PRINCIPALS ASSOCIATION 2 PROSPECT ST., STE. 3 MONTPELIER, VT 05602	03-6006002	501 (C) (3)	33,250.	0.			RACE TO TOP STRATEGIC PLAN
PINE MANOR COLLEGE 400 HEATH STREET CHESTNUT HILL, MA 02467	04-2321292	501 (C) (3)	31,660.	0.			ACCESS CONSORTIUM
CAMBRIDGE FAMILY & CHILDREN 60 GORE STREET CAMBRIDGE, MA 02141	04-2104057	501 (C) (3)	30,000.	0.			CAYL INSTITUTE FORUMS & BRIEFS
CITY OF CAMBRIDGE PUBLIC SCHOOLS 159 THORNDIKE ST. CAMBRIDGE, MA 02141	04-6001383	501 (C) (3)	25,470.	0.			EDUCATION/SUMMER LEARNIN
UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION, D5600 AUSTIN, TX 78712	74-6000203	501 (C) (3)	25,058.	0.			ACHIEVE THE DREAM COACHE
RESEARCH CENTER FOR MEDIA PSYCH 848 N. RAINBOW BLVD., #1768 LAS VEGAS, NV 89107	20-8024398	501 (C) (3)	25,000.	0.			21ST CENTURY SKILLS
THOMPSON ISLAND OUTWARD BOUND P.O. BOX 177 BOSTON, MA 02127	04-3027900	501 (C) (3)	25,000.	0.			CURRICULUM DEVELOPMENT/COLLABORATE
ME COMPACT FOR HIGHER EDUCATION 295 WATER ST., STE. 5 AUGUSTA, ME 04330	20-3559947	501 (C) (3)	24,000.	0.			STATEWIDE HIGHER ED STRATEGY

SCHEDULE I-1 (Form 990)
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Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MDC 400 SILVER CEDAR CT., STE. 300 CHAPEL HILL, NC 27514	56-0894222	501 (C) (3)	23,930.	0.			ACHIEVE THE DREAM INTERMEDIARY
MA COAL. FOR SCHOOL-BASED HEALTH 40 COURT ST., 10TH FLR BOSTON, MA 02108	04-3527138	501 (C) (3)	22,000.	0.			RESEARCH
YOUNG VOICES 150 MILLER AVENUE PROVIDENCE, RI 02905	43-2103674	501 (C) (3)	21,000.	0.			COMMUNITY ORGANIZING
ELIZABETH PEABODY HOUSE 277 BROADWAY SOMERVILLE, MA 02145	04-2104827	501 (C) (3)	20,700.	0.			CAMP GANNETT/SUMMER LEARNING
ALLIANCE FOR EXCELLENT EDUCATION 1201 CONNECTICUT AVE.NW, STE. 901 WASHINGTON, DC 20036	11-3487339	501 (C) (3)	20,000.	0.			INTERNATIONAL ASSESSMENT SEMINAR
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501 (C) (3)	20,000.	0.			ENRICHMENT PROGRAMS
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501 (C) (3)	20,000.	0.			ENRICHMENT PROGRAMS
ECONOMIC POLICY INSTITUTE 1333 H ST., NW, STE. 300 WASHINGTON, DC 20005	52-1368964	501 (C) (3)	20,000.	0.			BROADER, BOLDER APPROACH CAMPAIGN

