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Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

B David Content Cont	A	or the	2014 calendar year, or tax year beginning and	ending		
NEIDLIS MAR SDUCATION FOUNDATION, INC. 04-2755323	В	Check if applicable	C Name of organization		D Employer identific	cation number
March Marc	Г	Address	NELLIE MAE EDUCATION FOUNDATION, INC.			
Number and street (or but in that is not converted to stress address) Promisele		Name change			04-2	755323
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, and ZIP or foreign postal code City or town A 2216			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
City or form, state or province, country, and 2r or foreign postal code G. Seas members T91, 485, 2U2.		Final return/	1250 HANCOCK STREET	205N	781-	348-4200
First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and address of principal officer/NI CHOLAS C. DONOHUB First Name and Address Name and		ated			G Gross receipts \$	191,485,202.
Tax-exempt status X S01(0(3) S01(0) (easer no.) 4947(a)(1) or 527 (fire value of not status X S01(0(3) S01(0) (easer no.) 4947(a)(1) or 527 (fire value of not status X S01(0(3) S01(0) (easer no.) 4947(a)(1) or 527 (fire value of not organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal dominie MA Peart Summary 1 Song the continuous in status S01(0(3) S01(0) (easer no.) 1 S01 S01 S01 (easer no.) 1 S01 S01 S01 (easer no.) 1 S01 S01 S01 S01 S01 S01 S01 S01			OUINCY, MA 02169		H(a) Is this a group re	etum
SARE AS C ABOVE Taxaxempt status Significial Significal AgaPa(a)(1) or S27		tion	F Name and address of principal officer: NICHOLAS C. DONORO	ΙE	for subordinates	? Yes X No
Website: WIMP NMEFOUNDATION ORG	_	penaing	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Part Summary				or 527	If "No," attach a	list. (see instructions)
Part Summary						
Brefly describe the organization's mission or most significant activities. TO STIMULATE TRANSFORMATIVE CHANGE OF PUBLIC EDUCATION SYSTEMS ACROSS NEW ENGLAND BY SUPPORTING 2 Check this box == 1				L Year	of formation: 1998 N	A State of legal domicile: MA
CHANGE OF PUBLIC EDUCATION SYSTEMS ACROSS NEW RIGLAND BY SUPPORTING Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a)	Р	, -				
Total number of individuals employed in calendar year 2014 (Part V. line 2a) 8 27 27 27 27 27 27 27	ø	1 E	· · · · · · · · · · · · · · · · · · ·			
Total number of individuals employed in calendar year 2014 (Part V. line 2a) 8 27 27 27 27 27 27 27	a	9				
Total number of individuals employed in calendar year 2014 (Part V. line 2a)	ern	2 (_	osed of mor	e than 25% of its net as	1
Total number of individuals employed in calendar year 2014 (Part V. line 2a)	õ	3 1			3	
B Net unrelated business taxable income from Form 990-T, line 34 Tb -315, 346.						
B Net unrelated business taxable income from Form 990-T, line 34 Tb -315, 346.	jes	5				27
B Net unrelated business taxable income from Form 990-T, line 34 Tb -315, 346.	2	6				0
Prior Year Current Year O.	Ą	7a				
8 Contributions and grants (Part VIII Fig. 18)	_	b	Net unrelated business taxable income from Form 990-1, line 34			
9				 		
11 Other revenue (Part VIII) Column (A), lines 2, 84,88, 96,20c, and 11e) 16, 421, 889 23, 687, 429 13 Grants and smilar amounts pad (Part X), column (A), line 12) 16, 756, 915 17, 160, 055 18 18 18 18 18 18 18	ā	8 (contributions and grants (Pan-Alliane 18)	⊢		
11 Other revenue (Part VIII) Column (A), lines 2, 84,88, 96,20c, and 11e) 16, 421, 889 23, 687, 429 13 Grants and smilar amounts pad (Part X), column (A), line 12) 16, 756, 915 17, 160, 055 18 18 18 18 18 18 18	Š	9		· · · · · -		
12 Total revenue add lines & through 11 (must equal Part VIII) 16, 421, 889 23, 687, 429 16, 756, 915 17, 160, 055 17, 160, 055 17, 160, 055 18, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	a S	10	nvestment income (Parcylli, column (A), lines 3, 4, ang 30)	· -		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 16,756,915. 17,160,055. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0. 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,600,137. 3,839,941. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 19 Revenue less expenses Subtract line 18 from line 12 7-7,899,721. -2,008,241. 19 Revenue less expenses Subtract line 18 from line 12 7-7,899,721. -2,008,241. 19 Revenue less expenses Subtract line 18 from line 12 7-7,899,721. -2,008,241. 10 Total labilities (Part X, line 16) 543,288,540. 544,884,592. 11 Total labilities (Part X, line 26) 532,392,389. 532,392,171. 10 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. Primt/Type preparer's name Preparer's signature Preparer's signature Primt/Type preparer's name Preparer's signature Primt/Type preparer's name CBIZ TOFIAS Prim's address 500 BOYLSTON STREET BOSTON, MA 02116 Phone no.617-761-0600 May the IRS discuss this return with the preparer shown above? (see instructions) IX yes No. N		111	Ther revenue (Part VIII Scolumn (E) Willes 3, 50,189, 90,500, and 11e)	· · ·		
14 Benefits paid to or for members (Part IX, Column (A), Inne 5) 0. 0. 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), Innes 5-10) 3,600,137. 3,839,941. 0. 0. 0. 0. 0. 0. 0.			U. 1			
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,600,137. 3,839,941. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f.24e) 3,964,558. 4,695,674. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,321,610. 25,695,670. 19 Revenue less expenses Subtract line 18 from line 12 -7,899,721. -2,008,241. 18 End of Year 20 Total assets (Part X, line 26) 10,896,151. 12,492,421. 21 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 22 Net assets or fund balances Subtract line 21 from line 20 532,392,389. 532,392,372. 21 Total liabilities (Part X, line 26) 532,392,389. 532,392,171. 21 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 22 Net assets or fund balances Subtract line 21 from line 20 532,392,389. 532,392,171. 23 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 24 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 25 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 25 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 25 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 26 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 27 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 28 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 29 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 20 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 20 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 20 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 20 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 21 Total liabilities (Part X, line 26) 10,896,151. 12,492,421. 22 Total liabilities			· · · · · · · · · · · · · · · · · · ·	· · -		
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19 Revenue less expenses Subtract line 18 from line 12 -7, 899, 7212,008,241.			5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Beginning of Current Year End of Year Standard Statements, and to the best of my knowledge and belief, it is true, correct, and complète, Deparation of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here NICHOLAS C. DONOHUE, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Print's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) Beginning of Current Year End of Year Stady, 288, 540. 544, 884, 592. 10,896,151. 12,492,421. 532,392,389. 532,392,171. 532,392,389. 532,392,171. Date Double of thick of the best of my knowledge and belief, it is true, correct, and complète, Deparation of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Department Print's name Print's name Preparer's signature Print's signature Print's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2014)			• • • • • • • • • • • • • • • • • • • •	· ·		
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true, correct, and complate, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date NICHOLAS C. DONOHUE, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN CRAIG KLEIN PTIN Preparer Firm's name CBIZ TOFIAS Firm's ellengtoyed P00734640 Preparer Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 Phone no.617-761-0600 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)						
Sign Here NICHOLAS C. DONOHUE, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer Preparer Firm's name CRAIG KLEIN Preparer Firm's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Date Print/Type preparer's name Preparer's signature II/6/S Self-employed PO0734640 Print's EIN 26-3753134 Phone no.617-761-0600 X Yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)	Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedul	les and state	ments, and to the best of m	ly knowledge and belief, it is
Here NICHOLAS C. DONOHUE, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer Preparer's signature CRAIG KLEIN Preparer Firm's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Political Print Science Print Print Science Print Science Print Print Science Print Print Science Print Pri	tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	er has any knowledge.	1
Here NICHOLAS C. DONOHUE, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer Preparer's signature CRAIG KLEIN Preparer Firm's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Political Print Science Print Print Science Print Science Print Print Science Print Print Science Print Pri			× 2/1 X/2			112/15
Type or print name and title Print/Type preparer's name Print/Type preparer's name CRAIG KLEIN Preparer Firm's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. PTIN Check PTIN PO 734640 Print/Type preparer's name PCHIN PIN 26-3753134 Phone no.617-761-0600 X Yes No Form 990 (2014)	Si	gn	Signature of officer		Date 7	1,, -
Print/Type preparer's name CRAIG KLEIN Preparer Firm's name CBIZ TOFIAS Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Policy Check PTIN Policy PTIN Sell-employed P00734640 Prim's EIN 26-3753134 Phone no.617-761-0600 X Yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)	He	ere				
Paid CRAIG KLEIN Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Firm's signature II 6	_				Data Line	
Preparer Firm's name CBIZ TOFIAS () Firm's EIN 26-3753134 Use Only Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 Phone no.617-761-0600 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Firm's EIN 26-3753134 Phone no.617-761-0600 X Yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	_			4	Date Check L	
Use Only Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)				<u>۰</u>		
BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Phone no.617-761-0600 X Yes No Form 990 (2014)		-			/ Firm's EIN	26-3/53134
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)	US	e UNIY				7 761 0600
432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. 7 6 7 Form 990 (2014)	_	Al 15			Phone no. 6 1	
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	t III Statement of Program Service Accomplishments
<u> Fai</u>	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE MISSION OF THE FOUNDATION IS, THROUGH SUPPORTING EDUCATIONAL
	ORGANIZATIONS, TO STIMULATE TRANSFORMATIVE CHANGE OF PUBLIC EDUCATION
	SYSTEMS ACROSS NEW ENGLAND BY GROWING A GREATER VARIETY OF HIGHER
	EDUCATIONAL OPPORTUNITIES THAT ENABLE ALL LEARNERS - ESPECIALLY AND
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 22,205,834. including grants of \$ 17,160,055.) (Revenue \$ 352,841.)
	THE NELLIE MAE EDUCATION FOUNDATION ("FOUNDATION") IS COMMITTED TO
	ENSURING ALL NEW ENGLAND SCHOOLS AND COMMUNITIES FULLY PREPARE THEIR
	STUDENTS SO THEY GRADUATE READY TO SUCCEED IN COLLEGE OR THE WORKPLACE
	AND CONTRIBUTE TO THEIR COMMUNITIES AS INFORMED CITIZENS. WE SUPPORT
	THE PEOPLE AND ORGANIZATIONS WHO CONTRIBUTE TO MAKING OUR PUBLIC
	SCHOOLS THE BEST THEY CAN BE - INCLUDING STUDENTS AND PARENTS, TEACHERS
	AND ADMINISTRATORS, POLICYMAKERS AND THOUGHT LEADERS. THE FOUNDATION
	IS COMMITTED TO ENSURING THAT ALL NEW ENGLAND STUDENTS GET THE
	EDUCATION THEY NEED - NO MATTER WHO THEY ARE OR WHERE THEY LIVE.
	STUDENTS ENGAGE WITH LEARNING IN DIFFERENT WAYS, SO PUBLIC SCHOOLS NEED
	STUDENT-CENTERED STRATEGIES, RATHER THAN A TOP-DOWN, ONE-SIZE-FITS-ALL
	APPROACH. TODAY'S INNOVATION ECONOMY AND DIVERSE SOCIETY REQUIRES
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 22,205,834.
43200	Form 990 (2014)
11-07-	

Form 990 (2014) NELLIE MAE E
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40	w	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	-
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-21	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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,"		1	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 /	2014\

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):		.	
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		Х
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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	x	
			990 (2014)

