EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

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Department of the Treasury Internal Revenue Service

▶ 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.irs.gov/form990.

Open to Public Inspection

-A_F	or the 24	016 calendar year, or tax year beginning	and ending				
JB C	heck if	C Name of organization		D Employer identif	ication number		
ال	Address	NELLIE MAE EDUCATION FOUNDATION, IN	NC.				
> 🗀	Name change	Doing business as	·· <u>···</u>	04-2	755323		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su				
<u>~</u> □	]Final return/	1250 HANCOCK STREET	205N	781-	781-348-4200		
นี้	lermin- sted	City or town, state or province, country, and ZIP or foreign postal cod	e	G Gross receipts \$	237,649,538.		
<u></u>	Amended return	QUINCY, MA 02169		H(a) Is this a group i			
<b>Z</b> L	Applica- tion pending	F Name and address of principal officer NICHOLAS C. DONG	OHUE	for subordinate			
		SAME AS C ABOVE		H(b) Are all subordinates			
		pt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(  ► WWW.NMEFOUNDATION.ORG	(a)(1) or 5		a list (see instructions)		
		ganization: X Corporation Trust Association Other	Ti V	H(c) Group exempte	M State of legal domicile: MA		
		Summary	1 4 11	sai or jornanon. 1990j	WI State Of legal dofficie, PIA		
		iefly describe the organization's mission or most significant activities: TO	STIMU	LATE TRANSFOR	RMATIVE		
Activities & Governance		HANGE OF PUBLIC EDUCATION SYSTEMS ACT					
Kna		neck this box 🕨 🔲 if the organization discontinued its operations or					
o e	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	15		
න න	4 Nu	umber of independent voting members of the governing body (Part VI, line	e 1b)	4			
88	5 To	otal number of individuals employed in calendar year 2016 (Part V, line 2a)	)	5	28		
Š	8 To	ital number of volunteers (estimate if necessary)		6	<del></del>		
Act	7a To	stal unrelated business revenue from Part VIII, column (C), line 12	,				
	b Ne	et unrelated business taxable income from Form 990-T, line 34			-189,105.		
				Prior Year	Current Year		
e	l .	ontributions and grants (Part VIII, line 1h)		0.	300,000.		
Revenue	9 Pr	vestment income (Part VIII, column (A), lines 3,4, and 70 (A), ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 71e)		0.	<u> </u>		
Re	10 In	vestment income (Part VIII, column (A), lines 3,4, and 20)		22,120,245	<del></del>		
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,120,245			
		rants and similar amounts paid (Part IX, Column (A), lines 1-3)		19,361,313			
		enefits paid to or for members (Part IX, column A, Inp 4E A)	j	0,			
u)		alaries, other compensation, employee benefits (Partil column (A), lines	5-10)	3,937,351	<del></del>		
Expenses	1	ofessional fundraising fees (Part IX, column (A), line 11e)	1	0.	1		
ĕ	ι	otal fundraising expenses (Part IX, column (D), line 25)	0.				
ũ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,393,975	5,010,091.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,692,639	37,678,141.		
		evenue less expenses. Subtract line 18 from line 12	<u>.</u>	-5,572,394	-19,126,702.		
Sec.	:{			Beginning of Current Year	End of Year		
sets alanc		otal assets (Part X, line 16)		506,350,110			
Net Ass	21 To	otal liabilities (Part X, line 26)		12,264,030			
		et assets or fund balances, Subtract line 21 from line 20	<u></u>	494,086,080	<u>. 487,332,552.</u>		
ـــــا		Signature Block					
		es of perjury, I deplate that have examined this return, including accompanying so			my knowledge and belief, it is		
true	, correct,	and complete see daration of preparer (other than officer) is based on all information	on of which prep		1-9		
01.	_	Signature of officer		Date	<i>[1.1.</i>		
Şig	1.	NICHOLAS C. DONOHUE, PRESIDENT & C	₽∩	Daty			
Her	e	Type or print name and title	<u> </u>	<del></del>	·		
		Print/Type preparer's name Preparer's sugnature		Date , Check	PTIN		
Pai		RAIG KLEIN		10/10/17 d sett-emph	P00734640		
		um's name CBIZ TOFIAS		Firm's EIN	26-3753134		
		rm's address 500 BOYLSTON STREET					
		BOSTON, MA 02116		Phone no. 6	17-761-0600		
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		····	X Yes No		
	001 11-11-		tructions.		Form <b>990</b> (2016)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			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	L	<u>X</u>
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_		<u> </u>
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		<u> </u>
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, 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,		4.7	
	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		32	
	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			3,7
_	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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	'	X
	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		v	
	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	40-	x	
	Schedule D, Parts XI and XII	12a	Λ	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Vee " and if the organization angular of "No" to line 12s, then completing School to D. Darto VI and VII is actually	40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or mara? If "Van " complete Schoolule E. Porte Land IV	14b	X	
46	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		
15		15	1	x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17_		<u> </u>
18		40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	10		x
	Complete Constitute C <sub>1</sub>   art III .	19 Form	990	(2016)

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Par	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	X	l
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	1	Х
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		ļ	1
	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	1	)	
	Schedule K. If "No", go to line 25a	24a	}	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	х
ь				
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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	[	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ĺ	1	Ì
	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	<u> </u>	l	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		x
b		28b		X
	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	<u> </u>	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
•	If "Yes," complete Schedule N, Part I	31	<b> </b>	Х
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		Х
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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	J-5-5-	<u> </u>	<u> </u>
-	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?		$\vdash$	i — —
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	_x_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~	<u> </u>	† <del></del>
	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?	<u> </u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	}

NELLIE MAE EDUCATION FOUNDATION, INC. orm 990 (2016) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 70 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 28 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes." enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... .... ... 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a

Form 990 (2016)

14a

X

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

13b 13c

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

Form 990 (2016) NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 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			لمل				
<u>sec</u>	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 15		ļ					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
þ	Enter the number of voting members included in line 1a, above, who are independent  1b 15		}					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			**				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its 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?	<u>5</u>		X				
6								
7a								
	more members of the governing body?	7 <u>a</u>		X				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b		<u>X</u> _				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	x					
	The governing body?  Each committee with authority to act on hebalf of the governing body?	<u>8a</u> 8b	X	<del></del>				
ь	Each committee with authority to act on behalf of the governing body?	80						
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				
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	9						
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue Code)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUA						
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
Ĭ	in Schedule O how this was done	12c	x					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?		İ					
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılabl	e					
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance								
	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		000	10010				
63200	6 11-11-18	Form	<b>330</b>	(2016)				

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

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

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

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

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

Check this box if neither the organization i  (A)	(B)			(0	<del></del> -			(D)	(E)	(F)	
Name and Title	Average	(40	Position (do not check more than o					Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bo officer and a director/trus			is bot	h an	compensation	compensation	amount of	
	week	$\vdash$	cerar	a director/trustee)			itee)	from	from related	other	
	(list any	recto				}		the	organizations	compensation	
	hours for related	e or d	寶			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	trustee or director	Institutional trustee		9	mbeu		(***271099-141100)		organization and related	
	below	Individual 1	uto iii	<u>_</u>	딅	oyee	   15			organizations	
	line)	hdiv	Instr	Officer	Key employee	Highest compensated employee	E		İ	ŭ	
(1) ALLEN BOSTON	4.00										
DIRECTOR		X	l					24,187.	0.	0	
(2) GREGORY GUNN	4.00										
DIRECTOR		Х					1	24,000.	0.	0	
(3) KAREN HAMMOND	4.00										
DIRECTOR		Х						24,000.	0.	0	
(4) DEBORAH JEWELL SHERMAN	3.00										
DIRECTOR		X						20,000.	0.	0	
(5) STEPHEN KOSSAKOSKI	4.00										
DIRECTOR		X					L	24,187.	0.	0	
(6) JOANNA LAU	4.00	]				T					
DIRECTOR		X	_					24,000.	0.	0	
(7) ELSA NUNEZ	3.00	1		1		1					
DIRECTOR		X	<u> </u>			L		20,000.	0.	0	
(8) JANET PHLEGAR	4.00					1	1				
DIRECTOR	<b></b>	X	L_			L		28,187.	0.	0	
(9) COLLEEN QUINT	3.00										
DIRECTOR	<u> </u>	X	L		<u> </u>		L	20,000.	0.	0	
(10) JOHN REMONDI	3.00										
DIRECTOR	<u> </u>	X	_				L	20,000.	0.	0	
(11) WARREN SIMMONS	3.00	ļ	}		ļ	ļ					
DIRECTOR	<u> </u>	X	<u> </u>			L	L	20,000.	0.	0	
(12) DANIA VAZQUEZ	3.00	}			1	ł			_ ::_		
DIRECTOR (START JUNE 2016)	ļ	X	L			<u> </u>		10,000.	0.	0	
(13) NICHOLAS WARREN	3.00					Ì	1	]			
DIRECTOR	<u> </u>	X	L		_	L	L	20,000.	0.	0	
(14) DAVID WOLK	4.00					ĺ	ļ				
DIRECTOR	<u> </u>	X				_		32,130.	0.	0	
(15) PRABAL CHAKRABARTI	3.00	]									
DIRECTOR (START JUNE 2016)	.	X				L	<u> </u>	0.	0.	0	
(16) NICHOLAS C. DONOHUE	40.00		1	-							
PRESIDENT & CEO		L		X		L		452,657.	0.	66,034	
(17) MICHAEL CAREY	40.00		1			1					
TREASURER & VP FOR FINANCE & ADMIN.	<u> </u>	<u> </u>		X		<u> </u>		252,130.	0.	57,053	
332007 11-11-16										Form <b>990</b> (20	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	J Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average			Position (do not check more than one		Reportable	Reportable	Es	tımate	d		
	hours per	box.	unle:	ss pe	rson i	is bot	h an	compensation	compensation	am	ount (	of
	week	_	er an	dad	recto	rrus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations		pensa	
	related	poo	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the	
	organizations	ruste	) trus		ဆ	ubeu		(44-271099-141130)		_	anızatı 1 relati	
	below	Individual trustee or director	Institutional trustee		nploy	st ca					ınızatı	
	line)	Indiv	Institu	Officer	Key employee	Highest compensated employee	Former			<b>4</b> 134		
(18) PAMELA WHITE	40.00											
CLERK	ļ	_		Х		<u> </u>		92,573.	0.	<u>2</u> :	9,4	05.
(19) MARY HARRISON	40.00											
VP OF PROGRAMS	<u> </u>				X			227,697.	0.	5	4,4	09.
(20) SHAUN ADAMEC	40.00							İ				
DIR. OF COMMUNICATIONS	<del> </del>					X		170,873.	0.	<u>5</u> :	1,9	<u>24.</u>
(21) CHARLES TOULMIN	40.00											
DIRECTOR OF POLICY	<u> </u>					X		150,741.	0.	4	7 <u>, 8</u> :	<u> 20.</u>
(22) SONIA CAUS GLEASON	40.00	l							_			
DIR. OF STRATEGIC LEARNING & EVAL.	\- <u></u> -		لـــا			X	_	148,404.	0.	4	7 <u>,4</u>	<u>45.</u>
(23) EVE GOLDBERG	40.00											
DIRECTOR OF RESEARCH	<del> </del> _	_				X		141,998.	0.	4	4,5	<u>23.</u>
(24) JESSICA SPOHN	40.00											
SENIOR PROGRAM DIRECTOR	ļ	├_		_	_	X		141,425.	0.	4!	5,6	<u>44.</u>
		-					i		,			
		_		-					<del></del>			
	<u> </u>	<u></u>										
1b Sub-total								2,089,189.	0.	44	4,2	
c Total from continuation sheets to Part V	II, Section A							0.	0.			<u>0.</u>
d Total (add lines 1b and 1c)								2,089,189.	0.	444	4,2	<u>57.</u>
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportable			13
Compensation from the organization				_	_					$\overline{}$	Yes	No No
3 Did the organization list any former officer	director or to	istea	s ko	v en	nnlo	WAA	or h	nighest compensated a	molovee on			
line 1a? If "Yes," complete Schedule J for s	•		, 110	,	PiO	, y C C ,	0	nghost compensated c	inployee on	3		X
4 For any individual listed on line 1a, is the si			mpe	ensa	tion	and	d oth	ner compensation from	the organization			
and related organizations greater than \$15								· · · · · · · · · · · · · · · · · · ·	_	4	х	
5 Did any person listed on line 1a receive or	accrue compe	nsati	on f	rom	any	unr	elate	ed organization or indivi	dual for services	_ [	_ [	

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.

rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
RMC RESEARCH, 1000 MARKET STREET, BLDG 2,	EVALUATION	
PORTSMOUTH, NH 03801	CONSULTANT	<u> 277,012.</u>
AMERICAN INSTITUTE FOR RESEARCH, 1000		
THOMAS JEFFERSON ST. NW, WASHINGTON, DC	RESEARCH CONSULTANT	220,352.
PRIME BUCHHOLZ & ASSOCIATES		
273 CORPORATE DRIVE, PORTSMOUTH, NH 03801	INVESTMENT COUNSEL	208,519.
IMAJ ASSOCIATES, 11 WILLIAM REYNOLDS FM	COMMUNICATIONS	
ROAD, WEST KINGSTON, RI 02892	INTERMEDIARY	199,200.
SOLOMON MCCOWN	COMMUNICATION	<u> </u>
177 MILK STREET, STE. 610, BOSTON, MA 0210	CONSULTANT	173,000.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization		
		000