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FED. DORCHESTER NEIGHBOR HOUSES 19 SAMOSET STREET DORCHESTER, MA 02124-2415	04-2383512	501 (C) (3)	20,000.	0.			EVALUATION INITIATIVE
FRIENDS OF RAFAEL HERNANDEZ SCHOOL 61 SCHOOL STREET ROXBURY, MA 02119	04-3532825	501 (C) (3)	20,000.	0.			SUMMER SCHOOL ENRICHMENT/TUTORING
HYDE SQUARE TASK FORCE P.O. BOX 301871 JAMAICA PLAIN, MA 02130	04-3118543	501 (C) (3)	20,000.	0.			JOVENES EN ACCION PROGRA
ME STATE DEPT OF EDUCATION 23 STATE HOUSE STATION AUGUSTA, ME 04333-0023	GOV'T UNIT	STATE AGENCY	20,000.	0.			COLLEGE TRANSITION SERVICES
MA STATE DEPT OF EDUCATION 350 MAIN STREET MALDEN, MA 02148-5023	GOV'T UNIT	STATE AGENCY	20,000.	0.			COLLEGE TRANSITION SERVICES
PARTNERSHIP FOR 21ST CENTURY 177 N. CHURCH AVE., STE. 305 TUCSON, AZ 85701	16-1621375	501 (C) (3)	20,000.	0.			NAT'L SUMMIT ON 21ST CENTURY SKILL
THE TUTORIAL CENTER 208 PLEASANT STREET BENNINGTON, VT 05201	03-0233583	501 (C) (3)	20,000.	0.			COLLEGE TRANSITION SERVICES
UNITED WAY OF MASS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501 (C) (3)	20,000.	0.			ADVANCING AGENDA, CHILD/YOUTH/FAM

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SECOND START 17 KNIGHT STREET CONCORD, NH 03301	02-0302477	501 (C) (3)	19,974.	0.			NH ADULT EDUC/COLLEGE TRANSITION
MDC 400 SILVER CEDAR CT., STE. 300 CHAPEL HILL, NC 27514	56-0894222	501 (C) (3)	19,800.	0.			ACHIEVE THE DREAM INTERMEDIARY
NAT'L SUMMER LEARNING ASSOC. 800 WYMAN PARK DR., STE. 110 BALTIMORE, MD 21211	26-3356271	501 (C) (3)	16,982.	0.			VIRTUAL LIBRARY
MA COAL. FOR SCHOOL-BASED HEALTH 40 COURT ST., 10TH FLR BOSTON, MA 02108	04-3527138	501 (C) (3)	16,000.	0.			CONFERENCE SPONSORSHIP
CONSERVATORY LAB CHARTER SCHOOL 25 ARLINGTON STREET BRIGHTON, MA 02135	06-3443578	501 (C) (3)	15,000.	0.			EDUCATIONAL PROGRAMS
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501 (C) (3)	15,000.	0.			RESEARCH FISCAL CONSEQ/DROPOUTS
FRAMEWORKS INSTITUTE 1776 I ST., NW, 9TH FLR WASHINGTON, DC 20006	71-0891642	501 (C) (3)	12,000.	0.			PATHWAYS LEARNING COMMUNITY
BOSTON BEYOND 89 SOUTH ST., STE. 601 BOSTON, MA 02111	20-1308560	501 (C) (3)	10,000.	0.			ANNIVERSARY EVENT

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BOSTON CHINATOWN NEIGHBOR CTR 885 WASHINGTON STREET BOSTON, MA 02111	23-7209691	501 (C) (3)	10,000.	0.			ANNUAL BANQUET
BOSTON EDUC. DEVELOPMENT FDN 26 COURT ST., 6TH FLOOR BOSTON, MA 02108	22-2514422	501 (C) (3)	10,000.	0.			BRIDGING THE GAP CONFERENCE
BOSTON EDUC. DEVELOPMENT FDN 26 COURT ST., 6TH FLOOR BOSTON, MA 02108	22-2514422	501 (C) (3)	10,000.	0.			BRIDGING THE GAP CONFERENCE
BOSTON UNIVERSITY 2 SHERBORN STREET BOSTON, MA 02215	04-2103547	501 (C) (3)	10,000.	0.			SCH OF MGMT GRADUATE PROGRAMS
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501 (C) (3)	10,000.	0.			TRUSTEE CHALLENGE FUND
CATHEDRAL HIGH SCHOOL 74 UNION PARK STREET BOSTON, MA 02118	56-2438576	501 (C) (3)	10,000.	0.			STUDENT LEADERSHIP CONFERENCE
COLLEGE OF ST. BENEDICT 37 SOUTH COLLEGE AVENUE ST. JOSEPH, MN 56374-2099	41-0969244	501 (C) (3)	10,000.	0.			CLASS OF 1969 DRIVE
CONSERVATORY LAB CHARTER SCHOOL 25 ARLINGTON STREET BRIGHTON, MA 02135	06-3443578	501 (C) (3)	10,000.	0.			CAPACITY DEVELOPMENT