Settler the number reported in Box 3 of Form 1006. Enter 0-if not applicable 1a 4.3 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response or note to any line in this Part V			
table the number reported in Box 3 of Form 1986. Enter 0- if not applicable be filter the number of Forms Walf anduded in the ist. Enter 0- if not applicable payments to vendors and reportable gaming (gambing) with more professor with the security of the cognization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with more professor profe		- · · · · · · · · · · · · · · · · · · ·	•	Yes	No
b Enter the number of Forms W26 included in line 1s. Enter 0-fi not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 23 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 24 If all least one is reported on line 2s, did the organization file all required federal employment tax instures? 35 Did the organization have unrelated business gross income of \$1,000 or more during the year? 36 If Vies, "nest filed a Form 990 For for they sen' If "No," for the 3b, provide an explanation in Schedule O. 38 If Vies, "nest filed a Form 990 For for they sen' If "No," for the 3b, provide an explanation in Schedule Country, over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 39 If "Yes," and state the report of the sent of the organization have an interest in, or a signature or other stationary over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 30 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 31 Wes, "to line Sa or Sb, did the organization file the was or is a party to a prohibited tax shelter transaction? 32 Was the organization shell will be organization file form 8886 17 33 Did the organization file organization in the transaction an express statement that such combinations or gifts were not tax deductible? 34 Obes the organization shell was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible and charaction and party for goods and services growed to the payor? 35 Did the organization shell was present that are or is a party to a prohibitor organization shell was present to the form 8889 as required? 36 Did the organization shell was	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110_
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			ŀ		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	L	·		ĺ	
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	D				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			140		
			-		
				990	(2014)

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

	_ Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	3	-	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	'	1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	r l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7 a	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
ь	persons other than the governing body?	75		х
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>
8	The governing body?		•	
a		8a	X	<u> </u>
D	Each committee with authority to act on behalf of the governing body?	8b_	X	ļ
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
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Α_
<u>560</u>	tion b. I oncies (this section b requests information about policies not required by the internal nevenue code.)		V	
40-	Did the argenization have local chapters, branches, or affiliates?	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 la	_A_	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	x	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
C		40-	x	
40	In Schedule O how this was done	12c		-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b	Other officers or key employees of the organization	15b	X	-
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		40		37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA	-1	<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MICHAEL CAREY - 781-348-4271			
	1250 HANCOCK STREET, 205N, QUINCY, MA 02169			

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box,	not cl unles er an	ss per	ntion more	than Is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN BOSTON	4.00	.,						24 222		
DIRECTOR	4 00	X				-		24,220.	0.	0.
(2) HENRY BOURGEOIS	4.00	₩.						24 220		•
DIRECTOR	4 00	X				-		24,220.	0.	0.
(3) GREGORY GUNN	4.00	x						20 000	0	0
DIRECTOR	4.00	Λ						20,000.	0.	0.
(4) KAREN HAMMOND	4.00	x						24,000.	0.	0
DIRECTOR VICTORIAN MICHAEL VICTORIAN VICTORIA	3.00	Δ			 	\vdash		24,000.	<u>U.</u>	0.
(5) CHRISTINA KISHIMOTO DIRECTOR 1/1/14 - 3/12/14	3.00	x						5,000.	0.	0.
(6) STEPHEN KOSSAKOSKI	3.00	- 22				-		3,000.		
DIRECTOR	3.00	x						20,220.	0.	0.
(7) JOANNA LAU	4.00					┢	-	20,220.		<u> </u>
DIRECTOR	1100	x						24,000.	0.	0.
(8) CLAUDIO MARTINEZ	2.00							21,000.		
DIRECTOR 1/1/14 - 12/12/14		$ \mathbf{x} $						15,000.	0.	0.
(9) ELSA NUNEZ	3.00						<u> </u>	23,000		<u>~.</u>
DIRECTOR		X						20,121.	0.	0.
(10) JANET PHLEGAR	4.00			$\neg \neg$						<u> </u>
DIRECTOR		X						28,220.	0.	0.
(11) JOHN REMONDI	2.00				-					<u></u>
DIRECTOR		x						20,000.	0.	0.
(12) WARREN SIMMONS	3.00									<u>. </u>
DIRECTOR		X						20,000.	_ 0.	0.
(13) NICHOLAS WARREN	3.00									
DIRECTOR		X						20,000.	0.	0.
(14) DUDLEY WILLIAMS	3.00									
DIRECTOR/PAST BOARD CHAIR		X				<u> </u>	<u></u>	20,759.	0.	0.
(15) DAVID WOLK	4.00									
DIRECTOR/BOARD CHAIR		X				<u> </u>		32,220.	0.	0.
(16) NICHOLAS C. DONOHUE	40.00						l			
PRESIDENT & CEO				X		<u> </u>	<u> </u>	385,661.	0.	64,038.
(17) MICHAEL CAREY	40.00				ŀ					
TREASURER & DIR. OF FINANCE				X		<u> </u>		214,158.	0.	<u>51,433.</u>

Part VII Section A Officers Directors Tr					_			TION, THE	04-2133	<i>J & J</i>	, <u> </u>	aye C
		ploy	ees			ghe	st C					
(A)	(B)			Pos	C) Ition			(D)	(E)		(F)	
Name and title	Average	(do				than	one	Reportable	Reportable	E	stimate	əd
	hours per week					is bot or/trus		compensation	compensation	aı	mount	
	(list any	\vdash	T	1		1		from	from related		other	
	hours for	aret		1		_		the organization	organizations (W-2/1099-MISC)		npensa	
	related	50 05	홣			sate		(W-2/1099-MISC)	(VV-2/1099-IVII3C)		rom th	
	organizations	truste	a ţi		yee	E E		(** 2/ 1000 101100)			nd relat	
	below	Individual trustee or director	Institutional trustee	_	Key employee	S s s					anızatı	
	line)	- PE	Instit	Officer	Key e	Highest compensated employee	Former					
(18) PAMELA WHITE	40.00											
CLERK		<u> </u>		X		<u> </u>		86,557.	0.	2	8,0	62
(19) MARY HARRISON	40.00											
VP OF PROGRAMS					X			214,801.	0.	5	1,3	04
(20) SHAUN ADAMEC	40.00											
DIR. OF STRATEGIC COMMUNICATIONS		<u> </u>			X	<u></u>		160,899.	0.	4	9,3	26
(21) BETH MILLER	40.00											
DIR. OF RESEARCH & EVALUATION		L.	_		X	<u> </u>		158,235.	0.	4	8,1	97
(22) CHARLES TOULMIN	40.00	Į										
DIRECTOR OF POLICY			_		<u> </u>	X		141,973.	0.	4	5,2	03
(23) LYNN D'AMBROSE	40.00											
SENIOR PROGRAM OFFICER	12.2				<u> </u>	X		130,942.	0.	3	4,9	<u>72</u>
(24) JESSICA SPOHN	40.00											
SENIOR PROGRAM OFFICER					ļ	Х		121,963.	0.	4	0,9	<u>17</u>
(25) PAUL MARSH	40.00											
IT MANAGER						X		120,520.	0.	4	1,0	70
(26) EVE GOLDBERG	40.00											
SR. RESEARCH & POLICY ASSOCIATE						X		100,938.	0.		7,3	
1b Sub-total								2,154,627.	0.	49	1,9	04
c Total from continuation sheets to Part	VII, Section A							0.	0.			0.
d Total (add lines 1b and 1c)				:			<u> </u>	2,154,627.	0.	49	1,9	04.
2 Total number of individuals (including but	t not limited to th	ose	liste	ed al	bove	e) wr	no re	eceived more than \$100,	000 of reportable			
compensation from the organization												10
											Yes	No
3 Did the organization list any former office			e, ke	ey er	nplo	yee,	or	highest compensated en	nployee on			l
line 1a? If "Yes," complete Schedule J fo			٠.							3	ļ	X
4 For any individual listed on line 1a, is the									he organization			ł
and related organizations greater than \$										4	Х	<u> </u>
5 Did any person listed on line 1a receive of							elat	ed organization or individ	dual for services			-
rendered to the organization? If "Yes, " co	omplete Schedul	<u>e J f</u>	or st	uch ,	pers	son				5		X

Section B. Independent Contractors

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

Name and business address	Description of services	(C) Compensation
PRIME BUCHHOLZ & ASSOCIATES		,
273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT COUNSEL	215,362.
CROSS & JOFTUS	GRANTEE/PROGRAM	
8610 RIDGE ROAD, BETHESDA, MD 20817	CONSULTANT	178,750.
HATTAWAY COMMUNICATIONS, 1717 RHODE ISLAND	COMMUNICATIONS	
AVE., STE. 650, WASHINGTON, DC 20036	CONSULTANT	131,298.
THE BOSTON FOUNDATION (TPI)	STRATEGY PLANNING	
75 ARLINGTON STREET, BOSTON, MA 02116	CONSULTANT	125,540.
FOUNDATION STRATEGY GROUP, 500 BOYLSTON	STRATEGY PLANNING	
STREET, STE. 600, BOSTON, MA 02116	CONSULTANT	110,318.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	
\$100,000 of compensation from the organization		

Form **990** (2014)

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			🗀
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns .	1a					
ig ja	b	Membership dues	1b]
Am Am	С	Fundraising events	1c					
a git	d	Related organizations	1d					1
ing,	е	Government grants (contribut	tions) 1e					
it is	f	All other contributions, gifts, gran	its, and	j				
혈		similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	3 1a-1f \$					
<u>8 0</u>	<u> </u>	Total. Add lines 1a-1f	. <u></u>					
				Business Code				
Program Service Revenue	2 a	STUDENT LOAN INCOME		611710	352,841.	352,841.		
e S	b	·		ļ				
n S	C		*****		· · · · · · · · · · · · · · · · · · ·			
Par S	d	·		-				
<u>,</u>	е							
-	f	All other program service reve	enue	L			· · · ·	
\rightarrow		Total. Add lines 2a-2f		···	352,841.			
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)		: . ▶	3,911,686.		-315,346.	4,227,032.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties .						
	_	Own and would be	(i) Real	(II) Personal				
		Gross rents						
		Less rental expenses		 	-			
		Rental income or (loss)		<u> </u>	-		•	
		Net rental income or (loss)		(7.04)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	181,833,714.	5,386,961,				
	D	Less cost or other basis						
	_	and sales expenses	162,447,173,	1				*
		: Gain or (loss) I Net gain or (loss)	19,386,541,	36,361.	10 400 000			
		Gross income from fundraising	va ovente (net		19,422,902.			19,422,902.
E E	o a		-					-
Ş.		contributions reported on line						
~ H		Part IV, line 18						
Other Reven	h	Less direct expenses	. a					
ō		: Net income or (loss) from fund						
		Gross income from gaming a	-					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		: Net income or (loss) from gan	•					
ļ		Gross sales of inventory, less						-
		and allowances	а					
	b	Less: cost of goods sold	_ b					
		Net income or (loss) from sale		•				
ì		Miscellaneous Revenu		Business Code				
	11 a							
	b							
ļ	c	-						
	d	All other revenue					·	-
	е	Total. Add lines 11a-11d	• • • • • • • • • • • • • • • • • • • •	•				
	12	Total revenue. See instructions.		_ _	23 687 429	352.841.	-315,346,	23 649 934.
43200 11-07	9							Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	17,160,055.	17,160,055.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 021 010	040 454	242 244	
	trustees, and key employees	1,831,212.	919,171.	912,041.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 402 420	1 000 000	400 400	
7	Other salaries and wages	1,403,432.	1,000,999.	402,433.	
8	Pension plan accruals and contributions (include	172 000	107 262	46 566	
_	section 401(k) and 403(b) employer contributions)	173,929. 272,246.	127,363.	46,566.	
9	Other employee benefits		191,848.	80,398.	
10	Payroll taxes	159,122.	103,707.	55,415.	
11	Fees for services (non-employees)				
a	Management	179,730.		179,730.	
b	Legal	67,305.		67,305.	
C	Accounting	53,500.		53,500.	
d		33,300.		33,300.	
e	Professional fundraising services. See Part IV, line 17	1,291,635.		1,291,635.	
T	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	1,491,033.		1,491,633.	
g	column (A) amount, list line 11g expenses on Sch O.)	2,060,658.	1,995,899.	64,759.	
40	Advertising and promotion	381.		381.	
12 13	Office expenses	108,009.		39,316.	
14	Information technology	90,930.		33,762.	
15	Royalties	30,330.	37,100.	33,102.	
16	Occupancy	339,161.	213,231.	125,930.	
17	Travel	215,384.	134,787.	80,597.	
18	Payments of travel or entertainment expenses	323,332	2027.07.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	155,096.	155,096.		
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	82,887.	52,111.	30,776.	
23	Insurance	51,529.		19,133.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PECTONAL ACCOUNTABLONG	66,560.	66,560.		
b	SDOE DITT DAM (ACTIOND CUIT)	15,058.		6,159.	
c	TRICOLL DOMEDLE COLL LOSSIC	-82,149.			
d					
e	- 11 11				
25	Total functional expenses. Add lines 1 through 24e	25,695,670.	22,205,834.	3,489,836.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,102,693.	_1	4,422,480.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		з	
	4	Accounts receivable, net	6,740,508.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net .	618,931.	_7	262,058.
A	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 1,092,394.			
	b	Less: accumulated depreciation 10b 815,486.	267,275.		276,908.
	11	Investments - publicly traded securities	232,686,727.	11	197,215,216.
	12	Investments - other securities. See Part IV, line 11	297,872,406.	12	342,707,930.
	13	Investments - program-related. See Part IV, line 11		13	<u>.</u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	543,288,540.	16	544,884,592.
	17	Accounts payable and accrued expenses	793,252.	17	918,663.
	18	Grants payable	10,102,899.	18	11,573,758.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		ΩE	
	26	Total liabilities. Add lines 17 through 25	10,896,151.	25 26	12,492,421.
		Organizations that follow SFAS 117 (ASC 958), check here	10,000,101.	20	12,432,421.
ا يو		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	532,392,389.	27	532,392,171.
alai	28	Temporarily restricted net assets	332/332/303.	28	332,332,171.
d B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
or		and complete lines 30 through 34.			_
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
at A	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
ž	33	Total net assets or fund balances	532,392,389.	33	532,392,171.
	34	Total liabilities and net assets/fund balances	543,288,540.	34	544,884,592.