Form 990 (2016)

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a	Federated campaigns	1a					
E S			Membership dues	1b					
S E			Fundraising events	1c					
i ii			Related organizations	1d					
B, E			Government grants (contribut	<del></del>					
Sign			All other contributions, gifts, gran	·					
a tr		•	similar amounts not included abo	I I	300,000				·
Ē		a	Noncash contributions included in lines						•
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f			300,000			
					Business Code				
8	2	а							
او چ		b							
S E		С							
Program Service Revenue		d							
		е							
ح ا		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f					· · · · · · · · · · · · · · · · · · ·	<u> </u>
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		▶	3,583,472.		-141 723.	3,725,195.
	4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5		Royalties						
				(i) Real	(ıı) Personal				
	6	а	Gross rents		<u> </u>				•
		b	Less rental expenses			ı			1
		С	Rental income or (loss)		L				
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	233,766,066.					
		b	Less cost or other basis		[				
ı			and sales expenses	219 098 099.	ļ				
j		С	Gain or (loss)	14,667,967.	l				
1		ď	Net gain or (loss)		<u> </u>	14,667,967.			14,667,967,
획	8	а	Gross income from fundraisin		i i				
Other Revenue			including \$						
ا ۾			contributions reported on line	: 1c). See	}	•			
ē			Part IV, line 18	а	ļi				
₹			Less. direct expenses	<b>b</b>	L				
			Net income or (loss) from fund		<u>-</u>				
	9	а	Gross income from gaming ad		)				
			Part IV, line 19						
			Less. direct expenses						
			Net income or (loss) from gan		<del>,</del>	<del></del>			
•	10	а	Gross sales of inventory, less		\ \				
			and allowances	a	<del></del>				
			Less. cost of goods sold	b	L		1		
		<u>c</u>	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu		Business Code		1		
ļ	11	_					<del></del>		<del> </del>
		þ							<del></del>
		d C	All other revenue		<u> </u>				
			Total. Add lines 11a-11d						<del></del>
	12		Total revenue. See instructions.			18 551 439	0.		10 202 160
			TOTAL LEVELINE. OFF BISH OCHOUS.			10,331,439.	<u></u>	-141,123	18 393 162

Do n	Check if Schedule O contains a resport include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	28,203,956.	28,203,956.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				- <del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 Benefits paid to or for members	<del></del> -			<del></del>
4 5	Compensation of current officers, directors,	<del></del>			
3	trustees, and key employees	1,549,759.	661,460.	888,299.	
6	Compensation not included above, to disqualified	1,515,755.	001,400.	000,255.	
•	persons (as defined under section 4958(f)(1)) and		Ì		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,053,955.	1,497,179.	556,776.	<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	293,511.	213,898.	79,613.	
9	Other employee benefits	377,200.	266,321.	110,879.	
10	Payroli taxes	189,669.	123,677.	65,992.	
1	Fees for services (non-employees)	.—			
а	Management	<u>-</u>			
b	Legal	62,393.		62,393.	
С	Accounting	79,048.	<u> </u>	79,048.	
	Lobbying	66,000.		66,000.	
е	Professional fundraising services. See Part IV, line 17	1 004 000			
f	Investment management fees	1,234,992.		1,234,992.	<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,	0 101 700	2 074 022	106 076	
	column (A) amount, list line 11g expenses on Sch O.)	2,181,798.	2,074,922.	106,876.	
12	Advertising and promotion	114,662.	70,620.	44,042.	<del></del>
13	Office expenses Information technology	103,630.	63,826.	39,804.	
14 15	Royalties	103,030.	05,020.	39,004.	
16	Occupancy	362,532.	223,283.	139,249.	
17	Travel	188,626.	139,097.	49,529.	
 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	339,252.	303,629.	35,623.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	106,413.	65,540.	40,873.	
23	Insurance	50,457.	31,077.	19,380.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	REGIONAL ASSOCIATIONS	98,327.	98,327.		
b	PROF. DVLPMT/MEMBERSHIP	21,961.	16,667.	5,294.	
C					
d					
	All other expenses	27 670 141	24 052 470	2 624 662	<del></del>
25	Total functional expenses. Add lines 1 through 24e	37,678,141.	34,053,479.	3,624,662.	C
26	Joint costs Complete this line only if the organization		ļ	}	
	reported in column (B) joint costs from a combined			{	
	educational campaign and fundraising solicitation.  Check here  it following SOP 98-2 (ASC 958-720)		·	j	

1 2 3 4	Check if Schedule O contains a response or note to any line in this Part X  Cash - non-interest-bearing	(A) Beginning of year		(B)
2 3 4	Cash - non-interest-bearing	(A) Beginning of year		
2 3 4	Cash - non-interest-bearing			End of year
3 4	out in the second of the secon	432,632.	1	366,251.
4	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	443,942.	7	574,601.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9_	
10a	· · · · · · · · · · · · · · · · · · ·			
	basis Complete Part VI of Schedule D 10a 1,157,116.			
þ	Less. accumulated depreciation 10b 1,022,385.			134,731.
11	Investments - publicly traded securities			145,787,533.
12	Investments - other securities. See Part IV, line 11	318,495,455.		361,037,411.
13	Investments - program-related See Part IV, line 11			ļ
14	-			ļ
15				
<u> 16</u>				507,900,527.
17				968,035.
18		11,444,021.		19,599,940.
19		<del></del>		
20	•	<del></del>		<del> </del>
21			21	<u> </u>
22				
	·			
23		<del></del>		
24	· •		24	
25	` · · · · · · · · · · · · · · · · · · ·			
			OF	
26		12 264 030	_	20,567,975.
20_		12,204,030.	20	20,301,313.
27	· · · · · · · · · · · · · · · · · · ·	494 086 080	27	487,032,552.
28		49170007000.		300,000.
29				300,000.
20			20	
	-			
30	·		30	
30 31				
32		<del></del>		
33	- · · · · · · · · · · · · · · · · · · ·	494.086.080	_	487,332,552.
34	Total liabilities and net assets/fund balances	506,350,110.		507,900,527.
910 11111111111111111111111111111111111	90a b 123456789012 345 6 789 0123	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less. accumulated depreciation 1 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Cother assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \( \bar{V} \) and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Femporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here \( \bar{V} \) and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less, accumulated depreciation Investments - publicly traded securities Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Cher assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Cacounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here  Permanently restricted net assets Temporarily restricted net assets Permanently restricted net assets Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  494,086,080.	Prepard expenses and deferred charges  Jac Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D  Less. accumulated depreciation  Investments - publicly traded securities  Investments - publicly traded securities  Investments - program-related See Part IV, line 11  Intrangible assets  Cother assets See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Grants payable  Deferred revenue  Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and other liabilities not included on lines 17-24) Complete Part X of Schedule D  Total liabilities, Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   Temporarily restricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here   Jand on or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds  Jand and the particus of trund balances  Jand 2494,086,080.33

Form **990** (2016)

Form	990 (2016) NELLIE MAE EDUCATION FOUNDATION, INC.	04-	2755	323	<u>Pag</u>	<sub>re</sub> 12
Par	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		<u>, 55</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 678</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-19</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	494			
5	Net unrealized gains (losses) on investments	5	12	<u>, 37:</u>	<u>3,1</u>	<u>74.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u>487</u>	<u>, 33</u>	<u>2,5</u>	<u>52.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990.		[		Yes	No
	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?		Ļ	<u>2a</u>		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1	İ	}	
þ	Were the organization's financial statements audited by an independent accountant?		<u> </u>	_2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	}	}	- 1	
	consolidated basis, or both		ļ			
	X Separate basis Consolidated basis Both consolidated and separate basis		Į	- [		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		Ì	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	dit			
	Act and OMB Circular A-133?			<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1	<u>3b</u>		
				Form	99U (	2016)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.lrs.gov/form990.

2016

Open to Public Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION, INC.

Employer identification number 04-2755323

Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization SEE PART VΙ f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other nina document (described on lines 1-10) organization support (see instructions) support (see instructions) Yes No above (see instructions)) SEE PART VI 2,6,7&9 28,203,956. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

**PART VI** 

Total

28,203,956.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1				
	ınclude any "unusual grants.")	L		<u> </u>			
2	Tax revenues levied for the organ-		1	}	}		. – –
	ization's benefit and either paid to		1	}	1		
	or expended on its behalf		<u> </u>		ļ		
3	The value of services or facilities		1				
	furnished by a governmental unit to	1	1		1		1
	the organization without charge	ļ	<b></b>		<u> </u>	ļ	
4	Total. Add lines 1 through 3	ļ	<b>_</b>	<u> </u>	<u> </u>	<del> </del>	
5	The portion of total contributions	ļ					
	by each person (other than a					1	
	governmental unit or publicly		ļ			ļ	
	supported organization) included		1	ļ			
	on line 1 that exceeds 2% of the	ĺ	ļ				
	amount shown on line 11,	1		Į.			
_	column (f)	<u> </u>	<del> </del>	<del>[</del>	<del> </del>	<del> </del>	
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<del></del>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(=) 2014	(4) 2015	(=) 2016	/O Total
	Amounts from line 4	(a) 2012	(b) 2013_	(c) 2014	(d) 2015	(e) 2016	(f) Total
,	Gross income from interest,			<del> </del>	<del> </del>	<del> </del>	
0	dividends, payments received on					1	
	securities loans, rents, royalties					1	
	and income from similar sources	1					
9	Net income from unrelated business		1		<del> </del>	<del> </del>	
9	activities, whether or not the		1	<u> </u>			
	business is regularly carried on			1			
10	Other income Do not include gain				<del>                                     </del>		
	or loss from the sale of capital			1			
	assets (Explain in Part VI)			1			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruct	ions)		<del>'</del>	12	
13	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2016 (	line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Parl	t II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2016. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies						▶ ـ
ŧ	33 1/3% support test - 2015. If the				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual		• • •	•• •			. ▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art VI how the organ	nization
	meets the "facts-and-circumstances"	-	•		•		▶∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				- ·		, ,—,
	organization meets the "facts-and-circ		•	•			. <b>▶</b> ⊨
<u>18</u>	Private foundation. If the organization	in did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	low, please com	ipiete rait ii )	<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						17.000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
١	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)						
	First five years. If the Form 990 is for	the organization	's first, second, this	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organia	ration
	check this box and stop here	···_	<del> </del>		·····	- ·- ·	<b>&gt;</b>
_				nolume (A)		15	
	Public support percentage for 2016 (li			columni (t))		15	9
<u>16</u>	Public support percentage from 2015 ction D. Computation of Inves			<del></del>	<del></del>	16	
						147	
17	· ·			ile 13, column (i))		17	
18	Investment income percentage from 2		•	on line 14 and to		22 1/2% and kno 1	17 in not
19	a 33 1/3% support tests - 2016. If the	•				•	. / IS NOT
	more than 33 1/3%, check this box ar	•	•				. ▶∟
ļ	b 33 1/3% support tests - 2015. If the	=					
~~	line 18 is not more than 33 1/3%, che					<del>-</del>	· <b>~</b> }=
	Private foundation, If the organization	Tala not check a	2 DOX OF THE 14, 18	a, or 190, check t			2 000 571 001
8320	23 09-21-16				Sci	redule A (Form 990	1 or 990-F71 2

## Part IV Supporting Organizations

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

Sec	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
<u> </u>	HOIT A. All Supporting Significations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	110
•	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	1		X
2	Did the organization have any supported organization that does not have an IRS determination of status	<del></del>		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	organization was described in section 509(a)(1) or (2).	2	x	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del>-</del> -		
	(b) and (c) below.	3a		X
ь	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	3b		
С	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.	3c		1
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	]	x
ь	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	4b		
С	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			ļ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		)
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			1
	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)	_ 5a _		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5</u> b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ì	] ]	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		] [	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
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 or 990-EZ).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

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10b

determine whether the organization had excess business holdings.)