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CONSERVATORY LAB CHARTER SCHOOL 25 ARLINGTON STREET BRIGHTON, MA 02135	06-3443578	501 (C) (3)	10,000.	0.			CURRICULUM ASSESS DEVELOPMENT
EVERYBODY WINS FOUNDATION 50 BROAD STREET, STE. 1720 NEW YORK, NY 10004	13-3636559	501 (C) (3)	10,000.	0.			POWER LUNCH PROGRAM
LEWISTON HIGH SCHOOL 156 EAST AVENUE LEWISTON, ME 04240	GOV'T UNIT	PUBLIC SCHOOL	10,000.	0.			SUMMER EARLY COLLEGE PILOT
MA AFTERSCHOOL PARTNERSHIP 128A TREMONT ST., 4TH FLR FRONT BOSTON, MA 02111	20-5116880	501 (C) (3)	10,000.	0.			CONNECTING COMMUNITIES SYMPOSIUM
MA STATE DEPT OF EDUCATION ONE ASHBURTON PL., RM 1401 BOSTON, MA 02108	GOV'T UNIT	STATE AGENCY	10,000.	0.			MEASURE/ASSESS DISADVANTAGE STUD
NAT'L ASSOC. STATE BOARDS EDUC 2121 CRYSTAL DR., STE. 350 ARLINGTON, VA 22202	46-0282694	501 (C) (3)	10,000.	0.			STUDY GROUP ON ASSESSMENTS
NORTHEASERN UNIVERSITY 360 HUNTINGTON AVE. BOSTON, MA 02115	04-1679980	501 (C) (3)	10,000.	0.			WHO ARE THE UNDERSERVED-PHASE I
SEN. GEORGE MITCHELL RES. INST. 22 MONUMENT SQ., STE. 200 PORTLAND, MA 04101	01-0523390	501 (C) (3)	10,000.	0.			HIGHER ED PERFORMANCE INDICATORS

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SOCIADAD LATINA 1530 TREMONT ST. ROXBURY, MA 02120	04-2678255	501 (C) (3)	10,000.	0.			MISSION POSSIBLE COLLEGE ACCESS
SOUTH SHORE YMCA 79 CODDINGTON STREET QUINCY, MA 02169	04-2105881	501 (C) (3)	10,000.	0.			YOUTH IN GOVERNMENT
UNITED WAY OF ALLEGHENY COUNTY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501 (C) (3)	10,000.	0.			EDUCATIONAL PROGRAMS
UNIV. OF MA, DONAHUE INSTITUTE 100 VENTURE WAY, STE. 9 HADLEY, MA 01035	GOV'T UNIT	PUBLIC UNIV.	10,000.	0.			EVALUATION
UNIV. OF MA, GASTON INSTITUTE 100 MORRISSEY BLVD BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	10,000.	0.			EDUCATIONAL PROGRAMS
UNIV. OF MA, GASTON INSTITUTE 100 MORRISSEY BLVD BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	10,000.	0.			EDUCATIONAL PROGRAMS
WILLISTON-NORTHAMPTON SCHOOL 19 PAYSON AVENUE EASTHAMPTON, MA 01027	04-1975990	501 (C) (3)	10,000.	0.			ANNUAL FUND & SCHOLARSHI
YEAR UP 10 DORRANCE ST., STE. 1108 PROVIDENCE, RI 02903	04-3534407	501 (C) (3)	10,000.	0.			ANNUAL FUND