Form **990** (2014)

	990 (2014) NELLIE MAE EDUCATION FOUNDATION, INC.	04-2	2755323	Pa	ge 12
Pa	t XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI	_			
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,68	7,4	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,69	5,6	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	532,39		
5	Net unrealized gains (losses) on investments	5	2,00		
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u>-</u>		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	***		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	532,39	2,1	71.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.		-	
	consolidated basis, or both.	ŕ			
	X Separate basis Consolidated basis Both consolidated and separate basis		i l		
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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		,		
	Act and OMB Circular A-133?	J = 1	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi			<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2014)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Nam	ne of t	he organization אדיד.ד.	IE MAE EDU	CAMTON FO	אר דייו גירונונו	I TNO	ı		r identification number 04-2755323		
Pa	rt I	Reason for Public	Charity Status	All organizations m	UNDATION	os part / S	e instruction		14-2/35323		
		ization is not a private found						<u> </u>	 		
1						•					
2	H	A church, convention of ch				ון מוט זר מס	1)(A)(I).				
	\equiv	A school described in sect			•	6/1 \/ 4\/ 6\/	•••				
3	一	A hospital or a cooperative						= .			
4		A medical research organiz	ation operated in co	onjunction with a ne	ospital describe	a in sectio	n 1/0(b)(1)(A)(III). Enter	the hospital's name,		
_	\Box	city, and state:			 -						
5		An organization operated for		ollege or university	owned or opera	ited by a g	overnmental (ınit describ	bed in		
_		section 170(b)(1)(A)(iv). (C	•								
6	=	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
7				antial part of its sur	oport from a gov	vernmental	unit or from t	he general	l public described in		
_		section 170(b)(1)(A)(vi). (C									
8	\vdash	A community trust describe			•						
9	ш	An organization that norma									
		activities related to its exer									
		income and unrelated busin		e (less section 511	tax) from busine	esses acqu	ured by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Co	•								
10		An organization organized		·	•						
11	LX	An organization organized									
		more publicly supported or							Check the box in		
	Γ υ	lines 11a through 11d that				•		-			
а	X	,									
		the supported organization			elect a majority	of the dire	ctors or truste	es of the s	supporting		
	[organization. You must o									
b	L	☐ Type II. A supporting org									
		control or management of				ons that co	ontrol or mana	ige the sup	oported		
		organization(s). You mus	•								
C		☐ Type III functionally inte						lly integrate	ed with,		
		its supported organizatio									
d	Щ.	☐ Type III non-functionally									
		that is not functionally int						an attent	tiveness		
_		requirement (see instruct									
е	l	Check this box if the orga					i Type I, Type	II, Type III			
	Coto	functionally integrated, o		nally integrated st	ipporting organi	ization.			CEE DADT VI		
f		er the number of supported of	-	ad areas restrants					SEE PART VI		
_ 9		vide the following information Name of supported	(ii) EIN	(III) Type of organiz	ation (iv) is the c	rganization	(v) Amount of	monetary	(vi) Amount of		
	•	organization		(described on lines	s 1.9 listed	in your	support	•	other support (see		
				above or IRC sect	UOII Vaa	No	Instructi	-	Instructions)		
	-	······································		(see instructions	103	140					
.स.	F. P	ART VI		2,6,7 & 9			17,160	055			
		111/1 4 7		2,0,7 & 3		-	17,100	,055.			
		· · · · · · · · · · · · · · · · · · ·			-						
				 		 			-		
				1							
			<u> </u>								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

PART VI

Schedule A (Form 990 or 990-EZ) 2014

17,160,055.

Pa	Support Schedule for						
	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
Sa	ction A. Public Support	, noted below, piec	ase complete rait	··· ,	···		-
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(-) 2012	(4) 2012	(-) 0014	(0 T-1-1
	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					 	
_	ization'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)				 		
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	ction B. Total Support	1		T	 	γ	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	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					 	
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc. (see instruct	ions)	· · · · · · · · · · · · · · · · · · ·	1	12	
	First five years. If the Form 990 is fo		•	d. fourth, or fifth t	ax vear as a section		
	organization, check this box and stop			,	,	(-)(-)	▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2014 (line 6, column (f) d	fivided by line 11,	column (f))		14	%
15	Public support percentage from 2013	3 Schedule A, Part	t II, line 14			15	%
16a	a 33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	n <u>.</u>			▶□
t	o 33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check tl	nis box
	and stop here. The organization qua						▶□
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop i	here. Explain in Pa	ırt VI how the orgaı	nization
	meets the "facts-and-circumstances"	-	•		•		. ▶□
t	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, c	heck this box and	stop here. Explan	n in Part VI how the)

Schedule A (Form 990 or 990-EZ) 2014

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 or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	<u> </u>	olo i die iii)		-		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")					<u> </u>	
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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		-				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
I	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)	r the ergentest	a first second the	d founds and fifth t	L	501(-)(0)	
14	First five years. If the Form 990 is fo check this box and stop here	rule organization:	s iirst, secona, thii	a, iourin, or ππh t	ax year as a secti	on out(c)(3) organiz	zation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage		-	·	
	Public support percentage for 2014 (column (f))		15	%
16	Public support percentage from 2013	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·		16	<u>%</u>
Se	ction D. Computation of Inve						
17	Investment income percentage for 20)14 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a			-		-	▶
ı	o 33 1/3% support tests - 2013. If the					-	
	line 18 is not more than 33 1/3%, che			· ·		•	. ▶⊨
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	_

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Г		Yes	<u>No</u>
- 1	1		X
İ	•		
	2	X	
	3a		<u>X</u>
Ì			
-	3b		
	30		
-	_3c		
	4a		X
L	4b		
F	4c		
L	5a		X
		•	
-	5b		
-	5c		
-			
	6		X
L	7		_X_
	_		
F	8		<u>X</u>
	9a		x
F			
	9b	[X
	_		X
L	9c_		
	9c		
-			
	9c 10a		х
			X

Sche	dule A (Form 990 or 990-EZ) 2014 NELLIE MAE EDUCATION FO			04-2755323 Page 6
Pai	- specific continuity intogration coolunto capportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	-	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		-	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting o	rganization (see
	instructions)	-	,,	•

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 1 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3 and 4c. Breakdown of line 7 8 а b C d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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
EDUCATIONAL PURPOSES OF A CLASS OF ORGANIZATIONS, SPECIFICALLY
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.
PART IV, SECTION A, LINE 2:
PUBLIC SCHOOL SYSTEM GRANTEES ARE DESCRIBED IN SECTION 509(A)(1) AND
TYPICALLY DO NOT HAVE IRS DETERMINATION LETTERS. THE FOUNDATION

<u>ERIFI</u>				dullonai illioni	nation. (See	instructions).					nd Part III, III	
	ES	PUBLIC	SCHOOL	GOVERNM	ENTAL	STATUS	IN	WRITI	NG.			
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SCHEDULE C

(Form,990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

- 4		24(-)(4) (5) (6)	range Complete Bort III				
_	e of orga	01(c)(4), (5), or (6) organizat	ions: Complete Part III	· · ·		Employe	identification number
140111	e or organ		MAE EDUCATION FO	ארדוא אודר אוד ד	NC.		4-2755323
Pa	rt I-A	Complete if the org	anization is exempt und	der section 501(c)			
		Complete ii the org	anization is exempt an	201 00000011 001(0)	01 13 4 3000011 0	Zi Oigu	mzadon.
_	Descriptor of		ation's direct and indirect politic	aal aamaayan aatu iitoo	ın Dest IV		
		,	ation's direct and indirect politi	cai campaign activities	in Part IV.	•	
	Voluntee	expenditures .	•	•	• • • • •	2	
3	voluntee	rnours	•	• •		• —	
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	· · · · · · · · · · · · · · · · · · ·	
			incurred by the organization un			▶\$	
		·	incurred by organization manag		 5	S	
3			n 4955 tax, did it file Form 4720		•		Yes No
_	_	prrection made?	,	, , , , , , , , , , , , , , , , , , , ,			Yes No
-		describe in Part IV.	• • • •				
	rt I-C		anization is exempt un	der section 501(c)	, except section	501(c)(3	3).
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	\$	
2	Enter the	amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527		
	exempt f	unction activities				▶\$	
3	Total exe	empt function expenditures	. Add lines 1 and 2 Enter here	and on Form 1120-POL	-,		
	line 17b					▶\$	
4	Did the f	iling organization file Form	1120-POL for this year?				Yes No
5	Enter the	e names, addresses and en	nployer identification number (E	(IN) of all section 527 p	olitical organizations t	o which th	e filing organization
	made pa	yments. For each organiza	tion listed, enter the amount pa	id from the filing organi	ızatıon's funds. Also e	nter the ar	nount of political
		•	omptly and directly delivered to		•	separate s	egregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
					filing organization		ntributions received and promptly and directly
					funds If none, ent		lelivered to a separate
							political organization
							If none, enter -0
							
					+		

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 : Part II-A Complete if the org	<u>NELLI</u>	E MAE	EDUCATION I	FOUNDATION,	INC. 04-	2755323 Page 2
section 501(h)).	amzauc	JII IS EXCI	iipt under section	on soricits) and me	tu Form 5706 (election under
	tion belon	as to an affi	liated group (and list i	n Part IV each affiliated	group member's nar	me address FIN
expenses, and shar					g. cap mombol o ha	, add:000, E.: 4,
. — .		, ,	nd "limited control" pr	ovisions apply		
Limi	ts on Lobi	bying Expe			(a) Filing organization's	(b) Affiliated group totals
				,	totals	
1a Total lobbying expenditures to influ	ience bnp	lic opinion (grass roots lobbying)		<u></u>	
b Total lobbying expenditures to influ	ience a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a an	d 1b) .				
d Other exempt purpose expenditure	∍s					
e Total exempt purpose expenditure	•		•			<u> </u>
f Lobbying nontaxable amount. Ente	er the amo	unt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e)		
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	ter 25% c	of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, e	enter -0-		. [
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720		·
reporting section 4911 tax for this	year?					Yes No
(Some organizations t		a section 5	eraging Period Unde 01(h) election do no ate instructions for l	t have to complete all o	f the five columns	1
	Lobi	bying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
6 Oznavania labbura avzanditura						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 3