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, ai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		l i	
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ļi	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,		1	ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2_		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			}
<u></u>	the supported organization(s)	1_1_		L
Sec	tion D. All Type III Supporting Organizations			
	Did the example to provide to each of its supported example tions, but he lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ì		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>  '-</del> -		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	}		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
	how the organization was responsive to those supported organizations, and how the organization determined	į		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	L	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	(			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	لـــا	

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	Type III Non-Functionally Integrated 509(a)(3) Supporting  Check here if the organization satisfied the Integral Part Test as a qualifying			Don't VI \ One in the same of the
1	other Type III non-functionally integrated supporting organizations must c			Part VI) See instructions.
Sect	ion A - Adjusted Net Income	omplete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<del> </del>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
-	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Ţ
	instructions for short tax year or assets held for part of year)	Ì		
а	Average monthly value of securities	1a		T
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	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	lly integra	ted Type III supporting org	anization (see

Sche <b>Pa</b> r	dule A (Form 990 or 990 EZ) 2016 NELLIE MAE ED  † V   Type III Non-Functionally Integrated 509	UCATION FOUNDA (a)(3) Supporting Orga	TION, INC. 0 anizations (continued)	4-2755323 Page 7
Secti	on D - Distributions	<del> </del>		Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		······································	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
0	(provide details in Part VI) See instructions	ne organization is responsive	<del>,</del>	
	Distributable amount for 2016 from Section C, line 6			
9_	Line 8 amount divided by Line 9 amount			<del></del>
10	Line 8 amount divided by Line 9 amount	(;)	/::)	/:::)
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
	Distributable amount for 2016 from Section C, line 6	<del></del>	<del></del>	<del> </del>
1_			<del> </del> -	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
_3_	Excess distributions carryover, if any, to 2016.			
<u>a</u>				<del></del>
<u>b</u>	5 2010			<del></del>
	From 2013	<u> </u>		
	From 2014			<del></del>
	From 2015	<del> </del>	<del></del>	<del></del>
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years		<del></del>	<del> </del>
	Applied to 2016 distributable amount	<del></del>		<del> </del>
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions	<del></del>		
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
_8_	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
đ	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990 EZ) 2016 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, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

PART IV, SECTION A, LINE 1:

NELLIE MAE EDUCATION FOUNDATION, INC. (THE "FOUNDATION") IS ORGANIZED

AND OPERATED AS AN ORGANIZATION EXEMPT FROM TAXATION UNDER IRC SECTION

501(C)(3). IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A SUPPORTING

ORGANIZATION AS DESCRIBED IN IRC SECTION 509(A)(3). IN PRIOR YEARS, THE

FOUNDATION WAS ALSO 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:

Part VI Sur Part line Sect	pplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, t IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, titon D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information e instructions)
PUBLIC SO	CHOOL SYSTEM GRANTEES ARE DESCRIBED IN SECTION 509(A)(1) AND
TYPICALLY	Y DO NOT HAVE IRS DETERMINATION LETTERS. THE FOUNDATION
VERIFIES	PUBLIC SCHOOL/GOVERNMENTAL STATUS IN WRITING.
-	
	<del></del>
_	
	<del></del>

# **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," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

, (	occ coparate mea conone, men				
• S	ection 501(c)(4), (5), or (6) organizat	ions <sup>.</sup> Complete Part III			
Name	of organization			Empl	loyer identification number
	NELLIE	MAE EDUCATION FO	UNDATION, I	NC.	04-2755323
Par	t I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
1 5	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV	
	Political campaign activity expendit	•	a. campaign activities		i
	olunteer hours for political campai			PΨ	·
3 '	roldificer flours for political campai	gri activities		•	
Par	t I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
	Inter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 ▶\$	·
<b>3</b> l	f the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?		,		Yes No
	f "Yes," describe in Part IV.				
_		anization is exempt und	er section 501(c)	, except section 501	(c)(3).
1 1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	zation's funds contributed to ot	her organizations for s		
•	exempt function activities			▶ \$	;
3	Fotal exempt function expenditures	Add lines 1 and 2. Enter here a	ind on Form 1120-POL	<del>-</del> ,	
J	ine 17b			<b>▶</b> \$	
4	Old the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and en	· · · · · · · · · · · · · · · · · · ·	N) of all section 527 pe	olitical organizations to whic	th the filing organization
	nade payments For each organiza		•	<u> </u>	• •
	contributions received that were pre-	•			·
	political action committee (PAC) If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIV	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
			1		delivered to a separate
	İ				political organization.
	·····	<del></del>	<del> </del>	<del> </del>	in none, enter -o
			1		
			<del> </del>		<del> </del>
	1		1	}	
		·	<del> </del>	<del></del> -	<del> </del>
			r.		
			<del></del>	<del></del>	<del> </del>
			1		
					<del> </del>
					<b>J</b> _

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

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Schedule C (Form 990 or 990 EZ) 2016 1 Part II-A Complete if the orga	NELLII anizatio	<u>MAE</u> n is exer	EDUCATION F npt under sectio	OUNDATION , n 501(c)(3) and fil	INC. 04- ed Form 5768 (e	2755323 Page 2 election under
expenses, and share	e of excess	s lobbying (	expenditures).	n Part IV each affiliated	group member's na	me, address, EIN,
Limit	s on Lobb	ying Exper	nd "limited control" pro inditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influ     Total lobbying expenditures to influ     Total lobbying expenditures (add lir     d Other exempt purpose expenditure	ence a leg nes 1a and	islative boo		1		
e Total exempt purpose expenditures	s (add lines		•	th columns		
Not over \$500,000  Over \$500,000 but not over \$1,000  Over \$1,000,000 but not over \$1,50	Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000         Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000					
g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y	ation file Form 4720		Yes No			
(Some organizations th	at made a	section 5		have to complete all	of the five columns	below.
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(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))						
Graseroots lobbying expenditures				]		

Schedule C (Form 990 or 990 EZ) 2016 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 on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	>)
of the lobbying activity	Yes	No	Amo	ount
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)	2	Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6	5,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
¡ Other activities?		X		
j Total Add lines 1c through 1i			66	<u>5,000.</u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</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), s 501(c)(6).	section 501(c)(	5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures	from the prior year?			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."  1 Dues, assessments and similar amounts from members	ered "No," OR	(b) Pari	: III-A, III	ne 3, is
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of</li> </ul>	nolitical	-		
expenses for which the section 527(f) tax was paid).	pontioui			
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ıes	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1 1		
expenditure next year?	,	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated	group list); Part II-A	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			·	
PART II-B, LINE 1, LOBBYING ACTIVITIES:	<del></del>			
A LOBBYING FIRM WAS HIRED DURING 2016 TO MONITOR A	CTIVITY O	N PRO	POSED	
STATE LEGISLATION AFFECTING THE FOUNDATION'S PRACT	ICES AND	ro me	ET WIT	CH
COMMITTEE AND COMMITTEE STAFF MEMBERS TO DISCUSS S	UCH LEGIS	LATIO	N	

Schedule C (Form 990 or 990-EZ) 2016

# SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

NELLIE MAE EDUCATION FOUNDATION,

**Employer identification number** 04-2755323

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Irr		or Accounts. Complete if the
	organization answered Yes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
٥	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	<del></del>
o	for charitable purposes and not for the benefit of the donor		•
	impermissible private benefit?	or definer advisor, or for any ether purpose t	Yes No
Pai		ganization answered "Yes" on Form 990. F	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space	i reservation of a certi	ned filstofic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conseniation contribution in the form	of a concentration easement on the last
2	day of the tax year	ned conservation contribution in the form	Held at the End of the Tax Year
_	Total number of conservation easements		2a
d h	Total acreage restricted by conservation easements		2b
0	Number of conservation easements on a certified historic sti	nicture included in (a)	20
ر	Number of conservation easements on a certified historic str	• •	<del></del>
u	listed in the National Register	arter of 17700, and not on a mistoric structu	"°   2d
•	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	<del></del>
3	_	neased, extinguished, or terminated by the	organization during the tax
	year ▶Number of states where property subject to conservation ea	coment is located	
4	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements	<u> </u>	Yes No
c	Staff and volunteer hours devoted to monitoring, inspecting,		
6	Start and volunteer riours devoted to monitoring, inspecting,	manding of violations, and emorning cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	yon easoments during the year
7	\$\\$\$ \$\$	ding of violations, and emorcing conservat	non easements during the year
8	Does each conservation easement reported on line 2(d) about	we estick the requirements of section 170/	h\/4\/P\/i\
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and evnense	. ==
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	illon s imancial statements that describes i	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Of	ther Similar Assets
<u> </u>	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	pent and halance cheet works of art
14	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri	•	ice of public service, provide, in rain XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance cheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e	• •	•
	relating to these items.	ducation, or research at furtherance of pur	sic service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
0	If the organization received or held works of art, historical tre		
2			gain, provide
_	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	TO POO 300) relating to these items	- <b>L</b> ¢
a h	Assets included in Form 990, Part X		<b>5 5 5 5 5</b>
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2016
	i di i apolittori ricadonori nel itones, see nie ilisudenori	<del></del>	Ochequie D (FUI III 330/ 20 IV

632051 08-29-16

		MAE EDUCAT								Page 2
Par	t III Organizations Maintaining C									
` З	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	at are a sigi	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d			hange progr					
þ	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how t	hey further tl	he organızat	on's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o				•	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	is or other as	ssets not in	ıcluded	_	7	_
	on Form 990, Part X?							L_	<b>」Yes</b>	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				<del>,</del>		
									Amount	
С	Beginning balance						1 <u>c</u>			
đ	Additions during the year						1d			
е	Distributions during the year						<u>1e</u>			
f	Ending balance						1f	<del></del>		<del></del> _
-	Did the organization include an amount on Fe	•				•	12	<u>L</u> _	」 Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete								<del></del>	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back   (d	) Three	years back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance								<u> </u>	
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									<del></del>
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	•	e (line 1	lg, column (a	i)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administe	ered for the	organi	zation	_	<del></del>
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								<u>3b</u>	
4	Describe in Part XIII the intended uses of the		<u>wment</u>	<u>funds</u>						
Pai	t VI Land, Buildings, and Equipm						. 40			
	Complete if the organization answere							. —		<del></del>
	Description of property	(a) Cost or o			or other		umulate		(d) Book	value
	<del></del>	basis (investr	nent)	Dasis	(other)	aepr	eciation			
1a	Land	<del></del>								
b	Buildings	<u> </u>		<del> </del>	2 525		47 0	<del></del>	<del>-</del>	210
C	Leasehold improvements	<del></del>	-		<u>2,505.</u>		<u>47,2</u>			<u>,210.</u>
d	Equipment				$\frac{0,239}{4,372}$		73, <u>5</u>			<u>,720.</u>
	Other  Add lines 1a through 1e (Column (d) must e	aud Form 000, Dard	V soli		4,372.		01,5	<del>/</del>	134	<u>,801.</u> 731.

Schedule D (Form 990) 2016

SEE PART XIII FOR CONTINUATIONS

Schedule D (Form 990) 2016

Sche Par	dule D (Form 990) 2016 NELLIE MAE EDUCATION FOUNDAT  **TXI Reconciliation of Revenue per Audited Financial Statements		04-	2755323 Page 4
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s with nevenue per ne	etuii	1.
	Total revenue, gains, and other support per audited financial statements		1	29,689,621.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			29,009,021.
a		2a   12,373,174.		
b		2b		
c		2c		
d		2d		
	Add lines 2a through 2d		2e	12,373,174.
3	Subtract line 2e from line 1		3	17,316,447.
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 1,234,992.		
b		4b		
С	Add lines 4a and 4b		4c	1,234,992.
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	18,551,439.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	<u>36,443,149.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		_3	<u>36,443,149.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а		4a 1,234,992.		
b	Other (Describe in Part XIII )	4b		4 004 000
С			4c	<u>1,234,992.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		_5	37,678,141.
	rt XIII Supplemental Information.			· · · · · · · · · · · · · · · · · · ·
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, Ραπ	x, line 2, Part XI,
PAJ	RT X, LINE 2:			
	E FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY	UNCERTAIN TAX	POS	ITIONS
BA	SED ON A "MORE LIKELY THAN NOT" THRESHOLD TO	THE RECOGNITION	ON	OF THE TAX
PO	SITIONS BEING SUSTAINED BASED ON THE TECHNIC	CAL MERITS OF T	HE :	POSITION
UNI	DER SCRUTINY BY THE APPLICABLE TAXING AUTHOR	ITY. IF A TAX	PO	SITION OR
PO	SITIONS ARE DEEMED TO RESULT IN UNCERTAINTIE	S OF THOSE POS	ITI	ONS, THE
<u>UNI</u>	RECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON	A "CUMULATIVE	PR	OBABILITY
<u>AS</u>	SESSMENT" THAT AGGREGATES THE ESTIMATED TAX	LIABILITY FOR A	ALL	UNCERTAIN
TA	K POSITIONS. INTEREST AND PENALTIES ASSESSE	D, IF ANY, ARE	AC	CRUED AS
IN	COME TAX EXPENSE.			

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

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 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 XIII Supplemental Information (continued)		
Part VII Investments - Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT FUND - LONG/SHORT EQUITY	46,454,379.	FMV
INVESTMENT FUND - MULTI-STRATEGY	15,930,000.	FMV
REAL ASSETS	20,696,117.	FMV
REAL ESTATE FUND	8,103,776.	FMV
DIRECT REAL ASSET - TIMBER	1,022,917.	FMV
PRIVATE COMMODITY	8,701,725.	FMV
NATURAL RESOURCES FUND OF FUNDS	6,027,276.	FMV
PRIVATE EQUITY	4,503,697.	FMV

## SCHEDULE F (Form 990)

## 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.

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

2016
Open to Public

Open to Public Inspection

Name of the organization

Employer identification number

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Pai	LLIE MAE EDUC	mation on A	ctivities Ou	tside the United States. Comple	to if the eventur	04-27553	<u>23</u>
Га	Form 990, Part IV		Ctivities Ou	iside the Officed States. Comple	te ii trie organiz	ation answered	res on
1			maintain recor	ds to substantiate the amount of its gra	nts and other a	ssistance.	
	-	=		the selection criteria used to award the			Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	er assistance ou	tside the
	United States.		_				
3	Activities per Region. (Ti	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a progr describe s	ty listed in (d) am service, specific type ) in the region	(f) Total expenditures for and investments in the region
CENT	TRAL AMERICA AND						
	CARIBBEAN		0	INVESTMENTS			78,418,335,
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3 a	Sub-total	0	0				78,418,335,
b	Total from continuation	]		)			ì
	sheets to Part I	0	0_	<del> </del>			0.
¢	Totals (add lines 3a and 3b)		0				70 410 225
	<u>and 00/</u>	<u> </u>		<del></del>			78 418 335

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

Schedule F (Form 990) 2016

04 - 2755323

Page 2

NELLIE MAE EDUCATION FOUNDATION, INC.