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YEAR UP 10 DORRANCE ST., STE. 1108 PROVIDENCE, RI 02903	04-3534407	501 (C) (3)	10,000.	0.			ANNUAL FUND
YOUNG VOICES 150 MILLER AVENUE PROVIDENCE, RI 02905	43-2103674	501 (C) (3)	10,000.	0.			YOUNG VOICES
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501 (C) (3)	9,000.	0.			SCHOLARSHIP PROGRAM
EDUC. FOR SOCIAL RESPONSIBILITY 23 GARDEN STREET CAMBRIDGE, MA 02138	04-2764204	501 (C) (3)	9,000.	0.			EDUCATIONAL PROGRAMS
HYDE SQUARE TASK FORCE P.O. BOX 301871 JAMAICA PLAIN, MA 02130	04-3118543	501 (C) (3)	9,000.	0.			JOVENES EN ACCION PROGRA
JFK LIBRARY FOUNDATION COLUMBIA POINT BOSTON, MA 02125	04-6113130	501 (C) (3)	9,000.	0.			PROFILES IN COURAGE TRUS
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	23-7067506	501 (C) (3)	9,000.	0.			ANNUAL FUND
NATICK EDUCATION FOUNDATION P.O. BOX 2221 NATICK, MA 01760	04-3166767	501 (C) (3)	9,000.	0.			EDUCATIONAL PROGRAMS

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SPRINGFIELD SCHOOL VOLUNTEERS 195 STATE STREET SPRINGFIELD, MA 01102	04-2643527	501 (C) (3)	9,000.	0.			RENAISSANCE SCHOOL PROGRAMS
N.E. ASSOC. OF SCHOOLS/COLLEGES 209 BURLINGTON ROAD BEDFORD, MA 01730-1433	04-6112618	501 (C) (3)	8,600.	0.			BUILDING CAPACITY SCHOOL CHANGE
YOUNG VOICES 150 MILLER AVENUE PROVIDENCE, RI 02905	43-2103674	501 (C) (3)	8,420.	0.			COMMUNITIES FOR PUBLIC E REFORM
THE STEPPINGSTONE FOUNDATION 155 FEDERAL ST., STE. 800 BOSTON, MA 02110	04-3086666	501 (C) (3)	8,000.	0.			NPEA ANNUAL CONFERENCE
THE STEPPINGSTONE FOUNDATION 155 FEDERAL ST., STE. 800 BOSTON, MA 02110	04-3086666	501 (C) (3)	8,000.	0.			NPEA ANNUAL CONFERENCE
TRINITY RESTORATION, INC. 393 BROAD STREET PROVIDENCE, RI 02907	05-0502019	501 (C) (3)	8,000.	0.			TRINITY PERFORMING ARTS ACADEMY
RI LEAGUE OF CHARTER SCHOOLS 4 RICHMOND SQ., STE. 300 PROVIDENCE, RI 02906	58-2671545	501 (C) (3)	7,725.	0.			CHARTER SCHOOL PUBLIC CONFERENCE
NAT'L CENTER FAIR/OPEN TESTING 15 COURT SQUARE BOSTON, MA 02108	22-2653502	501 (C) (3)	7,500.	0.			TRANSFORM ASSESS/ACCT SYSTEMS

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REACH OUT & READ, INC. 56 ROLAND ST., STE. 100D BOSTON, MA 02129	04-3481253	501 (C) (3)	7,500.	0.			READING PROGRAMS
SOUTH SHORE YMCA 79 CODDINGTON STREET QUINCY, MA 02169	04-2105881	501 (C) (3)	7,500.	0.			GIRL POWER PROGRAM
STAMFORD ACHIEVES 62 PALMER'S HILL ROAD STAMFORD, CT 06927	20-1727241	501 (C) (3)	7,500.	0.			TUTORING ACHIEVES
FRIENDS OF RAFAEL HERNANDEZ SCHOOL 61 SCHOOL STREET ROXBURY, MA 02119	04-3532825	501 (C) (3)	6,500.	0.			EDUCATIONAL PROGRAMS
TEACH FOR AMERICA 60 CANAL STREET BOSTON, MA 02114	13-3541913	501 (C) (3)	6,500.	0.			CONFERENCE SPONSORSHIP
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLR BOSTON, MA 02110	06-1164568	501 (C) (3)	6,200.	0.			CAREER & TECHNICAL EDUC. CONF.
UNITED WAY OF RI, RI AFTERSCHOOL 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501 (C) (3)	6,150.	0.			TECH. ASSIST FOR SUMMER PILOT
CHILDREN'S ALLIANCE OF NH 103 NORTH STATE ST. CONCORD, NH 03301	22-2936618	501 (C) (3)	6,000.	0.			EARLY CHILDHOOD COMM. COALITION