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)	
of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or		_		
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?		_X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		53,500.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X	52 500	
j Total Add lines 1c through 1i			53,500.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912		-		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	rion 501(c)	(5) or se	ction	
501(c)(6).		(0), 01 30	Cuon	
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
		9		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 	tion 501(c)	3	ction	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c) (d) 		(5), or se		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 		(5), or se		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		(5), or se R (b) Part		
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_	NELLIE MAE EDUCATI					<u>04-2755:</u>	
Par			r Other Simil	ar Funds or A	ccounts	 Complete if the complete if the complete in the c	ne
	organization answered "Yes" to Form 990, Part IV, lir		<u>.</u>		· ·		
		(a) D	onor advised fund	ds (b) Funds a	nd other acco	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)					-	
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in	donor advised fun	ds		
•	are the organization's property, subject to the organization's	_				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor	_		nds can be used o	only		
·	for charitable purposes and not for the benefit of the donor				-		
	impermissible private benefit?	or dorior david	or, or for any our	or purpose corner	····g	Yes	☐ No
Par		rganization an	swered "Yes" to I	Form 990 Part IV	line 7	res	
1	Purpose(s) of conservation easements held by the organiza			01111 000, 1 air 14,	1110 7.		
•	Preservation of land for public use (e.g., recreation or	•		on of a historically	umportont	land area	
	Protection of natural habitat	education		on of a certified hi	•		
	Preservation of open space		Freservati	on or a certilled hi	Storic Struc	ture	
_			A	41 6 6			
2	Complete lines 2a through 2d if the organization held a qua	umea conserva	tion contribution	in the form of a co	onservation	easement on	tne last
	day of the tax year.					1 - 1 4 1 - 5 1 4 4 4	
					I	d at the End of th	ie lax year
а	Total number of conservation easements			•	2a		
b	Total acreage restricted by conservation easements			•	_2b		
C	Number of conservation easements on a certified historic s		.,	•	2c		
d	Number of conservation easements included in (c) acquired	d after 8/17/06	, and not on a his	tonc structure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, r	released, extin	guished, or termir	nated by the organ	nization dur	ing the tax	
	year ►		_				
4	Number of states where property subject to conservation e						
5	Does the organization have a written policy regarding the policy		ring, inspection, h	nandling of			
	violations, and enforcement of the conservation easements	•	•			Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting			_	-		
7	Amount of expenses incurred in monitoring, inspecting, and						_
8	Does each conservation easement reported on line 2(d) about	ove satisfy the	requirements of	section 170(h)(4)(E	3)(1)		
	and section 170(h)(4)(B)(ii)?	-	-			Yes	L No
9	in Part XIII, describe how the organization reports conserva			•			
	include, if applicable, the text of the footnote to the organiz	ation's financia	al statements tha	t describes the org	ganızatıon's	s accounting fo	or
_	conservation easements.		<u></u>			 	
Pai	rt III Organizations Maintaining Collections			res, or Other	Similar <i>F</i>	Assets.	
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not 1	o report in its rev	enue statement ar	nd balance	sheet works o	f art,
	historical treasures, or other similar assets held for public ex	xhibition, educ	ation, or research	n in furtherance of	public serv	rice, provide, ir	n Part XIII,
	the text of the footnote to its financial statements that desc	cribes these ite	ms.				
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to re	port in its revenu	e statement and b	alance she	et works of art	, historical
	treasures, or other similar assets held for public exhibition,	education, or i	esearch in furthe	rance of public se	rvice, provi	de the followin	g amounts
	relating to these items:						
	(i) Revenue 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 tr		her sımılar assets	for financial gain.	provide		
	the following amounts required to be reported under SFAS				-		
а	Revenue included in Form 990, Part VIII, line 1				▶ \$		
	Assets included in Form 990, Part X			•	▶ \$		
_	• • •		• •		· · —		

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

Schedule D (Form 990) 2014

		MAE EDUCAI						04-27			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	toric <u>al Tr</u>	easures, e	or Othe	er Simi	lar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following that	it are a s	gnificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	•	d \square	Loan or exc	hange progra	ams					
b	Scholarly research										
c	Preservation for future generations						_				
4	Provide a description of the organization's co	llections and expla	ın how tl	hey further t	he organizati	on's exe	mpt pur	ose in Par	t XIII		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	untained as part of	the orga	inization's c	ollection?		_		Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comp	lete if the	organizatio	on answered	"Yes" to	Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded	 1			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the f	ollowing	table [.]			_				_
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	ount liabi	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanati	on has beer	provided in	Part XIII]
Par	t V Endowment Funds. Complete it	f the organization a	nswered	"Yes" to Fo	orm 990, Part	IV, line 1	0				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions .										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities							_]		
	and programs					_ }					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	lg, column (a)) held as.						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organi	zation th	at are held a	and administe	ered for t	he orgar	ization			
	by.									Yes	No
	(i) unrelated organizations				-				3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" to Form 99	0, Part I	√, line 11a. S	See Form 990), Part X,	lıne 10.				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	ccumula	ted	(d) Boo	k valu	e
		basis (invest	tment)	basis	(other)	de	preciatio	n	_		
1a	Land										
b	Buildings										
С	Leasehold improvements .				18,420.		44,6				09.
d	Equipment				39,602.		292,3			7,2	
<u> e</u>	Other			5(04,372.		478,	552.	2	5,8	20.
T - 4 -	Add lines 1a through 1e (Column (d) must a	aual Form 000 Par	+ V 00/11	(D) I	10-1				27	6 9	NΩ

Schedule D (Form 990) 2014

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

▶

Schedule D (Form 990) 2014

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	dule D (Form 990) 2014 NELLIE MAE EDUCATION				04-	2755323	Page 4
Par	t XI Reconciliation of Revenue per Audited Financia	al Stateme	nts Wi	th Revenue per R	eturi	n.	
	Complete if the organization answered "Yes" to Form 990, Parl	l IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statemer	nts			1	24,403	817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	•	2a	2,008,023.			
b	Donated services and use of facilities .		2b				
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII.)		2d	,			
е	Add lines 2a through 2d		•		2e	2,008	
3	Subtract line 2e from line 1				3	22,395	<u>,794.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a	<u>1,291,635.</u>			
b	Other (Describe in Part XIII)		4b				
_C	Add lines 4a and 4b				4c	1,291	
_ <u>5</u>	<u>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li</u> rt XII Reconciliation of Expenses per Audited Financi			CAL Francisco	5	23,687	<u>.429.</u>
Га			ents vv	ıtıı Expenses per	Hetu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part	i iv, line iza.				24 404	^2-
1	Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	•	• • • • • • • • • • • • • • • • • • • •	1	24,404	,035.
2	Donated services and use of facilities		0-				
a b	Prior year adjustments		2a				
C	Other losses		2b 2c				
d	Other (Describe in Part XIII.)	•	2d				
e	Add lines 2a through 2d	•		·	2e		Λ
3	Subtract line 2e from line 1	•		• •	3	24,404	035
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•				21,401	,033.
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a	1,291,635.			
b	Other (Describe in Part XIII.)	•	4b				
C	Add lines 4a and 4b				4c	1,291	635.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	. line 18.) .		·	5	25,695	
Pai	rt XIII Supplemental Information.		•				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				1; Part	X, line 2; Part X	KI,
65	20 and 40, and Fart An, inles 20 and 40 Also complete this part to pro	vide any addit	ionai mi	ormation.			
-	OM V TIME O						
PAL	RT X, LINE 2:					·	
ואיזי	FOUNDATION ACCOUNTS FOR THE EFFECT	י הב אויי	TINIC	עגיי ואדגיים שי	DOG	TUTONG	
	2 TOORDITTON NECOUNTE TON THE BITTE	. OI ANI	OIV	PKINTH INV	FUB	TITONS	
BAS	SED ON A "MORE LIKELY THAN NOT" THRE	SHOLD T	TT O	E RECOGNITE	OM	ר אור יו	צמי
					<u> </u>	01 11111 1	
POS	SITIONS BEING SUSTAINED BASED ON THE	TECHNI	CAL	MERITS OF T	HE_	POSITION	1
UNI	DER SCRUTINY BY THE APPLICABLE TAXIN	IG AUTHO	RITY	. IF A TAX	PO	SITION C	DR
POS	SITIONS ARE DEEMED TO RESULT IN UNCE	ERTAINTI	ES C	F THOSE POS	ITI	ONS, THE	<u> </u>
						_	
UNI	RECOGNIZED TAX BENEFIT IS ESTIMATED	BASED C	N A	"CUMULATIVE	PR	OBABILI	TY
ASS	SESSMENT" THAT AGGREGATES THE ESTIMA	TED TAX	LIA	BILITY FOR	ALL	UNCERTA	N_
<u>TA</u>	K POSITIONS. INTEREST AND PENALTIES	ASSESS	ED,	IF ANY, ARE	AC	CRUED AS	<u> </u>
INC	COME TAX EXPENSE.						
							
							

THE FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AND
432054
10-01-14
Schedule D (Form 99

Schedule D (Form 990) 2014 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 5 Part XIII Supplemental Information (continued)
ITS DETERMINATIONS AS TO ITS INCOME BEING RELATED OR UNRELATED AS ITS ONLY
SIGNIFICANT TAX POSITIONS AND HAS DETERMINED THAT SUCH TAX POSITIONS DO
NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE FOUNDATION IS NOT
CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE
INCOME TAX RETURNS ARE GENERALLY OPEN FOR THREE YEARS FOLLOWING THE DATE
FILED.

Part VII Investments - Other Securities. See Form 990, Part X, line (a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) Book value	Cost or end-of-year market value
INVESTMENT FUND - LONG/SHORT EQUITY	33,449,498.	FMV
INVESTMENT FUND - MULTI-STRATEGY	14,799,996.	FMV
REAL ASSETS	22,389,420.	FMV
REAL ESTATE FUND	8,393,999.	FMV
DIRECT REAL ASSET - TIMBER	2,480,182.	FMV
PRIVATE COMMODITY	6,380,382.	FMV
NATURAL RESOURCES FUND OF FUNDS	8,601,062.	FMV
PRIVATE EQUITY	2,256,009.	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" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

lame of th	e organization
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Employer identification number

net	LLIE MAE EDUC	ATTON FO	ארר דיים ברועונו	TNC.	04-27553	23
Par	t I General Infor	mation on A	ctivities Out	tside the United States. Comp	plete if the organization answered	"Yes" on
	Form 990, Part IV				order or and organization and order	
1			maintain recor	ds to substantiate the amount of its o	grants and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and	the selection criteria used to award the	ne grants or assistance?	Yes No
2	=	ribe in Part V the	organization's	procedures for monitoring the use of	its grants and other assistance or	utside the
	United States.					
3_				an be duplicated if additional space is		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
		in the region	l agents, and	services, investments, grants to	describe specific type	for and
		a.io iogio	independent contractors	recipients located in the region)	of service(s) in region	investments in region
			in region			in region
)
יאיזי	RAL AMERICA AND					
	CARIBBEAN	١٠٠٠	0	INVESTMENTS		97,671,393.
	- Contract of the Contract of					31,012,000.
		}				
		 				
					 	
		<u> </u>				
					<u> </u>	
	Sub-total		0		 	97,671,393.
b	Total from continuation					
	sheets to Part I	<u> </u>	<u> </u>		 	0.
С	Totals (add lines 3a		_			00 504 055
	and 3b)) 0	L	<u></u>	97,671,393.

432071 09-24-14

Schedule F (Form 990) 2014

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

04-2

Page 2

NELLIE MAE EDUCATION FOUNDATION, INC.

Schedule F (Form 990) 2014

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

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

6

.

Schedule F (Form 990) 2014

432072 09-24-14 FION, INC. 04-2755323

Page 3

NELLIE MAE EDUCATION FOUNDATION, INC.

Schedule F (Form 990) 2014 NELLIE MAE EDUC.