Schedule F (Form 990) 2016

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 Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign counity, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization N

Schedule F (Form 990) 2016

36

Enter total number of other organizations or entities

04-2755323

Page 3

Schedule F (Form 990) 2016 NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323

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 noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					i
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2016

Sched	ule F (Form 990) 2016 NELLIE MAE EDUCATION FOUNDATION, INC.	04-2755323 Page 4
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes X No

Schedule F (Form 990) 2016

Schedule F	(Form 990) 2016		EDUCATION	FOUNDATION,	INC.	<u>04-2755323</u>	Page 5
Part V	Supplement	al Information					
			rt I. line 2 (monitorina	of funds): Part I, line 3.	column (f) (accoun	ting method; amounts of	
						od), and Part III, column (c	
	/	f	-leadle Alexander	station and to an end a	accounting mean	so, and Fart III, column (c	9
	(estimated num	per of recipients), as ap	plicable Also comple	ete this part to provide a	iny additional infori	mation See instructions	
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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Rovenue Service

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

OMB No 1545-0047

Inspection

**Employer identification number** 04 - 2755323► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. NELLIE MAE EDUCATION FOUNDATION, INC. General Information on Grants and Assistance Name of the organization

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance?

**2** 

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER WAY FOUNDATION							YOUTH ORGANIZING
PO BOX 942							AWARD-HEARING YOUTH
HARTFORD, CT 06101	06-1576383	501( C )(3)	50,000.	• 0			VOICES
							CAN WE TRANSFORM
ACHIEVE HARTFORD!							EDUCATION WITHOUT
221 MAIN STREET, 3RD FLOOR							TRANSFORMING THE BOARD OF
HARTFORD, CT 06106	45-0499390	501(C)(3)	38,413.	0.			EDUCATION?
APPTANCE FOR EACELLENT EDUCATION							
1201 CONNECTICUT AVENUE, NW SUITE							
WASHINGTON, DC 20036	11-3487339	501(C)(3)	50,000.	0			FUTURE READY SUMMIT
AMERICAN INSTITUTES FOR RESEARCH							
PELAVIN RESEARCH CENTER, 1000							HIGH SCHOOL MATH NETWORK
THOMAS JEFFERSON ST, NW -							IMPROVEMENT COMMUNITY
WASHINGTON, DC 20007	25-0965219	501( C )(3)	899,597.	0			(X3)
AMERICAN INSTITUTES FOR RESEARCH							DEVELOPING A
PELAVIN RESEARCH CENTER, 1000				_			STUDENT-CENTERED
THOMAS JEFFERSON ST, NW -							ASSESSMENT SYSTEM:
WASHINGTON, DC 20007	25-0965219	501(C)(3)	249,990.	.0			RESEARCH AND DEVELOPMENT
AMERICAN INSTITUTES FOR RESEARCH							
PELAVIN RESEARCH CENTER, 1000				-			
THOMAS JEFFERSON ST, NW -					-		COMPETENCY-BASED
WASHINGTON, DC 20007	25-0965219	501( C )(3)	.987,99	0.			EDUCATION STUDY PHASE II
2 Enter total number of section 501(c)(3) and government organizat	nd government or	ganizations listed in the line 1 table	e line 1 table				<b>▶</b> 156.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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ssistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Governments a	Part II Continuation of Grants and Other Ass
ION, INC. 04-27553	E EDUCATION FOUNDATION, INC.	Schedule I (Form 990) NELLIE MAE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of organization or government cash grant	(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
AMERICAN INSTITUTES FOR RESEARCH PELAVIN RESEARCH CENTER, 1000 THOMAS JEFFERSON ST, NW - WASHINGTON, DC 20007	25-0965219	501( C )(3)	19,968.	0			FAMILY ENGAGEMENT LITERATURE REVIEW
BIDDEFORD SCHOOL DEPARTMENT 18 MAPLEWOOD AVE BIDDEFORD, ME 04005	01-6000023	PUBLIC SCHOOL	10,000.	0.			BIDDEFORD - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E. FRANKLIN STREET - TRENTON, NJ 08610	06-1653897	501( C )(3)	10,000.	.0			
BIG PICTURE LEARNING 325 PUBLIC STREET PROVIDENCE, RI 02905	05-0485883	501( C )(3)	25,000.	0.0			BIG BANG 2016: THE INTERNATIONAL CONFERENCE ON STUDENT-CENTERED LEARNING
BOSTON CHINATOWN NEIGHBORHOOD CENTER - 885 WASHINGTON STREET - BOSTON, MA 02111	23-7209691	501( C )(3)	10,000.	.0			ANNUAL BANQUET
BOSTON EDUCATION DEVELOPMENT FOUNDATION - 2300 WASHINGTON STREET - ROXBURY, MA 02119	22-2514422	501( C )(3)	246,054.	.0			BPS COLLEGE AND CAREER READINESS BADGING INITIATIVE
BOSTON EDUCATION DEVELOPMENT FOUNDATION - 2300 WASHINGTON STREET - ROXBURY, MA 02119	22-2514422	501( C )(3)	100,000.	0.			DIPLOMA PLUS CHARLESTOWN HS - WINNER OF THE 2016 LAWRENCE W. O'TOOLE AWARD
BRANDEIS UNIVERSITY P.O. BOX 549110 WALTHAM, MA 02454-9110	04-2103552	501( C )(3)	232,283.	0			DISTRICT LEVEL SYSTEMS CHANGE PHASE II TECHNICAL ASSISTANCE
BRONXDALE TENANTS LEAGUE D.C.C., INC 1065 BEACH AVENUE - BRONK, NY 10472	13-2681414	501( C )(3)	10,000	0			DEMOGRAPHY ISN'T DESTINY INITIATIVE Schedule   (Form 990)

Page,1

	United States (Schedule I (Form 990), Part II.)
INC.	ons in the
AE EDUCATION FOUNDATION, INC	nents and Organizatic
EDUCATION	sistance to Governn
MAE	her As
NELLIE	of Grants and Ot
le I (Form 990)	art II Continuation
Schedu	Part II

(a) Name and address of rapplicable cash grant acceptance or government (b) EIN (c) IRC section (d) Amount of rapplicable cash grant assistance (book, FMV, applicable cash grant assistance appraisal, other)	(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
BROOKLYN ON TECH INC 2711 PITKIN AVENUE SUITE 3 BROOKLYN NY 11208	46-5336001	501( C )(3)	10 000	0			NEW YORK ON TECH. 2016 GRANT
BROWN UNIVERSITY - ANNENBERG INSTITUTE FOR SCHOOL REFORM - BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS, 164 ANGREL	05-0258809	U	. 000, 000	0.			FAMILY, YOUTH, AND COMMUNITY ORGANIZING AND ENGAGEMENT: TAKING LEADERSHIP AND VOICE TO
BROWN UNIVERSITY - ANNENBERG INSTITUTE FOR SCHOOL REPORM - BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS, 164 ANGELE	05-0258809	501( C )(3)	57,400.	0			TRANSFORMATIVE EDUCATION GOVERNANCE PROGRAM: SEEKING INTERMEDIARIES TO ORGANIZE STATE-BASED
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	05-0258810	501( C )(3)	23,000.	,			TRUSTEE SCHOLARSHIP
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	PUBLIC SCHOOL	463,765.	.0			DISTRICT LEVEL SYSTEM CHANGE PHASE II
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	PUBLIC SCHOOL	33,500.	0.0			COMMUNICATIONS SUPPORT
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	PUBLIC SCHOOL	30,000.	.0			COMMUNICATIONS SPECIALIST
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	PUBLIC SCHOOL	25,450.	.0			/IDEO VIGNETTES
CAMBRIDGE PUBLIC SCHOOLS 159 THORNDIKE STREET CAMBRIDGE, MA 02141	04-6001383	PUBLIC SCHOOL	10,000.	0			KINDERGARTEN QUALITY ENHANCEMENT Schodule   Form 900)
							Schedule i (rorm 990)

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Schedule 1 (Form 990) NELLIE MAE EDUCATION	E EDUCATI	ON FOUNDATION,	ON, INC.			0	04-2755323 Page.1
n of	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	١॥)	
(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
CASTLETON UNIVERSITY 62 ALUMNI DRIVE CASTLETON, VT 05735	20-2695709	GOVT AGENCY	20,000.	0.			STRATEGIC INITIATIVE FOR STUDENT ASSISTANCE
CASTLETON UNIVERSITY 62 ALUMNI DRIVE CASTLETON, VT 05735	20-2695709	SOVT AGENCY	.000,6	0.			SPARTAN SHIELD SOCIETY
CENTER FOR CURRICULUM REDESIGN 10 JAMAICAWAY #10 BOSTON, MA 02130	45-3847373	501( C )(3)	25,000.	.0			VISUALIZATION PROJECT
CENTER FOR EXCELLENCE IN EDUCATION 8201 GREENSBORO DRIVE, SUITE 215 MCLEAN, VA 22102	52-1256563	501( C )(3)	10,000.	G			CENTER FOR EXCELLENCE IN EDUCATION - RESEARCH SCIENCE INSTITUTE GRANT
CENTER FOR INDIVIDUAL OPPORTUNITY 205 WALDEN ST #6P CAMBRIDGE, MA 02140	46-1629781	501( C )(3)	250,000.	0			BEYOND AVERAGE
CHIEFS FOR CHANGE 1455 PENNSYLVANIA AVENUE, NW, SUITE 400-311 - WASHINGTON, DC 20004	47-2373903	501( C )(3)	74,999.	0			INNOVATIVE ASSESSMENT WORKING GROUP
CHITTENDEN CENTRAL SUPERVISORY UNION - 51 PARK STREET - ESSEX JUNCTION, VT 05452	03-6000554	GOVT AGENCY	10,000.	0.			CHITTENDEN/ESSEX SU - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
CITY OF PROVIDENCE							

43

Schedule I (Form 990)

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05-6000329 GOVT AGENCY

CITY HALL, 25 DORRANCE STREET, SUIT

PROVIDENCE, RI 02903

217 CENTRE ST, #106

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NEW YORK, NY 10013

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E EDUCATION FOUNDATION,	Assistance to Governments and Or
(Form 990) NELLIE MA	Continuation of Grants and Other
Schedule	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government (a) EIN (b) EIN (c) IRC section organization or	(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
CODMAN SQUARE NDC 587 WASHINGTON ST DORCHESTER, MA 02124	04-2752507	501( C )(3)	6,000.	.0			COMMUNITY DEVELOPMENT
COLUMBIA UNIVERSITY, TEACHERS COLLEGE - 525 W 120TH STREET, BOX 151 - NEW YORK, NY 10027	13-1624202	501( C )(3)	150,000.	0			NEW ENGLAND REPORTING INITIATIVE YEAR 1
COMMUNITY COLLEGE OF RHODE ISLAND 400 EAST AVE WARWICK, RI 02886-1807	05-0353872	501( C )(3)	10,000.	0			ASSESSMENT AND LEARNING IN KNOWLEDGE SPACES
CONNECTICUT ASSOCIATION OF PUBLIC SCHOOL SUPERINTENDENTS FOUNDATION - 26 CAYA AVENUE - WEST HARTFORD, CT 06110	45-5636114	501( C )(3)	198,595.	0			SUPPORT FOR NEXTED 2.0 WORK (YEAR 2)
CONNECTICUT CENTER FOR SCHOOL CHANGE - 151 NEW PARK AVE, STE 15 - HARTFORD, CT 06106	06-1525201	501( C )(3)	50,000.	0			TRANSFORMATION EDUCATION GOVERNANCE: CONNECTICUT FORUM
CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN STREET - HARTFORD, CT 06106	23-7024016	501( C )(3)	10,000.	.0			CONNECTICUT PHILANTHROPY 2016 ANNUAL SUMMIT
CONNECTICUT PUBLIC BROADCASTING NETWORK - 1049 ASYLUM AVE HARTFORD, CT 06105	06-0758938	501( C )(3)	200,000.	.0			MEDIA GRANT YEAR 3
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501( C )(3)	.000,09	0			CONNECTICUT COLLEGE AND CAREER READINESS ALLIANCE PLANNING
COUNCIL OF CHIEF STATE SCHOOL OFFICERS - ONE MASSACHUSETTS AVE NW, STE 700 - WASHINGTON, DC 20001	53-0198090	501( C )(3)	200,900.	0			CONTINUED SUPPORT FOR ILN NEXT PHASE
							Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II)	Assistance to Go	vernments and Organ	rizations in the Un	ited States (Sche	dule I (Form 990), Pa	()	
(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
							LEADERSHIP COMPETENCIES
COUNCIL OF CHIEF STATE SCHOOL							FOR PERSONALIZED,
OFFICERS - ONE MASSACHUSETTS AVE							LEARNER-CENTERED SCHOOLS:
	53-0198090	501(C)(3)	84,915.	0			PHASE TWO
							CROSSWALK OF THE EDUCATOR
COUNCIL OF CHIEF STATE SCHOOL							COMPETENCIES FOR
OFFICERS - ONE MASSACHUSETTS AVE							
NW, STE 700 - WASHINGTON, DC 20001	53-0198090	501( C)(3)	29,989.	0			STUDENT-CENTERED TEACHING
DEER ISLE-STONINGTON HIGH SCHOOL							
251 N DEER ISLE RD.							LAWRENCE W. O'TOOLE
DEER ISLE, ME 04627	GOV'T UNIT	PUBLIC SCHOOL	10,000.	0			AWARD- RUNNER UP
DOVER SCHOOL DISTRICT							
MCCONNELL CENTER, 61 LOCUST							
STREET, SUITE 409 - DOVER, NH							DOVER - YEAR 1 PUBLIC
03820-4132	02-6000230	GOVT AGENCY	10,000.	0			UNDERSTANDING & DEMAND
EDITORIAL PROJECTS IN EDUCATION,							
INC 6935 ARLINGTON ROAD, STE.							
100 - BETHESDA, MD 20814	53-0246895	501( C)(3)	50,000.	0			ADVERTISING CAMPAIGN
SPITAN WATNE							
4 G G G G G G G G G G G G G G G G G G G							MAINE COLLEGE AND CAREER
PORTLAND ME 04101	20-3559947	501( C )(3)	175,000.	0			READINESS ALLIANCE
EDUCATE MAINE							STUDENT-CENTERED LEARNING
482 CONGRESS STREET, SUITE 303							SUPPORTIVE POLICY IN
PORTLAND, ME 04101	20-3559947	501( C )(3)	155,000.	0.			MAINE
מאדאא משאטיותם							
482 CONGRESS STREET SITTLE 303							
	20-3559947	501( C )(3)	15,000.	0			BUSINESS PARTNERSHIPS
							CHANGE COLORS
482 CONGRESS STREET, SUITE 303	20-3550047	101/ 0//3/	2 000	c			MAINE TEACHER LEADERSHIF
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Schedule   (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC.   Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II)	E EDUCATI	EDUCATION FOUNDATION, istance to Governments and Organization	ON, INC.	nited States (Sche	dule I (Form 990), Par		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
EDUCATION DEVELOPMENT CENTER 43 FOUNDRY AVE. WALTHAM, MA 02453	04-2241718	201( C )(3)	1,766,438.	0			DISTRICT LEVEL SYSTEM CHANGE PHASE 2 EVALUATION 2017-18
	04-2241718	501( C )(3)	462,183,	0			TECHNICAL ASSISTANCE FOR CONTINUOUS IMPROVEMENT & CENTRAL OFFICE REDESIGN GRANTEES
EDUCATION DEVELOPMENT CENTER 43 FOUNDRY AVE. WALTHAM, MA 02453	04-2241718	501( C )(3)	417,194.	0			DISTRICT LEVEL SYSTEMS CHANGE PHASE II: CROSS DISTRICT LEANING
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE. 101 DANVERS, MA 01923	04-3407816	501( C )(3)	150,000.	0.			LAWRENCE PUBLIC SCHOOLS - CONTINUOUS IMPROVEMENT SCHOOL VISITS
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE. 101 DANVERS, MA 01923	04-3407816	501( C )(3)	20,000.	0			BETTY BELAND GREATER LAWRENCE SUMMER FUND
FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 33919	59-1211051	GOVT AGENCY	19,297.	.0			STUDY OF COMPLETION BASED FUNDING AT VIRTUAL LEARNING ACADEMY CHARTER SCHOOL
FRIENDS OF TOBIN SCHOOL, INC. C/O TOBIN MONTESSORI SCHOOL, 197 VA	32-0345900	S01( C )(3)	10,000.	0.			STEAM LAB - MAKER SPACE
GRANITE STATE ORGANIZING PROJECT 383 BEECH STREET MANCHESTER, NH 03103	47-0873896	501( c )(3)	74,884.	0			YOUNG ORGANIZERS UNITED
GRANTMAKERS FOR EDUCATION 851 SW 6TH AVENUE, SUITE 350 PORTLAND, OR 97204	33-0919329	S01( C )(3)	10,000.	0,			EDUCATION GRANTWAKERS INSTITUTE
							Schedule I (Form 990)