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RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501 (C) (3)	6,000.	0.			EARLY CHILDHOOD COMM. COALITION
SO. MAINE MED. CTR. VISIT NURSES P.O. BOX 739 KENNEBUNK, ME 04043	20-1620032	501 (C) (3)	6,000.	0.			NURSING SCHOLARSHIPS
CENTER FOR THE ARTS IN NATICK 14 SUMMER STREET NATICK, MA 01760	04-3364016	501 (C) (3)	6,000.	0.			ARTS EDUCATION PROGRAM
THE FOUNDATION CENTER 79 FIFTH AVENUE/16TH STREET NEW YORK, NY 10003	13-1837418	501 (C) (3)	6,000.	0.			GENERAL PROGRAMMING
UNITED WAY OF MIDCOAST MAINE 34 WING FARM PARKWAY #201 BATH, ME 04530	01-6004866	501 (C) (3)	6,000.	0.			EARLY CHILDHOOD COMM. INITIATIVE
UNIV. OF MA, GASTON INSTITUTE 100 MORRISSEY BLVD BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIV.	6,000.	0.			RESEARCH OF BOSTON ELL STUDENTS
URBAN EDUCATION EXCHANGE 219 WEST 135TH ST. NEW YORK, NY 10030	13-3593812	501 (C) (3)	6,000.	0.			EDUCATIONAL PROGRAMS
VOICES FOR VERMONT'S CHILDREN 149 STATE ST., P.O. BOX 261 MONTPELIER, VT 05601	22-2611535	501 (C) (3)	6,000.	0.			EARLY CHILDHOOD COMM. COALITION

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YEAR UP 93 SUMMER STREET, 5TH FLR BOSTON, MA 02110	04-3534407	501 (C) (3)	6,000.	0.			EDUCATIONAL PROGRAMS
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501 (C) (3)	5,027.	0.			OPPORTUNITY HIGH SCHOOL

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

Schedule I-1 (Form 990) 2009

932241 02-01-10

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II ***Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.*** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NICHOLAS C. DONOHUE	(i)	340,928.	0.	0.	0.	56,604.	397,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL CAREY	(i)	173,926.	4,000.	0.	0.	30,344.	208,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY HARRISON	(i)	190,480.	0.	0.	0.	49,783.	240,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BETH MILLER	(i)	137,375.	0.	0.	0.	39,384.	176,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSE MASSO	(i)	123,213.	0.	0.	0.	30,285.	153,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LYNN D'AMBROSE	(i)	117,553.	2,737.	0.	0.	30,135.	150,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number
04-2755323

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

THE SKILLS, KNOWLEDGE AND SUPPORTS NECESSARY TO BECOME CIVICALLY ENGAGED, ECONOMICALLY SELF-SUFFICIENT LIFE-LONG LEARNERS.