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

art V	Supplemental Information									
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of									
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.									
	7-2 h 20									

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

odsul	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
Open to	► Attach to Form 990.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
•	Governments, and individuals in the Office States

Public OMB No 1545-0047 2014 Inspection Employer identification number

<u>2</u> 04 - 2755323X Yes 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 INC. NELLIE MAE EDUCATION FOUNDATION, General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II ca	n be duplicated if addit	tional space is need	led.			
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
JOBS FOR MAINE'S GRADUATES 45 COMMERCE DRIVE, SUITE 9 AUGUSTA ME 04330	01-0482628	501(C)(3)	2 099 096	0			DISTRICT LEVEL SYSTEMS CHANGE IMPLEMENTATION
SANFORD SCHOOL DEPARTMENT 917 MAIN STREET, SUITE 200 SANFORD, ME 04073	01-6000355	PUBLIC SCHOOL	1,383,030.	0.			DISTRICT LEVEL SYSTEMS CHANGE IMPLEMENTATION
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	PUBLIC SCHOOL	1,082,634.	0			DISTRICT LEVEL SYSTEMS CHANGE IMPLEMENTATION
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	898,025.	.0			NEW APPROACHES IN URBAN DISTRICTS PHASE 1
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	02-6000701	PUBLIC SCHOOL	735,000.	0			DISTRICT LEVEL SYSTEMS CHANGE IMPLEMENTATION
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501(C)(3)	721,500.	.0			MAKING THE CASE HUB
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government o	rganizations listed in that table	ne line 1 table	;	;	:	117.

Schedule I (Form 990) (2014)

432101 10-15-14

## William	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the Onited States (Schedule From 1990), Falt II.)	Assistance to G	Verninerus and Organ	Mzauons III the O	liteu orateo (ora	(f) Mathod of	(a) December of	(h) Purpose of grant
BLIC SCHOOLS BLIC SCHOOLS SO4,250, O	organization or government	(n)	if applicable	cash grant	non-cash assistance	(s) we way or valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PULIC CCHOOLS C4-5001633 POBLIC SCHOOL S00,000 O		C L & L O O A & O	TOCHUS Of Fellow	0 H C C C C C C C C C C C C C C C C C C	c			NEW APPROACHES IN URBAN DISTRICTS PHASE 1
UNITE SCHOOLS CY OFFERT CY OFFE	NEVENE, MA OLICA			,				
CT 06550 CT 0650 CT 06550 CT 0650 CT	MERIDEN PUBLIC SCHOOLS							NEW APPROACHES IN UIRBAN
NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02453 NA 02454 NA 02454 NA 02410 NA 024	: .1	06-6001893		500,000.	0			DISTRICTS PHASE 1
NA 02453	EDUCATION DEVELOPMENT CENTER							
MAY 02453 U4-2241718 501 C 7(3) 372,505, 00. 0. FIRML FROM ENGINERSHIP ESS STREET, SUITE 500 26-3834610 501 C 7(3) 350,000. 0. SCHOOL C SCHOOL OLD CHART FROM ENGINERSHIP ME 04101 26-3834610 501 C 7(3) 300,000. 0. PUBLIC UPPRINT C SCHOOL C 7(3) 300,000. 0. PUBLIC UPPRINT C 7(3) PUBLIC UPPRINT C 7(3) PUBLIC SCHOOLS C 7(3) 300,000. 0. PUBLIC C 7(3) PUBLIC SCHOOLS C 7(3) <t< td=""><td><u> </u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	<u> </u>							
DESS STREET, SUITE 500 MEW ENGL. NEW ENGL. ME 04101 DESS STREET, SUITE 500 APPROACH NEW ENGL. ME 04101 26-3834610 501(C)(3) 350,000, 0. PUBLIC UPLICUL OOLS PARTMERSHIP SES STREET, SUITE 500 26-3834610 501(C)(3) 300,000, 0. PUBLIC UPLAND INDICATED THE PUTURE STREET, S	- 1	04-2241/18	د		0			
NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW BIGLE NEW APPRICES NEW AND NEW AND NEW ADDRESS NEW AND	GREAT SCHOOLS PARTNERSHIP							
DELIC C OLS PARTNERSHIP SSS STREET, SUITE 500 26-3834610 501(C) (3) 300,000. 0. DEMAND II DE	ESS STREET, SUITE	0538530	C	250 000	c			NEW ENGLAND SECONDARY SCHOOL CONSORTIIM
OOLS PARTNERSHIP BESS STREET, SUITE 500 26-3834610 501(C)(3) 300,000. 0. PUBLIC UNDIT HE 04101 ACT 04101 ACT 04101 ACT 0410 ACT 0510	ž.	0104665-07	اد	.000,000				
PUBLIC UNITY PUBLIC SCHOOLS PUBLIC SCHOOLS PUBLIC SCHOOLS	GREAT SCHOOLS PARTNERSHIP							
THE FUTURE THE FUTURE STREET, STH FLOOR STREET, STH FLOOR STREET, STH FLOOR OG-1164568 501(C)(3) 300,000. OG-1164568 50	CONGRESS STREET, SUITE		1	6	Ç			PUBLIC UNDERSTANDING AND
STREET, 8TH FLOOR SCALEGE SOLECE SOLECE SOCE S	Æ	26-3834610	ပ	300,000	0			
STREET, STH FLOOR O6-1164568 501(C)(3) 300,000, O. O. APPROACH APPRO	JOBS FOR THE FUTURE							BUILDING THE KNOWLEDGE
APPROACH O6-1164568 501(C)(3) 300,000. O. APPROACH	88 BROAD STREET 8TH FLOOR							BASE FOR STUDENT-CENTERED
VERSITY, ANNENBERG FOR SCHOOL REFORM - TA FOR CO FOR SCHOOL REFORM - Companies TA FOR CO E, RI 02912 05-0258809 501(C)(3) 275,348 0 PRANTZII R PUBLIC SCHOOLS R PUBLIC SCHOOL 275,000 0 NEW APPRI R, CT 06040 06-6001633 PUBLIC SCHOOL 275,000 0 NEW HAVE PUBLIC SCHOOLS STREET NEW HAVE NEW HAVE STREET GOVT UNIT PUBLIC SCHOOL 275,000 0	MA 02110	06-1164568	ပ	300,000.	0			APPROACHES TO LEARNING
FOR SCHOOL REFORM - FOR SCHOOL REFORM - TA FOR CA VERSITY BOX 1985 - 05-0258809 501(C)(3) 275,348 0. DISTRICT R PUBLIC SCHOOLS MEDIC SCHOOL 275,000 0. MEDIC SCHOOL MANCHEST PUBLIC SCHOOLS PUBLIC SCHOOL 275,000 0. MEM HAVE STREET GOVT UNIT PUBLIC SCHOOL 275,000 0.								
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R, CT 06040 06-6001633 PUBLIC SCHOOL 275,000. 0. MANCHESTI PUBLIC SCHOOLS STREET GOVT UNIT PUBLIC SCHOOL NEW HAVE , CT 06510 0. DLSC	134 EAST MIDDLE TURNPIKE			-				DISTRICTS PHASE 1
PUBLIC SCHOOLS STREET GOV'T UNIT PUBLIC SCHOOL 275,000. 0. DLSC	MANCHESTER, CT 06040	06-6001633		275,000.	0.			MANCHESTER
STREET GOV'T UNIT PUBLIC SCHOOL 275,000. 0. DLSC								
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(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
CONVERGENCE CENTER FOR POLICY RESOLUTION - 1133 19TH STREET, NW, SUITE 250 - WASHINGTON, DC 20036	32-0280279	501(C)(3)	250,000.	0			RE-IMAGINING EDUCATION
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	23-7439790	501(C)(3)	250,000.	.0			NEW ENGLAND JOURNALIST OUTREACH
SOLUTIONS JOURNALISM NETWORK 148 W 77 ST, 4B NEW YORK, NY 10024	46-2265729	501(C)(3)	250,000.	.0			EXAMINATION OF ISSUES FACING PUBLIC SCHOOLS
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER 1000 THOMAS JEFFERSON STREET, NW - WASHINGTON, DC 20	25-0965219	501(C)(3)	249,897.	0			STUDENT-CENTERED LEARNING IN MATH: RESEARCH AND DEVELOPMENT PROJECT
EDUCATION DEVELOPMENT CENTER 43 FOUNDRY AVE. WALTHAM, MA 02453	042-241-718	501(C)(3)	248,508.	°			BUILDING A COLLABORATIVE CULTURE EVALUATION
RESEARCH FOR ACTION 100 SOUTH BROAD STREET, SUITE 700 PHILADELPHIA, PA 19110	23-2710950	501(C)(3)	200,522.	0			LINKING EXTENDED LEARNING OPPORTUNITIES TO POSTSECONDARY PREPAREDNESS IN NEW
EDUCATION CONNECTION 355 GOSHEN RD P.O. BOX 909 LITCHFIELD, CT 06759	06-0842189	501(C)(3)	200,000.	0			IMPACT OF THE STEM21 COMPETENCY-BASED EDUCATION MODEL ON UNDERSERVED STUDENT
UNIVERSITY OF MASSACHUSETTS, DONAHUE INSTITUTE - DONAHUE INSTITUTE 100 VENTURE WAY, SUITE 9 - HADLEY, MA 01035	04-3167352	501(C)(3)	197,552.	0.			COMPETENCY EDUCATION THROUGH ONLINE COURSES FOR CREDIT RECOVERY AND ACCELERATION - Y2
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER 1000 THOMAS JEFFERSON STREET, NW WASHINGTON, DC 20	25-0965219	501(C)(3)	193,269.	0			COMPETENCY BASED EDUCATION RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501(C)(3)	180,000.	0.			AMPLIFYING YOUTH VOICE
EDUCATE MAINE 15 MONUMENT SQUARE, SUITE #4 PORTLAND, ME 04101	20-3559947	501(C)(3)	155,000.	0.			SUPPORTING PROFICIENCY-BASED SYSTEMS IN MAINE
CAPSS EDUCATION FOUNDATION, INC. 26 CAYA AVENUE WEST HARTFORD, CT 06110	45-5636114	501(C)(3)	150,000.	0			SUPPORTING PERSONALIZED LEARNING IN CONNECTICUT
COUNCIL OF CHIEF STATE SCHOOL OFFICERS (CCSSO) - ONE MASSACHUSETTS AVE NW, STE 700 - WASHINGTON, DC 20001	53-0198090	501(C)(3)	150,000.	.0			SUPPORTING THE INNOVATION LAB NETWORK
INTERNATIONAL ASSOCIATION FOR K-12 ONLINE LEARNING (INACOL) - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	501(C)(3)	150,000.	.0			COMPETENCYWORKS
UNIVERSITY OF MASSACHUSETTS, DONAHUE INSTITUTE - DONAHUE INSTITUTE 100 VENTURE WAY, SUITE 9 - HADLEY, MA 01035	04-3167352	501(C)(3)	149,981.	0			A QUALITATIVE STUDY OF STUDENT CENTERED LEARNING IMPLEMENTATION IN NEW ENGLAND HIGH SCHOOLS
PITTSFIELD YOUTH WORKSHOP P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501(C)(3)	130,000.	0.			PITTSFIELD LEAD COMMUNITY PARTNER
STRATEGIES FOR A STRONGER SANFORD P.O. BOX 958 SANFORD, ME 04073	80-0144697	501(C)(3)	130,000.	0			SANFORD LEAD COMMUNITY
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	130,000.	0			BURLINGTON/WINGOSKI LEAD COMMUNITY PARTNER

Schedule I (Form 990)

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(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
BOSTON UNIVERSITY, GRADUATE SCHOOL OF EDUCATION - 2 SILBER WAY ROOM	04-2103547	501(ت)(ع)	125 000	C			INSTITUTE FOR CREATIVE EDUCATIONAL LEADERSHIP: A NEW VISION FOR LEADERSHIP PREPARATION
INTERNATIONAL ASSOCIATION FOR K-12 ONLINE LEARNING (INACOL) - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	{ ≍	125,000.	0			INTEGRATED LEARNING SYSTEM
	04-3274599	501(C)(3)	125,000.	0			NEW OPPORTUNITY TO LEAD PROJECT
UNIVERSITY OF KENTUCKY EDUCATIONAL, SCHOOL, AND COUNSELING PSYCHOLOGY 249 DICKEY HALL - LEXINGTON,	61-6001218	501(C)(3)	125,000.	0.0			SCHOOL FINANCE WORK IN NH AND KY
THIRD SECTOR NEW ENGLAND NONPROFIT CENTER 89 SOUTH ST., #700 BOSTON, MA 02111	04-2261109	501(C)(3)	115,000.	0			EVERYDAY DEMOCRACY
RIGHT QUESTION INSTITUTE 2464 MASSACHUSETTS AVE. CAMBRIDGE, MA 02140	04-3099027	501(C)(3)	110,000.	0.			QUESTION FORMULATION TECHNIQUE
CASCO BAY HIGH SCHOOL FOR EXPEDITIONARY LEARNING - 196 ALLEN AVENUE - PORTLAND, ME 04103	04-3374427	PUBLIC SCHOOL	100,000.	0			LARRY O'TOOLE AWARD
COMMUNITY COLLEGE OF VERMONT PO BOX 489, 660 ELM STREET MONTPELIER, VT 05601	03-0213787	PUBLIC SCHOOL	100,000.	0.			IMPLEMENTING A FULLY ACCESSIBLE DUAL ENROLLMENT PROGRAM IN VERMONT
CONNECTICUT PUBLIC BROADCASTING NETWORK - 1049 ASYLUM AVE, HARTFORD, CT 06105	06-0758938	501(C)(3)	100,000.	0			MEDIA GRANT