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(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of non-cash valuation no assistance appraisal, other)	(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
GRANTMAKERS FOR EDUCATION 851 SW 6TH AVENUE, SUITE 350 PORTLAND, OR 97204	33-0919329	501( C )(3)	10,000.	.0			EQUITY IN EDUCATION: CONVERSATIONS WE'RE NOT HAVING
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	S01( C )(3)	485,809.	.0			GREAT SCHOOL PARTNERSHIP TECHNICAL ASSISTANCE SUPPORT - 2016/17
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( c )(3)	450,000.	0			CONTINUATION GRANT FOR NEW ENGLAND SECONDARY SCHOOL CONSORTIUM SUPPORT
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( c )(3)	449,330.	.0			PUBLIC UNDERSTANDING & DEMAND INITIATIVE INTERMEDIARY
GREAT SCHOOLS PARTNERSHIP 482 CONGRESS STREET, SUITE 500 PORTLAND, ME 04101	26-3834610	501( c )(3)	179,000.	0.			RHODE ISLAND GRADUATION PROFICIENCIES
GROWTH PHILANTHROPY NETWORK 122 E. 42ND STREET, 17TH PLOOR NEW YORK, NY 10168	42-1625224	501( c )(3)	50,000.	.0			EDUCATION WORKING GROUP
HANOVER PERMANENT SCHOLARSHIP FUND P.O. BOX 67 HANOVER, MA 02339	04-2625836	501( C)(3)	7,500.	0.			JENNA ATTURIO MEMORIAL SCHOLARSHIP
HARTFORD PARENT UNIVERSITY 207 MAIN STREET, SUITE 200 HARTFORD, CT 06106	45-1859686	S01( C )(3)	147,844.	0			LEAD COMMUNITY PARTNER
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	1,704,949.	0			DISTRICT LEVEL SYSTEM CHANGE PHASE II Schedule I (Form 990)

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NELLIE MAE EDUCATION FOUNDATION, INC.	ents and Organizations
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Schedule (Form 990) NELLIE MAE EDUCATION FO	E EDUCATI	EDUCATION FOUNDATION,	ON, INC.	oited States (Sche	UNDATION, INC.		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
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	186,240.	0			SUPPORTING AND DEVELOPING STUDENT-CENTERED EDUCATORS AT SCALE
HARTFORD FUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	FUBLIC SCHOOL	58,600.	0			COMMUNICATIONS SUPPORT
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	20,000.	0			HARTFORD - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
HARTFORD FUBLIC SCHOOLS 960 MAIN STREET, 8TH FLOOR HARTFORD, CT 06103	06-6001870	PUBLIC SCHOOL	5,400.	0			SUPPORT TO ATTEND COMPETENCY EDUCATION DESIGN STUDIO
HARVARD MEDICAL SCHOOL - PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 25 SHATTUCK STREET - BOSTON, MA 02115	04-2103580	501( C )(3)	25,000.	0			MEDSCIENCE
HARVARD MEDICAL SCHOOL - PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 25 SHATTUCK STREET - BOSTON, MA 02115	04-2103580	501( C )(3)	25,000.	0			MEDSCIENCE
HARVARD UNIVERSITY, GRADUATE SCHOOL OF EDUCATION - PO BOX 415649 - CAMBRIDGE, MA 02241-5649	04-2103580	501( c )(3)	100,000.	,0		-	BY ALL MEANS: REDESIGNING EDUCATION TO RESTORE OPPORTUNITY
HARVARD UNIVERSITY, GRADUATE SCHOOL OF EDUCATION - PO BOX 415649 - CAMBRIDGE, MA 02241-5649	04-2103580	501( C )(3)	100,000.	.0			BY ALL MEANS: REDESIGNING EDUCATION TO RESTORE OPPORTUNITY
HARWOOD UNION HIGH SCHOOL 458 VT ROUTE 100 MORETOWN, VT 05660	03-0218197	PUBLIC SCHOOL	10,000.	0			LAWRENCE W. O'TOOLE AWARD- RUNNER UP Schedule I (Form 990)
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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 EDUCATI	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
HIGHLANDER INSTITUTE 65 ATLANTIC AVE. PROVIDENCE, RI 02907	22-3115046	S01( C )(3)	1,200,000.	,0			HIGHLANDER INSTITUTE INTEGRATED LEARNING SYSTEMS
HIGHLANDER INSTITUTE 65 ATLANTIC AVE. PROVIDENCE, RI 02907	22-3115046	S01( C )(3)	125,000.	0			RHODE ISLAND STATE OFFICE OF INNOVATION
HIGHLANDER INSTITUTE 65 ATLANTIC AVE. PROVIDENCE, RI 02907	22-3115046	501( C )(3)	109,798.	.0		i	INTEGRATED LEARNING SYSTEMS STATE DESIGN TEAM
HIGHLANDER INSTITUTE 65 ATLANTIC AVE. PROVIDENCE, RI 02907	22-3115046	501( c )(3)	10,000.	0			THE 5TH ANNUAL BLENDED LEARNING AND TECHNOLOGY CONFERENCE
HOLYOKE HIGH SCHOOL 500 BEECH ST. HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	75,000.	0.			PA'LANTE RESTORATIVE JUSTICE PROGRAM
IDEA 3644 44TH AVE., S MINNEAPOLIS, MN 55406	27-0812635	501( C )(3)	16,000.	.0			AMPLIFYING STUDENT VOICE AND LEADERSHIP GRANTEE SCHOOL TOURS
INTERNATIONAL ASSOCIATION FOR K-12 ONLINE LEARNING - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	501( c )(3)	300,000.	0			NATIONAL SUMMIT ON COMPETENCY-BASED EDUCATION
INTERNATIONAL ASSOCIATION FOR K-12 ONLINE LEARNING - 1934 OLD GALLOWS RD, SUITE 350 - VIENNA, VA 22182	20-0310109	S01( C )(3)	211,555.	0.			NEXT PHASE OF COMPETENCYWORKS
JOBS FOR MAINE'S GRADUATES 45 COMMERCE DRIVE, SUITE 9 AUGUSTA, ME 04330	01-0482628	501( C )(3)	854,863.	0			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2016-17
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Part II	Continuation of	Grants and O	ther Ass	irants and Other Assistance to Government	vernme	ents and Organizations in	rants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )

organization or government	(a) 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 THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501( C )(3)	970,000.	0.			THE RESEARCH COLLABORATIVE LAUNCH (Y3)
JOBS FOR THE FUTURE 88 BROAD STREET, 8TH FLOOR BOSTON, MA 02110	06-1164568	501( C )(3)	498,685.	0.			HUB PHASE 3
JOHN F. KENNEDY LIBRARY FOUNDATION COLUMBIA POINT BOSTON, MA 02125	04-6113130	501( C )(3)	10,000.	0.			PROFILE IN COURAGE TRUST
KITTERY SCHOOL DISTRICT TOWN MUNICIPAL BUILDING, 200 ROGERS KITTERY, ME 03904	GOV'T UNIT	GOVT AGENCY	10,000.	0			KITTERY - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH ST., SUITE 200 CINCINNATI, OH 45202	31-1321973	501( C )(3)	81,525.	0.			STATE TOOLS FOR EVERY STUDENT SUCCEEDS ACT
LAWRENCE PUBLIC SCHOOLS 233 HAVERHILL STREET LAWRENCE, MA 01840	04-6001394	PUBLIC SCHOOL	20,000.	0.			LAWRENCE - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
LEARNLAUNCH 281 SUMMER STREET, 2ND FLOOR BOSTON, MA 02210	46-1270864	501( C )(3)	156,114.				MAPLE IMPLEMENTATION
LEARNLAUNCH 281 SUMMER STREET, 2ND FLOOR BOSTON, MA 02210	46-1270864	501( C )(3)	81,750.	0.			MASSACHUSETTS PERSONALIZED LEARNING EDTECH CONSORTIUM (MAPLE)
MAINE AFTERSCHOOL NETWORK 12 E. CHESTNUT STREET AUGUSTA, ME 04330	01-6000769	501( C )(3)	10,000.	0			MAINE AFTERSCHOOL NETWORK

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Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )	Assistance to G	overnments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t    )	
(a) Name and address of organization or government	( <b>p</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
MANCHESTER PUBLIC SCHOOLS							MANCHESTER PUBLIC SCHOOLS COLLEGE AND CAREER READINESS THROUGH
134 EAST MIDDLE TOKNEIKE MANCHESTER, CT 06040	06-6001633	PUBLIC SCHOOL	186,900.	0			CONTINUOUS IMPROVEMENT
MARGARITA MUNIZ ACADEMY FOUNDATION 20 CHILD STREET							
JAMAICA PLAIN, MA 02130	80-0827704	501(C)(3)	20,000.	0			OPERATING SUPPORT
MASS INSIGHT EDUCATION AND RESEARCH INSTITUTE - 18 TREMONT STREET, SUITE 930 - BOSTON, MA 02108	04-3369687	501( C )(3)	20,000	0			MASS INSIGHT STRATEGIC PLAN
MERIDEN CHILDREN FIRST INITIATIVE 105 MILLER ST MERIDEN, CT 06450	06-1626440	501( C )(3)	143,259.	0			LEAD COMMUNITY PARTNER
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN CT 06450	06-6001893	PUBLIC SCHOOL	1,000,000.	0			DISTRICT LEVEL SYSTEM CHANGE PHASE II
							WEBSITE AND VIDEO
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN CT 06450	06-6001893	PUBLIC SCHOOL	45,515,	0			VIGNETTE SUPPORT & COMMUNICATION IMPLEMENTATION FUNDS
[ 44 15	7		. 000	C			MERIDEN - YEAR 2 PUBLIC
MEXICAN AMERICAN UNITY COUNCIL 2300 W COMMERCE, SUITE 200 SAN ANTONIO, TX 78207	74-6088061		.000	0			m
MICHIGAN VIRTUAL UNIVERSITY 3101 TECHNOLOGY BLVD, STE G LANSING MT 48910	38-3414105	501( C )(3)	120 000	o			INTEGRATED LEARNING SYSTEMS DOCUMENTATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II)	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	t  )	
(a) Name and address of organization or government	( <b>b</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
MORGAN STATE UNIVERSITY FOUNDATION P.O. BOX 64261 BALTIMORE, MD 21264-4261	23-7089143	501( C )(3)	6,000	0			GRAVES SCHOOL HONORS PROGRAM
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906	GOV'T UNIT	501( C )(3)	.000,6	.0			THE 2015-16 MOSES BROWN FUND
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 E. FIRST PLACE - DENVER, CO 80203	74-2232576	501( C )(3)	148,928.	.0			NCSL STUDENT-CENTERED LEARNING COMMISSION
NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS - 1400 20TH ST., NW, SUITE G-1 - WASHINGTON, DC 20036	31-1669930	501( C )(3)	10,000.	0			NCCEP/GEAR UP ANNUAL CONFERENCE
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES - 444 NORTH CAPITOL STREET, NW, SUITE 267 - WASHINGTON, DC 20001-1512	23-7391796	501( C )(3)	75,000.	0			SUPPORTING A STATE'S EXPLORATION AND DEVELOPMENT OF A COMPETENCY-BASED
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1825 K STREET NW, SUITE 400 - WASHINGTON, DC 20006	26-3015634	501( C )(3)	250,236.	0			PARTNERSHIP FOR THE FUTURE OF LEARNING
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708	23-7165869	GOVT AGENCY	40,000.	.0			RETENTION INITATIVES
NEW BEDFORD PUBLIC SCHOOLS PAUL RODRIGUEZ ADMINISTRATION BLDG., 455 COUNTY ST - NEW BEDFORD, MA 02746	04-6001402	PUBLIC SCHOOL	20,000.	0.			NEW BEDFORD - YEAR 1 PUBLIC UNDERSTANDING & DEMAND