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

PUBLIC UNDERSTANDING ABOUT EDUCATION IN ORDER TO BETTER INFORM EFFORTS TO IMPROVE EDUCATION. THE FOUNDATION'S STRATEGIC INITIATIVES INCLUDE: EARLY LEARNING - THE INITIATIVE PROMOTES ACCESS TO HIGH QUALITY, DEVELOPMENTALLY APPROPRIATE, PUBLIC-SUPPORTED EARLY EDUCATION FOR EVERY CHILD IN NEW ENGLAND; TIME FOR LEARNING - THE INITIATIVE EXAMINES AND PROMOTES INNOVATION THAT EXPANDS THE NOTION OF WHEN STUDENTS LEARN; PATHWAYS TO HIGHER LEARNING - FOCUSED ON IMPROVING THE QUALITY AND VARIETY OF THE EDUCATIONAL PATHWAYS BETWEEN MIDDLE SCHOOL AND HIGH SCHOOL WITH POSTSECONDARY OPPPORTUNITIES FOR UNDERSERVED STUDENTS IN NEW ENGLAND; ADULT LEARNING - FOCUSED ON POSTSECONDARY OPPORTUNITIES FOR ADULTS, INCLUDING COLLEGE TRANSITION PROGRAMS, AND THE EXPANSION OF A VARIETY OF AVAILABLE, HIGH-QUALITY OPTIONS THAT LEAD TO POSTSECONDARY SUCCESS; AND SYSTEMS BUILDING - THE INITIATIVE CONCENTRATES ON THE RE-EVALUATION OF CURRENT EDUCATION SYSTEMS IN ORDER TO IDENTIFY INNOVATIONS, POLICIES, AND OTHER OPPORTUNITIES THAT MAY LEAD TO DRAMATIC INCREASE IN THE NUMBER OF STUDENTS POSSESSING THE SKILLS NECESSARY IN THE 21ST CENTURY.

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

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

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONSIDERS COMPARABILITY DATA, PROVIDED BY AN INDEPENDENT CONSULTANT, WHEN DETERMINING COMPENSATION FOR STAFF MEMBERS AND

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Supplemental Information to Form 990

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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.

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 WEBSITE AND ARE AVAILABLE UPON REQUEST.

PART I - *QUESTION 11H - COLUMNS (I)(II)(VI)(VII):*

NELLIE MAE EDUCATION FOUNDATION, INC. (THE "FOUNDATION") IS AN IRC SECTION 509(A)(3) SUPPORTING ORGANIZATION, SUPPORTING A CLASS OF CHARITIES NAMED IN ITS ARTICLES OF ORGANIZATION. AS STATED IN THE ARTICLES OF ORGANIZATION, THIS CLASS CONSISTS OF "EDUCATIONAL ORGANIZATIONS, INCLUDING UNIVERSITIES, COLLEGES, SECONDARY SCHOOLS, ELEMENTARY SHCOOLS, AND OTHER EDUCATIONAL ORGANIZATIONS WHICH ARE DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE." 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

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PUBLIC CHARITIES DESCRIBED IN IRC SECTION 509(A)(1) OR 509(A)(2) AND ONLY ORGANIZATIONS THAT ARE ORGANIZED IN THE UNITED STATES. BECAUSE THE FOUNDATION SUPPORTS A CLASS OF CHARITIES (RATHER THAN SPECIFICALLY NAMED ORGANIZATIONS), IT IS NOT POSSIBLE FOR THE FOUNDATION TO NOTIFY ALL MEMBERS OF THE CLASS OF CHARITIES OF THE POSSIBILITY OF SUPPORT BY THE FOUNDATION.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print / File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	NELLIE MAE EDUCATION FOUNDATION, INC.	04-2755323
	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 HANCOCK STREET, NO. 205N	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. QUINCY, MA 02169	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MICHAEL CAREY 1250 HANCOCK STREET, 205N - QUINCY, MA 02169
  Telephone No. ▶ 781-348-4200 FAX No. ▶ 781-348-4299
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	NELLIE MAE EDUCATION FOUNDATION, INC.		04-2755323
	Number, street, and room or suite no If a P.O box, see instructions 1250 HANCOCK STREET, NO. 205N		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. QUINCY, MA 02169		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MICHAEL CAREY 1250 HANCOCK STREET, 205N - QUINCY, MA 02169
  Telephone No. ▶ 781-348-4200 FAX No. ▶ 781-348-4299
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ MANAGING DIRECTOR / CPA Date ▶ 8/12/10

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05-26-09