Schedule I (Form 990)

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(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
DANBURY PUBLIC SCHOOLS 63 BEAVER BROOK ROAD DANBURY, CT 06810-6211	GOV'T UNIT	PUBLIC SCHOOL	100,000.	.0			BUILDING COLLABORATIVE CULTURE
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	23-7439790	501(C)(3)	100,000.	.0			NEW ENGLAND JOURNALISTS
MASSINC 11 BEACON STREET, STE. 500 BOSTON, MA 02108	04-3271457	501(C)(3)	100,000.	0.			UNIFYING A MASSACHUSETTS COALITON FOR COMPREHENSIVE EDUCATION LEGISLATION
NORWALK PUBLIC SCHOOLS 125 EAST AVE PO BOX 6001 NORWALK, CT 06852	GOV'T UNIT	PUBLIC SCHOOL	100,000.	.0		1	BUILDING COLLABORATIVE CULTURE
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501(C)(3)	89,450.	0.			YOUNG ORGANIZERS UNITED
KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH ST., SUITE 200 CINCINNATI, OH 45202	31-1321973	501(C)(3)	75,000.	0.			DISTRICT CONDITIONS TO SCALE PERSONALIZED LEARNING
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	75,000.	0.			BOSTON OPPORTUNITY AGENDA
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER 1000 THOMAS JEFFERSON STREET, NW - WASHINGTON, DC 20	25-0965219	501(C)(3)	74,511.	0.			STUDENT CENTERED LEARNING MATH TOOLS AND RESOURCES
BLACKSTONE VALLEY PREP, A RI MAYORAL ACADEMY - 291 BROAD ST CUMBERLAND, RI 02864	27-0617933	PUBLIC SCHOOL	70,000.	.0	,		SCHOOL LAUNCH

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Schedule 1 (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VBR RESEARCH & EDUCATION FOUNDATION - PO BOX 735 - EAST DORSET, VT 05253	46-0716588	501(C)(3)	.000,09	.0			APPRECIATIVE INQUIRY SUMMIT
ASSOCIATED GRANT MAKERS 133 FEDERAL STREET, SUITE 802 BOSTON, MA 02110	04-2457605	501(C)(3)	.000,000	.0			SUMMER, FUND
BUSINESS INNOVATION FACTORY 60 VALLEY STREET, UNIT 25 PROVIDENCE, RI 02909	52-2446909	501(C)(3)	.000,000	.0			STUDENT DESIGN FOR EDUCATION (SD4E)
CENTER FOR COLLABORATIVE EDUCATION 33 HARRISON AVENUE, 6TH FLOOR BOSTON, MA 02111	04-3241676	501(C)(3)	.000,05	0			SUPPORTING AND PILOTING PERFORMANCE ASSESSMENT IN ILN STATES IN NEW ENGLAND
EDUINNOVATION 616 SW 293RD STREET FEDERAL WAY, WA 98023	27-2643961	501(C)(3)	.000,05	0			SMART PARENTS BOOK
GRANITE UNITED WAY 22 CONCORD STREET MANCHESTER, NH 03101	02-6006033	501(C)(3)	.000,000	0.			STEAM AHEAD
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	04-2103580	501(C)(3)	.000,000	0.			EDUCATION REDESIGN LAB
KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH ST., SUITE 200 CINCINNATI, OH 45202	31-1321973	501(C)(3)	50,000.	0			COMPETENCY BASED EDUCATION POLICY FRAMEWORK
MARGARITA MUNIZ ACADEMY 20 CHILD STREET JAMAICA PLAIN, MA 02130	80-0827704	PUBLIC SCHOOL	50,000.	0			OPERATING SUPPORT

NELLIE MAE EDUCATION FOUNDATION, INC.

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(Form 990) NELLIE MAE EDI	Continuation of Grants and Other Assist
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(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
MASS INSIGHT EDUCATION 18 TREMONT STREET, SUITE 930 BOSTON, MA 02108	04-3369687	501(C)(3)	50,000.	.0			COLLEGE SUCCESS RESEARCH FORUM
NATIONAL CENTER FOR RESEARCH 1731 CONNECTICUT AVENUE, NW, 4TH FL WASHINGTON, DC 20009	45-2708794	501(C)(3)	50,000.	0.			LEAGUE OF INNOVATIVE SCHOOLS COMPETENCY STUDY TOUR
PROTEUS FUND 15 RESEARCH DRIVE, SUITE B AMHERST, MA 01002	04-3243004	501(C)(3)	50,000.	.0			UBUNTU INITIATIVE
THE PROVIDENCE PLAN 10 DAVOL SQUARE, SUITE 300 PROVIDENCE, RI 02903	05-0467353	501(C)(3)	.000,05	0			YOUTHBUILD PROVIDENCE
UNIVERSITY OF WASHINGTON FOUNDATION - UNIVERSITY OF WASHINGTON FOUNDATION 407 GERBERDING HALL BOX 351210 -	94-3079432	501(C)(3)	.000,05	.0			SUCCEEDING WITH SCL AND PERSONALIZED LEARNING?
THE COLLEGE CRUSADE OF RHODE ISLAND - 134 THURBERS AVENUE, SUITE 111 - PROVIDENCE, RI 02905	22-3031765	501(C)(3)	47,187.	0.			READABOUT
GREAT SCHOOL PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501(C)(3)	43,228.	0			GLOSSARY OF EDUCATION REFORM
GRANTMAKERS FOR EDUCATION 720 SW WASHINGTON STREET SUITE 605 PORTLAND, OR 97205	33-0919329	S01(C)(3)	40,000.	0.			EXCELLENCE, EQUITY AND EDUCATION: FUNDING FOR THE FUTURE OF EVERY STUDENT
MANCHESTER COMMUNITY COLLEGE BOX 1046 MANCHESTER, CT 06045	96-0002-90	PUBLIC SCHOOL	40,000.	0			RETENTION INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) NELLIE MAE	E EDUCATION	CON FOUNDATION,	ON, INC.				04-2755323 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation or government (a) Method of II.	Assistance to Go (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	dule I (Form 990), Par (f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	FUBLIC SCHOOL	40,000.	.0			LIFE SCIENCES RESEARCH
RHODE ISLAND MAYORAL FOUNDATION 160 WESTMINSTER STREET, SUITE 202 PROVIDENCE, RI 02903	26-3896058	501(C)(3)	40,000.	0.			MAYORAL ACADEMY
VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET P.O. BOX 1050 - EXETER, NH 03833	56-2668724	PUBLIC SCHOOL	.000,04	0.			COMPETENCY ED DISSEMINATION
YOUTH ON BOARD 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501(C)(3)	.000,04	0.			BOSTON STUDENT ADVISORY
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	02-6000701	PUBLIC SCHOOL	37,600,	0			REMODELING PUBLIC EDUCATION IN PITTSFIELD: A VIDEO DOCUMENTATION PROJECT
1 4 . 191	20-3559947		35,000.	0.			EDUCATE MAINE AND COLLEGE
MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION - ONE ASHBURTON PLACE ROOM 1401 - BOSTON, MA 02108	04-6002284	501(C)(3)	35,000.	0			CONFERENCE SPONSORSHIP
ORGANIZATIONAL AND LEADERSHIP FOUNDATION - 150 MT. VERNON STREET, SUITE 200 E - BOSTON, MA	04-2863903	501(C)(3)	35,000.	0.			VOCATIONAL EDUCATION STUDY AND MCAN
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT STREET - CONCORD, NH 03301	02-6005625	501(C)(3)	32,500.	0.			INNOVATION BUSINESS PLAN

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(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 (a valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS (NCCEP) - 1400 20TH ST., NW SUITE G-1 - WASHINGTON, DC 20036	31-1669930	501(C)(3)	30,000.	.0			NCCEP/GEAR UP ANNUAL
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVENUE, NW, SUITE WASHINGTON, DC 20036	52-0976257	501(C)(3)	30,000.	0.			UNRESTRICTED RIF
FRAMEWORKS INSTITUTE 1776 I STREET, NW 9TH FLOOR WASHINGTON, DC 20006	71-0891642	501(C)(3)	28,000.	0.			PU&D INITIATIVE SUPPORT
DANBURY PUBLIC SCHOOLS 63 BEAVER BROOK ROAD DANBURY, CT 06810-6211	GOV'T UNIT	PUBLIC SCHOOL	27,000.	.0			BOARD OF EDUCATION STRATEGIC PLANNING
CONNECTICUT APPLESEED CENTER FOR LAW & JUSTICE, INC 25 DUDLEY RD - WILTON, CT 06897	06-1501061	501(C)(3)	25,000.	0			LITERACY CONNECTS INMATES AND THEIR CHILDREN
CONVERGENCE CENTER FOR POLICY RESOLUTION - 1133 19TH STREET, NW, SUITE 250 - WASHINGTON, DC 20036	32-0280279	501(C)(3)	25,000.	0.			RE-IMAGINING EDUCATION PROJECT
ECONOMIC POLICY INSTITUTE 2 DELTA DRIVE WASHINGTON, DC 20005	52-1368964	501(C)(3)	25,000.	0.			RESEARCH BRIEFS
EDITORIAL PROJECTS IN EDUCATION, INC 6935 ARLINGTON ROAD, STE. 100 - BETHESDA, MD 20814	53~0246895	501(C)(3)	25,000.	0.			MANCHESTER EDWEEK DINNER
EDITORIAL PROJECTS IN EDUCATION, INC 6935 ARLINGTON ROAD, STE. 100 - BETHESDA, MD 20814	53-0246895	501(C)(3)	25,000.	0			HARTFORD EDWEEK DINNER

Schedule I (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	E EDUCATION Assistance to Govern	ON FOUNDATION	ON, INC.	nited States (Sche	dule I (Form 990), Pa		04-2755323 Page 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
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE. 101 DANVERS, MA 01923	04-3407816	501(C)(3)	25,000.	0			BETTY BELAND GREATER LAWRENCE SUMMER FUND
HARVARD GRADUATE SCHOOL OF EDUCATION - 1350 MASSACHUSETTS AVE SMITH CAMPUS CENTER - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	25,000.	0			MEDSCIENCE
RESEARCH AND FOLICY - 131 MOUNT AUBURN ST., 1ST FLOOR - CAMBRIDGE, MA 02138	51-0548106	501(C)(3)	25,000.	0.			ROADMAP FOR REFORMING MASSACHUSETTS SCHOOL FINANCE SYSTEM (RENNIE)
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 675 MASSACHUSETTS AVENUE, 8TH FLOOR - CAMBRIDGE, MA 02139	04-3457065	501(C)(3)	25,000.	.0			OPPORTUNITY TO LEARNING PLANNING GRANT
VBR RESEARCH & EDUCATION FOUNDATION - PO BOX 735 - EAST DORSET, VT 05253	46-0716588	501(C)(3)	25,000.	0			WHATEVER IT TAKES: PREPARING VERMONT'S CHILDREN FOR AN UNCERTAIN FUTURE
WOMEN MAKE MOVIES 115 WEST 29TH STREET, SUITE 1200 NEW YORK, NY 10001	13-2740460	501(C)(3)	25,000.	.0			A COMMUNITY CONCERN FILM PROJECT
PLYMOUTH PUBLIC SCHOOLS 253 SOUTH MEADOW RD PLYMOUTH, MA 02360	GOV'T UNIT	PUBLIC SCHOOL	22,500.	0.			ADDITIONAL FUNDING FOR EVALUATION AND RESEARCH ACTIVITIES
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501(C)(3)	20,000.	0.			STUDENT ENRICHMENT PROGRAMS
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501(C)(3)	20,000.	0.			STRATEGIC INITIATIVES