Schedule I (Form 990)

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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)	Assistance to Govern	vernments and Organizati	nizations in the Un	nited States (Scho	edule I (Form 990), Pa	עוו)	
	(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
NEW ENGLAND BLACKS IN PHILANTHROPY 101 FEDERAL ST., SUITE 1900 BOSTON, MA 02110	45-2734485	501( C )(3)	10,000	0			ARE WE SERIOUS THIS TIME? MEDIA, POLITICS AND COMMUNITY
NEW ENGLAND BOARD OF HIGHER EDUCATION - 45 TEMPLE PLACE - BOSTON, MA 02109	04-2207418	501( C )(3)	50,000.	0			GOVERNOR-LED REGIONAL COMMISSION ON HIGHER EDUCATION AND EMPLOYABILITY
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT STREET - CONCORD, NH 03301	02-6005625	501( C )(3)	50,000.	0.			NEW HAMPSHIRE COLLEGE AND CAREER READINESS ALLIANCE PLANNING
NEW HAMPSHIRE LEARNING INITIATIVE BOX 760, 12 CRANFIELD ST NEW CASTLE, NH 03854	47-4290504	501( C )(3)	299,750.	0.			PERFORMANCE ASSESSMENT OF COMPETENCY EDUCATION PROJECT EXPANSION
NEW HAMPSHIRE LEARNING INITIATIVE BOX 760, 12 CRANFIELD ST NEW CASTLE, NH 03854	47-4290504	501( C )(3)	.002,78	0			SCHOOL RETOOL NEW HAMPSHIRE COHORT
NEW HAVEN ACADEMY 804 STATE ST NEW HAVEN, CT 06511	06-6001876	PUBLIC SCHOOL	10,000.	0.			LAWRENCE W. O'TOOLE AWARD- RUNNER UP
NEW HAVEN PUBLIC SCHOOLS 54 MEADOW STREET NEW HAVEN, CT 06510	06-6001876	GOVT AGENCY	165,000.	0.			PREPARING ALL LEARNERS
NEWPORT PUBLIC SCHOOLS 109 OLD FORT RD NEWPORT, RI 02840	06-6000260	PUBLIC SCHOOL	10,000.	0.			NEWPORT - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
NOBLE HIGH SCHOOL 388 SOMERSWORTH RD. NORTH BERWICK, ME 03906	GOV'T UNIT	PUBLIC SCHOOL	107,054.	0			NOBLE HIGH SCHOOL - SUPPORTING AND DEVELOPING STUDENT-CENTERED EDUCATORS AT SCALE

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Schedule (Form 990)  NEDIDITE THAT III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Parl II)	r Assistance to Governments and Organizati	vernments and Organ	nizations in the Ur	nited States (Scho	edule I (Form 990), Pa	11)	
(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
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT, 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501( C )(3)	40,000.	.0			LIFE SCIENCES RESEARCH FUND
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT, 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501( C )(3)	9,000.	0			LIFE SCIENCES RESEARCH FUND
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501( c )(3)	53,000.	0.			RESEARCH BASED PRACTICES FOR DISCONNECTED YOUTH
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501( c )(3)	7,500.	0.			RISING TO THE CHALLENGE: OPP'S 2016 ANNUAL CELEBRATION
OURSCHOOLS INC 100 CUMMINGS CENTER, STE 236 BEVERLY, MA 01915	47-3093152	501( C )(3)	133,300.	.0			P3 HOLYOKE PUBLIC SCHOOLS AND OURSCHOOLS
OXFORD HILLS SCHOOL DISTRICT 232 MAIN STREET, STE, 2 SOUTH PARIS, ME 04281	01-6006629	PUBLIC SCHOOL	10,000.	0			OXFORD HILLS - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
PARAMOUNT CENTER, INC. 30 CENTER STREET RUTLAND, VT 05101	22-2528303	501( C )(3)	20,000.	.0			PROJECT 240CELEBRATING THE AMERICAN EXPERIENCE + KIDS TIX
PITTSFIELD SCHOOL DISTRICT SAU 51, 23 ONEIDA STREET, UNIT 1 PITTSFIELD, NH 03263	02-6000701	PUBLIC SCHOOL	251,489.	0			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2016-17
PITTSFIELD YOUTH WORKSHOP S PARK STREET, P.O. BOX 206 PITTSPIELD NH 03263	02-0414050	501( C )(3)	150,000.	0			LEAD COMMUNITY PARTNER

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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), Par		04-2755323 Page.1
_	(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
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET, P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	75,000.	°°			AMPLIFYING STUDENT VOICE AND LEADERSHIP GRANT
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET, P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	36,000.	0			SUSTAINABILITY SUPPORT
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET, P.O. BOX 206 PITTSFIELD, NH 03263	02-0414050	501( C )(3)	6,225.	0.			COMMUNICATION SUPPORT
POLAND REGIONAL HIGH SCHOOL 1457 MAINE STREET POLAND, ME 04274	26-4196919	PUBLIC SCHOOL	10,000.	0			OPPORTUNITY GRANTS
PONAGANSET HIGH SCHOOL 137 ANAN WADE RD NORTH SCITUATE, RI 02857	TIND T'VOD	PUBLIC SCHOOL	10,000.	0.			LAWRENCE W. O'TOOLE AWARD- RUNNER UP
PORTLAND HIGH SCHOOL 284 CUMBERLAND AVE. PORTLAND, ME 04101	04-3374427	PUBLIC SCHOOL	16,475.	0			COMMUNICATIONS SUPPORT - IMPLEMENTATION FUNDS
POWERMYLEARNING, INC. 520 EIGHTH AVENUE, FLOOR 10 NEW YORK, NY 10018	13-3935309	501( C )(3)	10,000.	0.			PML GRANT 2016
PRISON BOOK PROGRAM 1306 HANCOCK STREET, SUITE 100 QUINCY, MA 02169	20-3235673	501( c )(3)	10,000.	0			PRISON BOOK PROGRAM
PROJECT MERCY 7011 ARDMORE AVENUE FORT WAYNE, IN 46809	35-1410753	501( C )(3)	10,000.	0			GENERAL FUND
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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
PROVIDENCE AFTER SCHOOL ALLIANCE 81 CARPENTER STREET							BADGES FOR CREDIT-BEARING
PROVIDENCE, RI 02903	26-0319193	501( C )(3)	212,625.	0.			AFTER-SCHOOL PROGRAMS
PROVIDENCE PUBLIC SCHOOLS							STUDENT-CENTERED HIGH
797 WESTMINSTER ST. PROVIDENCE, RI 02903	GOV'T UNIT	PUBLIC SCHOOL	88,176.	0			LEVERAGE INSTRUCTIONAL STRATEGIES
QED FOUNDATION 43 AUSTIN ROAD AMHERST, NH 03031	26-1516897	501( C )(3)	10,000.	0			LAWRENCE W. O'TOOLE AWARD- RUNNER UP
RAND CORPORATION 4570 FIFTH AVENUE, SUITE 600 PITTSBURGH, PA 15213	95-1958142	501( C )(3)	359,939.	.0			DUALITY CRITERIA AND PRINCIPLES PROJECT
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	135,000.	0			POLICY GRANT FOR PERFORMANCE ASSESSMENT OF COMPETENCY EDUCATION LEGISLATION
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	70,200.	.0			ALLIANCE BUILDING BRIDGE AND PERFORMANCE ASSESSMENT OF COMPETENCY EDUCATION VIDEO
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	41,865.	o			PERFORMANCE ASSESSMENT OF COMPETENCY EDUCATION VIDEO
REACHING HIGHER NH 40 N. MAIN STREET, SUITE 204 CONCORD, NH 03301	47-4397833	501( C )(3)	30,000.	0			MOST LIKELY TO SUCCEED FILM SCREENING SERIES
READING IS FUNDAMENTAL 1730 RHODE ISLAND AVENUE, NW, SUITE WASHINGTON, DC 20036	52-0976257	501( C )(3)	40,000.	0.			READ FOR SUCCESS
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04-2755323 Page.1	i (Form 990), Part II.)
EDUCATION FOUNDATION, INC.	sistance to Governments and Organizations in the United States (Schedule
Schedule I (Form 990) NELLIE MAE	Part II Continuation of Grants and Other As

(a) Name and address of (b) EIN (c) IRC section organization or government (f) Method of (a) Amount of (b) Amount of (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) Metho	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (body, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENNIE CENTER FOR EDUCATION RESEARCH AND POLICY - 114 STATE					applaisat, outer)		
STREET - BOSTON, MA 02109	51-0548106	501( C )(3)	174,634.	0			2016 PUBLIC OPINION POLL
							MOVING TOWARDS A NEW VISION FOR EDUCATION IN
STREET - BOSTON, MA 02109	51-0548106	501( C )(3)	49,740.	0			
RESEARCH AND POLICY - 114 STATE STREET - BOSTON, MA 02109	51-0548106	501( C )(3)	49,167.	0			TRANSFORMATIVE EDUCATION GOVERNANCE PROGRAM: SEEKING INTERMEDIARIES TO ORGANIZE STATE-BASED
REVERE PUBLIC SCHOOLS 101 SCHOOL STREET REVERE, MA 02151	04-6001412	PUBLIC SCHOOL	1,219,125.	0			DISTRICT LEVEL SYSTEM CHANGE IMPLEMENTATION 2016-17
REVERE PUBLIC SCHOOLS 101 SCHOOL STREET REVERE, MA 02151	04-6001412	PUBLIC SCHOOL	. \$2,704.	0			DISTRICT-WIDE WEBSITE
RHODE ISLAND DEPARTMENT OF EDUCATION - 255 WESTMINSTER STREET - PROVIDENCE, RI 02903	GOV'T UNIT	GOVT AGENCY	131,455.	0			RHODE ISLAND GRADUATION PROFICIENCIES
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501( C )(3)	175,000.	0			RHODE ISLAND ALLIANCE TO SUPPORT COLLEGE AND CAREER READINESS
RHODE ISLAND KIDS COUNT ONE UNION STATION PROVIDENCE, RI 02903	06-1485449	501( C )(3)	163,858.	0			STUDENT-CENTERED LEARNING IN RHODE ISLAND (YEAR 2)
RHODE ISLAND SCHOOL OF DESIGN 2 COLLEGE STREET PROVIDENCE, RI 02903	05-0258956	501( C )(3)	20,000.	0			PROJECT OPEN DOOR
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Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sch.	edule I (Form 990), Pa	וו )	
	(a)	(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
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	21-0650678	501( C )(3)	15,000.	0.			ASPIRING ACCOUNTING PROFESSIONAL PROGRAM
SAFE PASSAGE 81 BRIDGE ST., SUITE 104 YARMOUTH, ME 04096	01-0532835	501( C )(3)	10,000.	0			EXPEDITIONARY LEARNING
SALEM PUBLIC SCHOOLS 29 HIGHLAND AVE SALEM, MA 01970	04-6001413	PUBLIC SCHOOL	10,000.	.0			SALEM - YEAR 1 PUBIC UNDERSTANDING & DEMAND
SCHOOL ADMINISTRATIVE UNIT #6 165 BROAD ST CLAREMONT, NH 03743	02-6000158	PUBLIC SCHOOL	10,000.	.0			CLAREMONT - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 675 MASSACHUSETTS AVENUE, 8TH FLOOR - CAMBRIDGE, MA 02139	04-3457065	501( C )(3)	49,635.	.0			MASSACHUSETTS COLLEGE AND CAREER READINESS ALLIANCE PLANNING
SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 675 MASSACHUSETTS AVENUE, 8TH FLOOR - CAMBRIDGE, MA 02139	04-3457065	501( C )(3)	25,000.	0.0			25TH ANNIVERSARY GALA
SCOTTY MONTEIRO JR FOUNDATION PO BOX 994 ONSET, MA 02558	45-4167522	501( C )(3)	5,100.	0.			EDUCATION PROGRAMS
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501( C )(3)	75,000.	0			SOCIEDAD LATINA'S YOUTH
SOLUTIONS JOURNALISM NETWORK 79 MADISON AVE., SUITE 224 NEW YORK, NY 10016	46-2265729	501( C )(3)	100,000.	0			CT MIRROR