Schedule I (Form 990)

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Schedule I (Form 990) NELLIE MAE	E EDUCATION	ON FOUNDATION,	ON, INC.			0	04-2755323 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	π 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
EDUINNOVATION 616 SW 293RD STREET FEDERAL WAY, WA 98023	27-2643961	501(C)(3)	20,000.	0			PUBLISHING TWO SMART VIEW COLLECTIONS
PROJECT RIGHT 320-A BLUE HILL AVENUE DORCHESTER, MA 02121	04-3265420	501(C)(3)	20,000.	0.			DOMINICAN HISTORY YOUTH PROJECT
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	501(C)(3)	20,000.	0			PORTLAND LCP
YEAR UP - PROVIDENCE 10 DORRANCE STREET, STE. 1100 PROVIDENCE, RI 02903	04-3534407	501(C)(3)	20,000.	0.			увак п р
YOUTH ON BOARD 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501(C)(3)	20,000.	0.			YOUTH LEADERSHIP
EDITORIAL PROJECTS IN EDUCATION, INC 6935 ARLINGTON ROAD, STE. 100 - BETHESDA, MD 20814	53-0246895	501(C)(3)	18,995.	0.			WEBINAR
ACHIEVE HARTFORD! 960 MAIN STREET HARTFORD, CT 06103	45-0499390	501(C)(3)	16,445.	.0			BLENDED LEARNING EDUCATION DIALOGUE
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501(C)(3)	15,000.	0.			TRUSTEE SCHOLARSHIP FUND
JOHN F. KENNEDY LIBRARY FOUNDATION COLUMBIA POINT BOSTON, MA 02125	04-6113130	501(C)(3)	15,000.	0			PROFILE OF COURAGE
							Schedule I (Form 990)

Schedule I (Form 990)

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INC.	tions in the United States (Schedule I (Form 990), Part II.)	
NELLIE MAE EDUCATION FOUNDATION,	tance to Governments and Organiza	
el(Form 990) NELLIE MA	Continuation of Grants and Other Assis	
Scheduk	Part II	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN STATE UNIVERSITY FOUNDATION P.O. BOX 64261 BALTIMORE, MD 21264-4261	23-7089143	501(C)(3)	15,000.	.0			GRAVES SCHOOL HONORS PROGRAM
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	21-0650678	501(C)(3)	15,000.	0			ASPIRING ACCOUNTING PROFESSIONAL PROGRAM
VISIBLE MEN ACADEMY INC. 921 63RD AVENUE EAST BRADENTON, FL 34203	46-0930264	501(C)(3)	15,000.	0			UNRESTRICTED
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501(C)(3)	12,000.	.0			YOUTH FORUM WITH PROVIDENCE MAYORAL CANDIDATES
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	10,978.	0			PROVIDENCE STUDENT UNION
BEYOND Z INC, C/O ENERSPACE 1046 WEST KINZIE ST \$ CHICAGO, IL 60642	46-4340594	501(C)(3)	.000,010	0.			UNRESTRICTED
BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E, FRANKLIN STREET - TRENTON, NJ 08610	06-1653897	501(C)(3)	10,000,	0			LAWRENCE YOUTH MENTORING PROGRAM
COLLEGE BOUND DORCHESTER (FORMERLY FEDERATED DORCHESTER NEIGHBORHOOD HOUSES) 18 SAMOSET STREET - DORC	04-2383512	501(C)(3)	10,000.	.0			MENTORING AND ACADEMIC SUPPORTS
CONNECTICUT ASSOCIATION OF BOARDS OF EDUCATION - 81 WOLCOTT HILL RD WEHTERSFIELD, CT 06109	06-0767770	GOVT AGENCY	10,000.	0			CABE NORTHEAST REGIONAL

(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
EDUCATION WRITERS ASSOCIATION 3516 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	23-7439790	501(C)(3)	10,000.	0			2014 NATIONAL SEMINAR
FEDERAL HILL HOUSE ASSOCIATION 9 COURTLAND STREET PROVIDENCE, RI 02909	05-0258871	501(C)(3)	10,000.	0			LARRY O'TOOLE AWARD - PROVIDENCE STUDENT UNION
HARTFORD PARENT UNIVERSITY, INC. CAPITAL PREPARATORY MAGNET SCHOOL 1304 MAIN STREET - HARTFORD, CT 06103	45-1859686	501(C)(3)	10,000.	0			EDUCATION DIALOGUE FILOT
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	STATE AGENCY	10,000.	0			EDUCATION DIALOGUE PILOT
MOUSE INC 50 WEST 23RD STREET SUITE 702 NEW YORK, NY 10010	13-3973196	501(C)(3)	10,000.	0			MOUSE SQUAD
NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS - 1525 WILSON BLVD. STE. 500 - ARLINGTON, VA 22209	52-1512323	501(C)(3)	10,000.	0.			TEACHING AND LEARNING 2014
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	10,000.	.0			LARRY O'TOOLE AWARD
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	02-6000701	PUBLIC SCHOOL	10,000.	°			LARRY O'TOOLE AWARD
RHODE ISLANDERS SPONSORING EDUCATION - 143 PRAIRIE AVE, 1ST FL - PROVIDENCE, RI 02905	06-1470525	501(C)(3)	10,000.	0			CAPACITY BUILDING

Schedule I (Form 990)

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	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
INC.	ns in the
NELLIE MAE EDUCATION FOUNDATION, INC.	of Grants and Other Assistance to Governments and Organizations in the United States (Sched
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NELLIE MAE EDUC	of Grants and Other Assistance t
e I (Form 990)	Continuation
Schedu	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
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	10,000.	0.			SIMMONS SCHOOL OF NURSING AND HEALTH SCIENCES
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	10,000.	0.			LARRY O'TOOLE AWARD
THE CENTER FOR THE ARTS IN NATICK, INC 14 SUMMER STREET - NATICK, MA 01760	04-3364016	501(C)(3)	10,000.	0.			EDUCATION PROGRAMING
THE INSTITUTE FOR EDUCATION LEADERSHIP - 4301 CONNECTICUT AVE., NW, SUITE 100 - WASHINGTON, DC 20008	52-1198450	501(C)(3)	10,000.	0.			NATIONAL FAMILY ENGAGEMENT CONFERENCE
UP EDUCATION NETWORK 90 CANAL STREET SUITE 610 BOSTON, MA 02114	27-2194956	501(C)(3)	10,000.	0			UNRESTRICTED
VERGENNES UNION HIGH SCHOOL ADDISON NORTHWEST SUPERVISORY UNION 48 GREEN STREET - VERGENNES, VT 05491	GOV'T UNIT	PUBLIC SCHOOL	10,000.	0.			LARRY O'TOOLE AWARD
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET PO BOX 261 MONTPELIER, VT 05601	22-2611535	501(C)(3)	10,000.	0			BURLINGTON AND WINOOSKI LCP
WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVE EASTHAMPTON, MA 01027	04-1975990	501(C)(3)	10,000.	.0			WILLISTON SCHOLARS
YALE SCHOOL OF MANAGEMENT PO BOX 208200 NEW HAVEN, CT 06520-8200	06-0546973	501(C)(3)	10,000.	.0			YALE EDUCATION LEADERSHIP CONFERENCE

Schedule I (Form 990)

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	to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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Part II Continuation of Grants and Other Assistance to Governments a	Assistance to de	veriments and organ	ind organizations in the or	med oraces (con	ממוכ ו (ו סוווו ססס); ו מו	, in .	
(a) Name and address of organization or government	(q)	(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
CASTLETON STATE COLLEGE 62 ALUMNI DRIVE CASTLETON, VT 05735	03-0213787	501(C)(3)	9,000.	.0			STUDENT ENRICHMENT PROGRAMS
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	23-7067506	501(C)(3)	9,000,	0.			MOSES BROWN FUND
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	PUBLIC SCHOOL	9,000.	0.			LIFE SCIENCES RESEARCH FUND
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, 433 FRANKLIN BL PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	9,000.	0			MANAGEMENT & TECHNOLOGY CHAIR ENDOWMENT FUND
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	04-2314036	501(C)(3)	9,000.	0.			FUND FOR XAVERIAN
EDUCATORS FOR SOCIAL RESPONSIBILITY - 23 GARDEN STREET - CAMBRIDGE, MA 02138	04-2764204	501(C)(3)	.000,8	0.			EDUCATION PROGRAMS
PRISON BOOK PROGRAM 1306 HANCOCK STREET, SUITE 100 QUINCY, MA 02169	20-3235673	501(C)(3)	8,000.	0.			PRISON BOOK PROGRAM
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501(C)(3)	7,500.	0.			ENTREPRENEURSHIP PROGRAM
HANOVER PERMANENT SCHOLARSHIP FUND P.O. BOX 67 HANOVER, MA 02339	04-2625836	501(C)(3)	7,500.	0.			JENNA ATTURIO MEMORIAL SCHOLARSHIP
							1000 mag/ 1 of thousand

Schedule I (Form 990)

NELLIE MAE EDUCATION FOUNDATION, INC.

Schedule I (Form 990)

EL NATIONAL CONFERENCE IN ANNUAL BREAKFAST AT THE EXPEDITIONARY LEARNING SOCIAL JUSTICE FUNDERS COMMUNITY DEVELOPMENT EADERSHIP CONFERENCE REAL INSTITUTE & BDEA (h) Purpose of grant SRAVES SCHOOL HONORS JAG NATIONAL STUDENT or assistance SIP 'N' SAIL 2014 GARDEN EVENT DOE WORKSHOP ROGRAM NETWORK BOSTON (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 ٥. 0 0 ö (e) Amount of non-cash assistance 6,000. 6,000. (d) Amount of cash grant 7,500. 6,000, 5,500. 7,000,7 7,000 000 9 (c) IRC section if applicable PUBLIC SCHOOL PUBLIC SCHOOL GOUT AGENCY 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 31-1708923 23-7089143 02-0514787 06-0939659 04-2457605 06-1576405 71-0891642 04-2752507 (b) EIN MORGAN STATE UNIVERSITY FOUNDATION NEW HAMPSHIRE JOBS FOR AMERICA'S GRADUATES (NH-JAG) - 175 AMMON DR., STE. 212 - MANCHESTER, NH 133 FEDERAL STREET, SUITE 802 247 W. 35TH STREET, 8TH FLOOR BOSTON DAY & EVENING ACADEMY organization or government 1776 I STREET, NW 9TH FLOOR (a) Name and address of OUR PIECE OF THE PIE, INC. BALTIMORE, MD 21264-4261 ASSOCIATED GRANTMAKERS EXPEDITIONARY LEARNING 20-28 SARGEANT STREET WASHINGTON, DC 20006 FRAMEWORKS INSTITUTE DORCHESTER, MA 02124 20 KEARSARGE AVENUE HARTFORD, CT 06105 NEW YORK, NY 10001 587 WASHINGTON ST CODMAN SQUARE NDC ROXBURY, MA 02119 BOSTON, MA 02110 P.O. BOX 64261 03103

Schedule 1 (Form 990)

04-2755323

(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. Provide the information required in		2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
, ,,					
AS PART OF THE GRANT AGREEMENT, THE	E GRANTEE	IS REQUI	IS REQUIRED TO SUBMIT	MIT A	
PROGRESS REPORT AND A FINAL REPORT	TO	THE FOUNDATION.	ŀ	DEPENDING ON THE	
SIZE AND COMPLEXITY OF THE GRANT,	THE GRANT	FEE WOULD	GRANTEE WOULD SUBMIT A NARRATIVE	ARRATIVE AND	
BUDGET SPENT TO DATE WITH THE PROGRESS	RESS AND	FINAL REPORTS.	ORTS. THE	REPORTS	
INCLUDE NARRATIVES TO REPORT QUESTIONS		INCLUDING THE	THE MEASURABLE PROGRESS	E PROGRESS OF	
THE ORIGINAL GOALS AND OBJECTIVES	OF THE GE	GRANT.			

Schedule I (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 2 Part IV Supplemental Information
Tartiv Supplemental morniation
NAME OF ORGANIZATION OR GOVERNMENT: RESEARCH FOR ACTION
(H) PURPOSE OF GRANT OR ASSISTANCE: LINKING EXTENDED LEARNING
OPPORTUNITIES TO POSTSECONDARY PREPAREDNESS IN NEW HAMPSHIRE Y2
NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION CONNECTION
(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT OF THE STEM21
COMPETENCY-BASED EDUCATION MODEL ON UNDERSERVED STUDENT ENGAGEMENT,
SELF-REGULATION, AND ACADEMI Y2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number 04-2755323

Pa	irt 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.			
	X First-class or charter travel		ĺ	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ľ
	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	ĺ	x
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
	•••			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	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
С	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.			
				1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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			
а	The organization?	<u>5</u> a		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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	ŀ		
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		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations 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		7	
	Regulations section 53 4958-6(c)?	9	i '	

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

Schedule J (Form 990) 2014

NELLIE MAE EDUCATION FOUNDATION, INC.

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 04 - 2755323Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
(1) NICHOLAS C. DONOHUE	(E)	385,661.	0	0.	40,476.	23,562.	449,699.	0.
	(ii)	0	0	0	0	0.		0
(2) MICHAEL CAREY	(1)	214,158.	0	0.	35,171	16,262.	265,591.	0
TREASURER & DIR, OF FINANCE	(ii)	0	• 0	0	0	0	0	0
. ⊻	(<u>:</u>)	214,80	0.	0.	35,042	16,262.	266,105.	0
VP OF PROGRAMS	(ii)	0	• 0	• 0		0		0
(4) SHAUN ADAMEC	Ξ	160,89		0.	25,433	23,893.	210,225.	0
DIR, OF STRATEGIC COMMUNICATIONS	(ii)		0	0.	0	0	• 0	0
(5) BETH MILLER	Ξ	158,23	• 0	0.	24,784.	23,413.	206,432.	0
DIR, OF RESEARCH & EVALUATION	⊞		0.	0.	0.	0.	0.	0
(6) CHARLES TOULMIN	Θ	141,97	• 0	0.	21,650.	23,553.	187,176.	0
DIRECTOR OF POLICY	(ii)		0.	0.	0.	0.	0	0
(7) LYNN D'AMBROSE	(i)	130,942.	• 0	0	18,968.	16,004.	165,914.	0
SENIOR PROGRAM OFFICER	Ξ		0	0	0.	0.	0	0
(8) JESSICA SPOHN	Ξ	121,96	0	0	17,638.	23,279.	162,880.	.0
SENIOR PROGRAM OFFICER	(E)		0	0.	0	0.	0	0
(9) PAUL MARSH	€	120,52	0	0.	17,453.	23,617.	161,590.	0.
IT MANAGER	⊞	0.	0.	0	0.	0.	• 0	0
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Schedule J (Form 990) 2014

· SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form,990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open To Public Inspection

Name of the	organization									Emp	oloyer	identi	tification number				
							UNDATION,			04-275532							
Part I							on 501(c)(4), and 5										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 4							ine 40	b								
1 (a) Nam	e of disculalified n	erson ((b) Relationship between disquali				rfied	(c) De	e) Description of transaction		tion			(d) Corrected?			
(a) (vaiii	me of disqualified person		person and organization					(0) 00					Ye	es	No		
			_														
			_										_				
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		ncurred by th	ne orga	anızatıon man	agers	or disc	qualified persons d	urıng	the year under								
section	•		٠.							-	S						
3 Enter th	ne amount of tax,	if any, on line	2, ab	ove, reimburs	ed by	the or	ganization		•		\$						
Part II	Loans to and	/or From	Inter	rested Per	sons		· · · · ·		-								
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	reported an amo	_					, Part V, line 38a or	FOIL	1 990, Part IV, III	e 20,	or ii ti	ie orga	mzau	וזכ			
(a)	Name of	(b) Relations		(c) Purpose		an to or	(e) Original	15) Balance due	(a)	. In	(h) Ap	proved	m W	ritten		
	sted person	with organiza		of loan	fron	the zation?	principal amount	1 (1) Dalarice due	(g) In default?		by bo	ard or	agree	ment?		
			-			From				Yes	No	Yes	No	Yes	г		
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Part III	Grants or As			_													
	Complete if the o	_										_					
(a) Na	ame of interested p	person	(b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014 NELLIE MAE EDUCATION FOUNDATION, INC.

04-2755323 Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014
Open to Public Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number 04-2755323

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL ORGANIZATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESSENTIALLY UNDERSERVED LEARNERS - TO OBTAIN 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:
SKILLS THAT AREN'T ADDRESSED IN A TRADITIONAL CURRICULUM, SUCH AS
CRITICAL THINKING, PROBLEM SOLVING, COMMUNICATIONS, COLLABORATION,
SELF-DIRECTED LEARNING AND SOCIAL-EMOTIONAL SKILLS. AND WHILE
GRADUATION RATES ARE RISING, TOO MANY STUDENTS ARE STILL LEFT BEHIND,
AND ALARMING NUMBER OF GRADUATES ARE NOT ADEQUATELY PREPARED FOR
COLLEGE OR THE WORKPLACE. THE FOUNDATION WORKS WITH SCHOOLS TO
IMPLEMENT THE PRINCIPLES OF STUDENT-CENTERED LEARNING: LEARNING THAT IS
PERSONALIZED, ENGAGING, COMPETENCY-BASED AND NOT RESTRICTED TO THE
TRADITIONAL CLASSROOM. WE HELP STRENGTHEN WHAT IS WORKING AND
SUBSTANTIALLY UPDATE AND IMPROVE POLICIES AND PRACTICES THAT ARE
OUTDATED. STUDENTS TAKE GREATER RESPONSIBILITY FOR THEIR LEARNING AND
SUPPORT EACH OTHERS' PROGRESS, SO EVERY STUDENT GETS THE SKILLS THEY
NEED TO SUCCEED AND CONTRIBUTE TO SOCIETY.
WE AWARD GRANTS PRIMARILY THROUGH OUR FOUR STRATEGIC INITIATIVES:

DISTRICT LEVEL SYSTEMS CHANGE - INCLUDES THE PROMOTION AND INTEGRATION

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

Schedule O (Form 990 or 990-EZ) (2014)

'Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 OF STUDENT-CENTERED APPROACHES, AS WELL AS POLICY AND ADVOCACY WORK AT THE DISTRICT LEVEL. THE OBJECTIVE IS TO PROMOTE STUDENT-CENTERED APPROACHES TO TEACHING, LEARNING AND ASSESSMENT AS CORE COMPONENTS OF PUBLIC EDUCATION AT THE DISTRICT LEVEL ACROSS THE REGION. WE WORK TO REDUCE POLICY BARRIERS TO INTEGRATING AND TESTING RIGOROUS, STUDENT-CENTERED APPROACHES. WE SUPPORT ADVOCACY: TO GROW THE CAPACITY OF STUDENTS, PARENTS, EDUCATORS AND OTHER STAKEHOLDERS WITHIN DISTRICTS AND COMMUNITIES TO WORK TOGETHER TO DEMAND, IMPLEMENT, AND SUSTAIN STUDENT-CENTERED LEARNING APPROACHES AT THE DISTRICT LEVEL ACROSS THE REGION. THE FOUNDATION DISTRIBUTED 26 GRANTS (\$9.6 MILLION DOLLARS) TO NEW ENGLAND PUBLIC SCHOOL DISTRICTS AND OTHER EDUCATIONAL ORGANIZATIONS SUPPORTING THE SCHOOL DISTRICTS' WORK AROUND STUDENT-CENTERED APPROACHES TO LEARNING. STATE LEVEL SYSTEMS CHANGE - FOCUSES ON PROMOTING STATE AND FEDERAL EDUCATION POLICIES THAT SUPPORT STUDENT-CENTERED LEARNING AT SCALE. BUILD AND STRENGTHEN STATE AND REGIONAL COALITIONS AND THEIR CAPACITY TO ADVOCATE FOR POLICY CHANGES, PROMOTING STUDENT-CENTERED LEARNING, INCREASING EQUITY, AND REMOVING BARRIERS TO INNOVATION AND BUILD CAPACITY OR GROUPS TO PROMOTE THESE CHANGES ON THE FEDERAL LEVEL. THE FOUNDATION SUPPORTED 18 GRANTEE ORGANIZATIONS WITH \$1.7 MILLION DOLLARS IN GRANTS. THE PRIMARY FOCUS OF THE GRANT PROGRAMS WERE TO PROMOTE STUDENT-CENTERED APPROACHES TO LEARNING THROUGH ADVOCACY AND POLICY PROGRAMS AT THE FEDERAL, STATE, AND LOCAL LEVELS. RESEARCH AND DEVELOPMENT - REFLECTS OUR COMMITMENT TO BUILDING AND DEEPENING KNOWLEDGE REGARDING THE WORK OF TRANSFORMING EDUCATION.

SUPPORT PROJECTS THAT GATHER AND SYNTHESIZE KNOWLEDGE REGARDING

432212 08-27-14 'Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 STUDENT-CENTERED APPROACHES, DEVELOP NEW KNOWLEDGE IN EMERGING AREAS OF PRACTICE, SYSTEMS CHANGE, POLICY AND COMMUNITY ENGAGEMENT THROUGH RESEARCH AND EVALUATION, AND IDENTIFICATION OF NEEDED TOOLS. THE FOUNDATION SUPPORTED 13 GRANTEE ORGANIZATIONS WITH \$2.5 MILLION DOLLARS TO BUILD AND DEVELOP KNOWLEDGE ON STUDENT-CENTERED APPROACHES TO LEARNING. PUBLIC UNDERSTANDING - FOCUS ON INCREASED AWARENESS OF STUDENT-CENTERED LEARNING APPROACHES AND THE PUBLIC WILL TO IMPLEMENT THEM. PROVIDE SUPPORT TO EDUCATION COMMUNITIES, TRANSFORM PUBLIC PERCEPTIONS AND EXPECTATIONS OF SCHOOLING AND GROW SUPPORT FOR CHANGES, ULTIMATELY LEADING TO ACTIVE DEMAND. THE FOUNDATION DISTRIBUTED 17 GRANTS, \$1.4 MILLION IN TOTAL, TO EDUCATIONAL ORGANIZATIONS TO PROMOTE AND PROVIDE A FORUM TO BUILD PUBLIC UNDERSTANDING ON STUDENT-CENTERED APPROACHES TO LEARNING. 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 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

Schedule O (Form 990 or 990-EZ) (2014)

AFFILIATIONS AS A DIRECTOR, TRUSTEE OR OFFICER. THE POLICY REQUIRES

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 DISCLOSURE OF ANY TRANSACTIONS, FINANCIAL ARRANGEMENT OR BUSINESS RELATIONSHIP EACH BOARD MEMBER, STAFF MEMBER AND OR FAMILY MEMBER MAY HAVE WITH THE FOUNDATION. UPON SUBMISSION OF THE CONFLICT DISCLOSURE FORM, A LISTING OF EACH BOARD AND STAFF MEMBER IS COMPILED ALONG WITH AFFILIATIONS. THE LIST IS MONITORED DURING THE YEAR FOR ANY UPDATES. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON TRANSACTIONS IN WHICH THE INDIVIDUAL OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY OR AN AFFILIATED ENTITY OF ANY SUCH PERSON HAS A FINANCIAL INTEREST. STAFF MEMBERS ARE REOUIRED 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 THE BOARD OF DIRECTORS. DOCUMENTATION INCLUDING THE RELIED UPON COMPARABILITY DATA, DELIBERATION PROCESS, AND DECISIONS ARE INCLUDED IN BOARD MATERIALS AND ARE RECORDED IN COMMITTEE AND BOARD MINUTES. IN ALL CASES, COMPENSATION IS DETERMINED BY INDEPENDENT PERSONS. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2012. FORM 990, PART VI, SECTION C, LINE 19: MANAGEMENT WILL PROVIDE UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT

OF INTEREST POLICY TO THE PUBLIC. CURRENTLY THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS AND TAX RETURNS APPEAR ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.