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Schedule   (Form 990) NELLIE MAE EDUCATION FO	E EDUCATI	EDUCATION FOUNDATION, sistance to Governments and Organizati	ON, INC.	uted States (Sche	UNDATION, INC.		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
SOUTHBRIDGE PUBLIC SCHOOLS 25 COLE AVE SOUTHBRIDGE, MA 01550	04-6001306	PUBLIC SCHOOL	150,000.	.0			SOUTHBRIDGE PUBLIC SCHOOLS PROPOSAL
SOUTHERN EDUCATION FOUNDATION 135 AUBURN AVENUE, NE, SECOND FLOOR ATLANTA, GA 30303	13-5562388	501( C )(3)	250,000.	.0			THE RAPID RESPONSE FUND
STUDENT VOICE, INC. 12 TAIN DRIVE GREAT NECK, NY 11021	46-2636244	501( C )(3)	10,000.	.0			STUDENT VOICE & BILL OF RIGHTS TOUR
TEACH PLUS 27-43 WORMWOOD STREET TOWER POINT, BOSTON, MA 02210	26-3849472	501( c )(3)	269,905.	0.			ENGAGING EXCELLENT TEACHERS IN RHODE ISLAND EDUCATION POLICY (YR 2)
TEACH PLUS 27-43 WORMWOOD STREET TOWER POINT, BOSTON, MA 02210	26-3849472	S01( C )(3)	30,000.	0.			ENGAGING EXCELLENT TEACHERS IN RHODE ISLAND EDUCATION POLICY
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501( C )(3)	195,425.	0			THE TEACHER COLLABORATIVE: EMPOWERING TEACHER-LED INNOVATION
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501( C )(3)	100,000.	0			BOSTON OPPORTUNITY AGENDA
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	04-2104021	501( C )(3)	15,000.	0.			ORGANIZATIONAL REVIEW OF MA DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
THE BRIDGESPAN GROUP 535 BOYLSTON STREET, 10TH FLOOR BOSTON, MA 02116	31-1625487	501( C )(3)	75,000.	0			EDUCATION REDESIGN LAB STRATEGIC PLAN
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Schedule   (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC.    Part     Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part   1)	EDUCATI	EDUCATION FOUNDATION, istance to Governments and Organization	ON, INC.	nited States (Sche	dule I (Form 990), Pa	0 4II)	4-2755323 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
THE CATHOLIC SCHOOLS FOUNDATION, INC 260 FRANKLIN STREET, SUITE 630 - BOSTON, MA 02110	22-2485502	501( C )(3)	10,000.	.0			INNER CITY SCHOLARSHIP FUND
THE CENTER FOR THE ARTS IN NATICK, INC 14 SUMMER STREET - NATICK, MA 01760	04-3364016	501( C )(3)	10,000.	0.			EDUCATIONAL PROGRAMS
THE COLLEGE CRUSADE OF RHODE ISLAND - 134 THURBERS AVENUE, SUITE 111 - PROVIDENCE, RI 02905	22-3031765	501( C )(3)	38,635,	0			READABOUT
THE FOUNDATION CENTER 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	13-1837418	501( C )(3)	7,500.	0			GENERAL PROGRAM FUNDING
THE LINKS FOUNDATION, INCORPORATED THE COMMONWEALTH (VA) CHAPTER THE LINKS, INC., PO BOX 27183 - RICHMOND, VA 2	52-1170830	501( C )(3)	10,000.	0.			COMMONWEALTH CHAPTER OF THE LINKS, INC.
THE PROVIDENCE PLAN 10 DAVOL SQUARE, SUITE 300 PROVIDENCE, RI 02903	05-0467353	501( C )(3)	50,000.	0.			YOUTHBUILD PROVIDENCE
THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501( C )(3)	57,500.	0		:	SCHOOL RETOOL RHODE ISLAND COHORT
THIRD SECTOR NEW ENGLAND NONPROFIT CENTER, 89 SOUTH ST., #70 BOSTON, MA 02111	04-2261109	501( C )(3)	622,286.	0			PUBLIC UNDERSTANDING & DEMAND TECHNICAL ASSISTANCE SUPPORT - 2016/17
THIRD SECTOR NEW ENGLAND NONPROFIT CENTER, 89 SOUTH ST., #70 BOSTON, MA 02111	04-2261109	501( C )(3)	108,000.	0.	į		SUPPORT FOR CT SCHOOL FINANCE PROJECT
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n of (	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t    )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT 249 GLENBROOK RD, UNIT 3093 STORRS, CT 06269-3093	06-0772160	PUBLIC UNIVERSITY	199,795.	0.			EVALUATION OF THE LEAGUE OF INNOVATIVE SCHOOLS
UNIVERSITY OF MASSACHUSETTS, BOSTON - 100 MORRISSEY BOULEVARD - BOSTON, MA 02125-3393	GOV'T UNIT	PUBLIC UNIVERSITY	50,000.	.0			BUILDING AN EDUCATIONAL JUSTICE MOVEMENT
UNIVERSITY OF NEW HAMPSHIRE 73 MAIN STREET DURHAM, NH 03824	02-6000937	PUBLIC UNIVERSITY	44,679.	0			TRANSFORMATIVE EDUCATION GOVERNANCE PROGRAM
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501( C )(3)	199,139.	0.			EVALUATION OF BETTER MATH TEACHING NETWORK
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSITY	182,992.	0.			PORTLAND EMPOWERED
UNIVERSITY OF SOUTHERN MAINE-MUSKIE SCHOOL OF PUBLIC SERVICE - P O BOX 9300 - PORTLAND, ME 04104-9300	01-6000769	PUBLIC UNIVERSITY	7,600.	0			COMMUNICATION SUPPORT
UNIVERSITY OF WASHINGTON FOUNDATION -CENTER ON REINVENTING PUBLIC EDUCATION - 407 GERBERDING HALL, BOX 351210 - SEATTLE, WA	94-3079432	501( C )(3)	55,812.	.0			TOWARD GREATER ACCESS TO DEEPER LEARNING

Schedule I (Form 990) ATLANTIC RIM TRIP

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Schedule   (Form 990) NELLIE MAE	E EDUCATI	EDUCATION 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)	Assistance to Go	vernments and Organ	rizations in the Ur	nited States (Sche	dule I (Form 990), Par	(#)	
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron 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
VERMONT SCHOOL BOARDS ASSOCIATION 2 PROSPECT ST., SUITE 4 MONTPELIER, VT 05602	03-0211383	501( C )(3)	7,500.	.0			VERMONT'S PUBLIC SCHOOLS: FULFILLING THE PROMISE OF EQUITY
VIRTUAL LEARNING ACADEMY CHARTER SCHOOL - 30 LINDEN STREET, P.O. BOX 1050 - EXETER, NH 03833	56-2668724	501( C )(3)	40,000.	0			STUDENT-CENTERED LEARNING DISSEMINATION
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET, PO BOX 261 MONTPELLER, VT 05601	22-2611535	501( C )(3)	150,000.	0			PARENTS AND YOUTH FOR CHANGE
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET, PO BOX 261 MONTPELIER, VT 05601	22-2611535	501( c )(3)	75,000.	0.			ACT 60 ANNIVERSARY POLICY ANALYSIS AND PUBLIC WILL BUILDING
VOICES FOR VERMONT'S CHILDREN 149 STATE STREET, PO BOX 261 MONTPELIER, VT 05601	22-2611535	501( c )(3)	33,000.	0.			SUSTAINABLITY AND DEVELOPMENT SUPPORT
WALTHAM PUBLIC SCHOOLS 617 LEXINGTON STREET WALTHAM, MA 02452	04-6001416	PUBLIC SCHOOL	175,750.	.0			CONTINUOUS IMPROVEMENT
WASHINGTON NORTHEAST SUPERVISORY UNION - 149 MAIN ST., 1ST FLOOR, PO BOX 470 - PLAINFIELD, VT 05667	6830009-60	GOVT AGENCY	10,000.	0.			WNESU - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
WASHINGTON WEST SUPERVISORY UNION 340 MAD RIVER PARK, SUITE 7 WAITSFIELD, VT 05673	03-0218197	GOVT AGENCY	10,000.	0.			WWSU - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
WESTBROOK SCHOOL DEPARTMENT 117 STROUDWATER STREET WESTBROOK, ME 04092	GOV'T UNIT	GOUT AGENCY	20,000.	0			WESTBROOK - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
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NELLIE MAE EDUCATION FOUNDATION, INC.	Organizations in the United States (Schedule I (Form 990), Part II.)
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WGBH EDUCATIONAL FOUNDATION WGBH-TV-CHANNEL 2, ONE GUEST STREET BOSTON, MA 02135	04-2104397	501( c )(3)	175,000.	.0			MASSACHUSETTS EDUCATION REPORTING PROJECT
WILLISTON NORTHAMPTON SCHOOL  19 PAYSON AVE  EASTHAMPTON, MA 01027	04-1975990	S01( C )(3)	.000,8	.0			ANNUAL FUND
WINDSOR LOCKS PUBLIC SCHOOLS 58 SOUTH ELM ST WINDSOR LOCKS, CT 06096	06-6001689	PUBLIC SCHOOL	10,000.	.0			WINDSOR LOCKS - YEAR 2 PUBLIC UNDERSTANDING & DEMAND
PARAMOUNT CENTER, INC. P.O. BOX 13 REVERE, MA 02151	04-3286531	501( c )(3)	115,000.	.0			LEAD COMMUNITY PARTNER
WOMEN ENCOURAGING EMPOWERMENT P.O. BOX 13 REVERE, MA 02151	04-3286531	501( c )(3)	8,230.	0			COMMUNICATION SUPPORT
WOONSOCKET EDUCATION DEPARTMENT 108 HIGH ST. WOONSOCKET, RI 02895	05-0422764	GOVT AGENCY	20,000.	0			WOONSOCKET - YEAR 1 PUBLIC UNDERSTANDING & DEMAND
WORCESTER STATE FOUNDATION 486 CHANDLER STREET WORCESTER, MA 01602-2861	22-3248067	501( C )(3)	65,859.	0			LATINO EDUCATION INITIATIVE
WORLD EDUCATION, INC 44 FARNSWORTH STREET BOSTON, MA 02210	13-1804349	501( C )(3)	10,000.	0			NATIONAL CONFERENCE ON EFFECTIVE TRANSITIONS
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	04-2314036	501( C )(3)	.000,6	0			ANNUAL PUND

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Schedule I (Form 990) NELLIE MAE	E EDUCATION	ION FOUNDATION,	ON, INC.	ġ.			04-2755323 Page-1
(a) Name and address of (b) EIN (c) IRC section organization or government (f) Method of (f) Method	(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
YALE SCHOOL OF MANAGEMENT PO BOX 208200 NEW HAVEN, CT 06520-8200	06-0646973	501( C )(3)	10,000.	0.			YALE EDUCATION LEADERSHIP CONFERENCE
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501( C)(3)	150,000.	0.			PROVIDENCE YOUTH CAUCUS
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501( C )(3)	25,000.	0.			YOUTH ORGANIZING AWARD
YOUTH IN ACTION 672 BROAD STREET PROVIDENCE, RI 02907	05-0495230	501( C )(3)	30,000.	0.			AMPLIFYING YOUTH VOICE
YOUTH ON BOARD 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501( C )(3)	83,000.	0			YOUTH ON BOARD/BOSTON STUDENT ADVISORY COUNCIL
							Schedule I (Form 990)

04-01-16

(f) Description of noncash assistance (book, FMV, appraisal, other) QF. SIZE AND COMPLEXITY OF THE GRANT, THE GRANTEE WOULD SUBMIT A NARRATIVE AND INCLUDE NARRATIVES TO REPORT QUESTIONS INCLUDING THE MEASURABLE PROGRESS Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2016) NELLIE MAE EDUCATION FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed. DEPENDING ON THE THE REPORTS THE GRANTEE IS REQUIRED TO SUBMIT (d) Amount of non-cash assistance BUDGET SPENT TO DATE WITH THE PROGRESS AND FINAL REPORTS. PROGRESS REPORT AND A FINAL REPORT TO THE FOUNDATION. (c) Amount of cash grant THE ORIGINAL GOALS AND OBJECTIVES OF THE GRANT (b) Number of recipients PART OF THE GRANT AGREEMENT, COLUMN (H): (a) Type of grant or assistance LINE 1, Schedule | (Form 990) (2016) | Part III | Grants and Othe LINE PART II, PART I, AS

Schedule I (Form 990) (2016)

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Part IV   Supplemental Information   NEILLIE MAE EDUCATION FOUNDATION, INC. 04-2/55323 Page 2
NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INSTITUTES FOR RESEARCH
(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING A STUDENT-CENTERED
ASSESSMENT SYSTEM: RESEARCH AND DEVELOPMENT PROJECT
NAME OF ORGANIZATION OR GOVERNMENT:
BROWN UNIVERSITY - ANNENBERG INSTITUTE FOR SCHOOL REFORM
(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY, YOUTH, AND COMMUNITY
ORGANIZING AND ENGAGEMENT: TAKING LEADERSHIP AND VOICE TO THE NEXT LEVEL
FOR SYSTEMS CHANGE
NAME OF ORGANIZATION OR GOVERNMENT:
BROWN UNIVERSITY - ANNENBERG INSTITUTE FOR SCHOOL REFORM
(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORMATIVE EDUCATION GOVERNANCE
PROGRAM: SEEKING INTERMEDIARIES TO ORGANIZE STATE-BASED FORUMS IN NEW
ENGLAND
NAME OF ORGANIZATION OR GOVERNMENT:
COUNCIL OF CHIEF STATE SCHOOL OFFICERS
(H) PURPOSE OF GRANT OR ASSISTANCE: CROSSWALK OF THE EDUCATOR
COMPETENCIES FOR PERSONALIZED, STUDENT-CENTERED TEACHING WITH THE
CHARLOTTE DANIELSON FRAMEWORK
NAME OF ORGANIZATION OR GOVERNMENT: MANCHESTER PUBLIC SCHOOLS
(H) PURPOSE OF GRANT OR ASSISTANCE: MANCHESTER PUBLIC SCHOOLS COLLEGE
AND CAREER READINESS THROUGH CONTINUOUS IMPROVEMENT AND CENTRAL OFFICE
REDESIGN
NAME OF ORGANIZATION OR GOVERNMENT:

Schedule   (Form 990) NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 Page 2  Part IV   Supplemental Information
Part IV   Supplemental information
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING A STATE'S EXPLORATION AND
DEVELOPMENT OF A COMPETENCY-BASED EDUCATION SYSTEM (YEAR 2)
NAME OF ODGANIZATION OD COVEDNMENT.
NAME OF ORGANIZATION OR GOVERNMENT:
RENNIE CENTER FOR EDUCATION RESEARCH AND POLICY
(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORMATIVE EDUCATION GOVERNANCE
PROGRAM: SEEKING INTERMEDIARIES TO ORGANIZE STATE-BASED FORUMS IN NEW
ENGLAND

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

Schedule J (Form 990) 2016

Part I   Questions Regarding Compensation   Yes			Pε
ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	
Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    First-class or charter travel		Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	
First-class or charter travel			1a
Travel for companions		Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	
Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (such as, maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the 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  3 Independent compensation consultant  3 Independent compensation consultant  3 Independent compensation consultant  3 Independent compensation consultant  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  4 a Receive a severance payment or change-of-control payment?  5 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  8 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment o		X First-class or charter travel Housing allowance or residence for personal use	
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b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  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  X Independent compensation consultant  X Compensation survey or study  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  if "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Tax indemnification and gross-up payments Health or social club dues or initiation fees	
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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			
establish compensation of the CEO/Executive Director, but explain in Part III  X Compensation committee  Virite employment contract  X Independent compensation consultant  X Compensation survey or study  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5 Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	3
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X 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  if "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	] ]		
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organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  if "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	[ [		
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  if "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	4
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		
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contingent on the revenues of  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1 1	• • • • • • • • • • • • • • • • • • • •	5
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5a X		а
If "Yes" on line 5a or 5b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		•	b
		If "Yes" on line 5a or 5b, describe in Part III	
contingent on the net earnings of		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6
	] ] ]	contingent on the net earnings of	-
a The organization?	6a X		а
b Any related organization?			b
If "Yes" on line 6a or 6b, describe in Part III.			-
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7
not described on lines 5 and 6? If "Yes," describe in Part III	7 X	not deposited an linea 5 and 62 if "You " deposite in Dot III	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		•	8
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	8 X		_
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			9
	9	Regulations section 53.4958-6(c)?	-

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

NELLIE MAE EDUCATION FOUNDATION, INC.

04 - 2755323

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E
(A) Name and Title	<del>-</del>	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denents	(n)-(i)(n)	In column (5) reported as deferred on prior Form 990
(1) NICHOLAS C. DONOHUE	ε	452,657.	0	0.	41,275.	24,759.	518,691.	0
SIDENT & CEO	: (E)	0	0	0	0		0.	0
(2) MICHAEL CAREY	ε	252,130.	0	0	40,172.	16,881.	309,183.	0
TREASURER & VP FOR FINANCE & ADMIN,	(iii)	0	0.	0.	0	0	0.	0.
	(i)	227,697.	0	0	37,529.	16,880.	282,106.	
VP OF PROGRAMS	<u> </u>	0	0	0		0	0	
	ε	170,873.	0	0.	27,284.	24,640.	222,797.	
	(iii)	0	0	0	0	0	0	
(5) CHARLES TOULMIN	(i)	150,741.	0	0	23,253.	24,567.	198,561.	0
DIRECTOR OF POLICY	(ii)	0	0	.0	0	0	0.	0
(6) SONIA CAUS GLEASON	(i)	148,404.	0	0	22,795.	24,650.	195,849.	0
DIR, OF STRATEGIC LEARNING & EVAL.	(ii)	0	0	0.	0	0	0.	• 0
(7) EVE GOLDBERG	(i)	141,998.	0	0	21,597.	22,926.	186,521.	0
DIRECTOR OF RESEARCH	(ii)	0.	0	0.	0	0	0.	0
(8) JESSICA SPOHN	ε	141,425.	0	0	21,118.	24,526.	187,069.	0
SENIOR PROGRAM DIRECTOR	▣	0	0	0	0	0	0.	0
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Schedule J (Form 990) 2016

## **SCHEDULE 0**

(Form 990 or 990-EZ)

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 Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

NELLIE MAE EDUCATION FOUNDATION, INC. 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:

BUILD PUBLIC UNDERSTANDING AND DEMAND - THE GOAL OF THIS INITIATIVE IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

TO BUILD STRONGER PUBLIC AWARENESS AND UNDERSTANDING OF INNOVATIVE

APPROACHES TO PUBLIC SCHOOLING, WHILE CULTIVATING PUBLIC SUPPORT AND

DEMAND FOR STUDENT-CENTERED APPROACHES TO LEARNING. GRANTS UNDER THIS

AREA TARGET BOTH GRASSROOTS (COMMUNITY ENGAGEMENT AND ORGANIZING) AND

GRASS TOPS (POLICYMAKERS, INFLUENCERS) IN BUILDING AWARENESS, SUPPORT

AND DEMAND FOR STUDENT-CENTERED APPROACHES TO LEARNING. THIS

INITIATIVE ALSO SEEKS TO SHIFT THE PUBLIC NARRATIVE AROUND PUBLIC

EDUCATION FROM ONE THAT FOCUSES ON INDIVIDUAL ACHIEVEMENT AND SUCCESS,

TO ONE THAT EMPHASIZES THE PUBLIC GOOD THAT EDUCATION PLAYS IN THE

BUILDING OF COMMUNITIES AND ENGAGED STAKEHOLDERS. THE FOUNDATION

DISTRIBUTED \$7.4 MILLION TO EDUCATIONAL ORGANIZATIONS TO PROMOTE AND

PROVIDE A FORUM TO BUILD PUBLIC UNDERSTANDING ON STUDENT-CENTERED

APPROACHES TO LEARNING.

BUILD EDUCATOR OWNERSHIP, LEADERSHIP, AND CAPACITY - TO IMPLEMENT

STUDENT-CENTERED APPROACHES TO LEARNING WITH RIGOR AND RELIABILITY,

TOOLS AND RESOURCES MUST BE DEVELOPED AND UTILIZED. GRANTS UNDER THIS

INITIATIVE FOCUS ON BUILDING EDUCATOR CAPACITY THROUGH PROJECTS LIKE

TEACHER AND PRINCIPAL FELLOWSHIPS, AIMING TO EMPOWER EDUCATORS TO

IMPLEMENT HIGH QUALITY, RIGOROUS AND EQUITABLE STUDENT-CENTERED

PRACTICES IN THEIR CLASSROOMS AND DISTRICTS. ADDITIONALLY, THIS

INITIATIVE FOCUSES ON DEVELOPING INSTRUCTIONAL AND PROFESSIONAL TOOLS

TO SUPPORT EDUCATORS IN THE IMPLEMENTATION OF STUDENT-CENTERED

APPROACHES TO LEARNING. THE FOUNDATION DISTRIBUTED \$2.5 MILLION TO

EDUCATIONAL ORGANIZATIONS BUILDING EDUCATOR CAPACITY TO SUPPORT THE

IMPLEMENTATION OF STUDENT-CENTERED APPROACHES TO LEARNING.

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

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 MISSION IS TO PROMOTE THE TRANFORMATION OF EDUCATION SYSTEMS TOWARDS STUDENT-CENTERED APPROACHES. THIS INITIATIVE FOCUSES ON REIMAGINING SCHOOL DISTRICTS \_- INCLUDING WORK SUCH AS PILOTING REDESIGNS OF CENTRAL OFFICE PURPOSES, GOVERNANCE MODELS AND PILOTS IN THE AREAS OF DIGITAL BADGING AND ASSESSMENT. ADDITIONALLY, THIS INITIATIVE INCLUDES SUPPORTING THE DEVELOPMENT OF FAVORABLE POLICY CONDITIONS (FEDERAL, STATE AND LOCAL) TO SUPPORT AND HELP SCALE STUDENT-CENTERED APPROACHES. THE FOUNDATION DISTRIBUTED \$12.5 MILLION TO NEW ENGLAND SCHOOL DISTRICTS AND OTHER EDUCATIONAL ORGANIZATIONS SUPPORTING WORK AROUND STUDENT-CENTERED APPROACHES TO LEARNING. ADVANCE QUALITY AND RIGOR OF STUDENT-CENTERED PRACTICES - THIS INITIATIVE FOCUSES ON BUILDING A RESEARCH BASE OF EVIDENCE SUPPORTING STUDENT-CENTERED LEARNING, EVALUATING STUDENT-CENTERED PRACTICES IN HIGH SCHOOLS, DEVELOPING RESEARCHER-PRACTITIONER COLLABORATIONS, AND ESTABLISHING CRITERIA FOR WHAT IT TAKES TO PUT HIGH QUALITY, STUDENT-CENTERED LEARNING INTO PRACTICE. WORK IN THIS INITIATIVE INCLUDES PROJECTS SUCH AS DEVELOPING RESEARCH AND PRACTITIONER NETWORKS TO IDENTIFY COMMON PROBLEMS IN IMPLEMENTING STUDENT-CENTERED LEARNING, AND DETERMINING INNOVATIVE APPROACHES TO SOLVING SUCH PROBLEMS. THE FOUNDATION DISTRIBUTED \$3.1 MILLION TO BUILD AND DEVELOP KNOWLEDGE ON STUDENT-CENTERED APPROACHES TO LEARNING.

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

REVIEW OF FORM 990 - MANAGEMENT OF THE FOUNDATION PLAYED AN ACTIVE AND KEY

ROLE IN THE PREPARATION AND REVIEW OF FORM 990. MANAGEMENT DRAFTED THE FORM

990 AND FORWARDED TO THE FOUNDATION'S INDEPENDENT CPA FIRM, WHICH REVIEWED

THE FILING FOR COMPLETENESS, ACCURACY, AND FINALIZATION BEFORE FILING. THE

632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number NELLIE MAE EDUCATION FOUNDATION, INC. 04-2755323 FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND WAS PROVIDED TO THE FULL BOARD BEFORE IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S CONFLICT OF INTEREST POLICY REQUIRES AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM FROM BOARD AND STAFF MEMBERS REGARDING OUTSIDE AFFILIATIONS AS A DIRECTOR, TRUSTEE OR OFFICER. THE POLICY REQUIRES DISCLOSURE OF ANY TRANSACTIONS, FINANCIAL ARRANGEMENT OR BUSINESS RELATIONSHIP EACH BOARD MEMBER, STAFF MEMBER AND OR FAMILY MEMBER MAY HAVE WITH THE FOUNDATION. UPON SUBMISSION OF THE CONFLICT DISCLOSURE FORM, A LISTING OF EACH BOARD AND STAFF MEMBER IS COMPILED ALONG WITH AFFILIATIONS. THE LIST IS MONITORED DURING THE YEAR FOR ANY UPDATES. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON TRANSACTIONS IN WHICH THE INDIVIDUAL OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY OR AN AFFILIATED ENTITY OF ANY SUCH PERSON HAS A FINANCIAL INTEREST. STAFF MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM THE GRANT MAKING PROCESS IF ANY SUCH AFFILIATION EXISTS. ANY POTENTIAL CONFLICTS ARE DETERMINED BY THE BOARD WHICH WILL IMPOSE RESTRICTIONS UPON AFFECTED PARTIES ACCORDINGLY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONSIDERS COMPARABILITY DATA, PROVIDED BY AN INDEPENDENT CONSULTANT, WHEN DETERMINING COMPENSATION FOR ALL STAFF MEMBERS AND THE BOARD OF DIRECTORS. DOCUMENTATION INCLUDING THE RELIED UPON COMPARABILITY DATA, DELIBERATION

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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 2015.

Schedule O (Form 990 of 990-E2) (2010)	Page 2
Name of the organization  NELLIE MAE EDUCATION FOUNDATION, INC.	Employer identification number 04-2755323
FORM 990, PART VI, SECTION C, LINE 19:	
MANAGEMENT WILL PROVIDE UPON REQUEST GOVERNING DOCUMENTS	AND THE CONFLICT
OF INTEREST POLICY TO THE PUBLIC. CURRENTLY THE FOUNDATION	ON'S AUDITED
FINANCIAL STATEMENTS AND TAX RETURNS APPEAR ON THE ORGANI	ZATION'S WEBSITE
AND ARE ALSO AVAILABLE UPON REQUEST.	
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