Southern Education Foundation, Inc.

Public Inspection Copy For the Year Ended December 31, 2020

TAX RETURNS



PUBLIC INSPECTION COPY

orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

lacktriangle 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.

OMB No. 1545-0047

2020
Open to Public Inspection

A	or th	e 202	U calendar year, or tax year begir	ining	, 2020	, and endin	-			, 20	
B c	heck if ap	oplicable:	C Name of organization SOUTHERN EDUCATION FOR	UNDATION, INC.			D	Employer ide	entific	ation number	
	Addre		Doing Business As	- · · · · ·				13-5562	388	3	
	chang	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite	E	Telephone no			
	+	return	101 MARIETTA ST, NW 16		,			404) 52			
	Termi		City or town, state or province, country, a					101, 02			
	Amen		ATLANTA, GA 30303	= 9 F			ا	Gross receipt	ts \$	5,871,	132
\vdash	return Applio		F Name and address of principal officer:	RAYMOND PIERC	'F.			(a) Is this a grou			X No
	pendi	ng	101 MARIETTA ST, NW SU			30303		subordinates	?	⊢	No
_	Tay-ay	empt st			4947(a)(1)			•		. (see instructions)	
÷			WWW.SOUTHERNEDUCATION.O		4947(a)(1)	01 521				,	
<u>ж</u>				Association Other		I Voor of		c) Group exemp		of legal domicile:	GA
	art I	<u> </u>	mmary	Association		L Teal Of	iomiation	. 1007 W	State	or regar domicile.	
			describe the organization's mission o		. ТО ТМ1	DDOME TH	E OIINT	TTV OF	T. T E1	F FOD	
4	1	DITE	ADVANTAGED RESIDENTS IN	r most signilicant activities: יייד פרווידעדטא דוא	ייייי פיי	TATES BY	DROMO				
ü			ITY AND EXCELLENCE IN ED			TATES BI					
rna											
Governance			this box if the organization d	·	-						8.
	3	Numb	er of voting members of the governing	body (Part VI, line Ta)	(3		8.
es			er of independent voting members of t						5		15.
Activities &			number of individuals employed in cale								9.
۲ç			number of volunteers (estimate if necess	**					6		
_			unrelated business revenue from Part V						7a		0
	D	ivet ur	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7b	Current Ye	
		8 Contributions and grants (Part VIII, line 1h)						724,240.		1,389	
Revenue	8	Contri	ibutions and grants (Part VIII, line 1n)		СОР	Y FOR		38,57		1,307	,034
			am service revenue (Part VIII, line 2g)		PUBLIC IN	NSPECTION		566,73		E 4 2	,388
Re	10		tment income (Part VIII, column (A), line					24,66	_		,300
			revenue (Part VIII, column (A), lines 5,					1,354,22			
_	12	7 (7)						183,96		1,943,333	
								103,90	0.	360	, 391
			Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					2,023,811.		1,800	265
ses	15							22,023,61	_		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)	202 240			44,97	٥.	10	,667
Ĕ	_ b	Total fundraising expenses (Part IX, column (D), line 25) ▶203,349.						2,162,50	7	0.4.0	,678
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						$\frac{2,102,30}{4,393,25}$	_	3,338	
								3,039,03		-1,394	
- v	19	Rever	nue less expenses. Subtract line 18 from	1 line 12					_	End of Year	
ance	20	T-4-1						i g of Current Y 6 , 469 , 81		27,828	
Net Assets or Fund Balances	20		assets (Part X, line 16)					1,138,27		1,343	
a t	21		liabilities (Part X, line 26)					5,331,54	_	26,485	
	22 Irt II		ssets or fund balances. Subtract line 21 gnature Block	from line 20				J, JJI, JI	0.	20,103	, 501
			of perjury, I declare that I have examined thi	is return including accompa	invina schodi	ulae and etator	nente and	to the heet of	my k	nowledge and hel	liaf it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inforn	nation of whi	ch preparer has	s any knov	vledge.	iiiy k	mowiedge and bei	101, 11 13
								11/1	5/20	N 2 1	
Sig	ın		Signature of officer					Date	J / L (
He		'	LEIGHTON O'SULLIVAN		CFO						
			Type or print name and title		CFO						
			Type preparer's name	Preparer's signature		Date		01.	, P	PTIN	
Paid	d		C A AZAR			11/15	/2021	Check	"	P91739349	
Pre	parer		· CMTEIL C HOLLADD	D C		1 11/12				1250486	
Use	Only		· · · · · · · · · · · · · · · · · · ·		2.52					-874-6244	
N/a:	, tha !!	_	saddress > 271 17TH STREET, NW SUIT				Pi	none no.	±04		— —
			cuss this return with the preparer show	`	<i>.</i>		<u></u>			X Yes	No
⊢or	rape	work	Reduction Act Notice, see the separat	e instructions.						Form 990	(2020)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission: ATTACHMENT 1
2	oid the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?
3	"Yes," describe these new services on Schedule O. bid the organization cease conducting, or make significant changes in how it conducts, any program ervices?
	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other ne total expenses, and revenue, if any, for each program service reported.
	Code:)(Expenses \$\1,657,139\text{including grants of \$\\$580,391\text{)(Revenue \$\\$)} OR A SUMMARY OF OUR STRATEGIES, ACTIVITIES AND ACCOMPLISHMENTS IN 020 FOLLOWS FOR EACH PROGRAM AREA, PLEASE SEE CONTINUATION ON CHEDULE O.
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

1,657,139.

Form 990 (2020) Page **3**

Par	Checklist of Required Schedules		Yes	No
	Is the expenientian described in section E01/a)/2) or 4047/a)/1) (ather then a private foundation)? If ")/as "		162	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, 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	l		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44-		Х
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other habilities in Part A, line 23? If Pes, complete schedule B, Part A. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footbode that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
•	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
			44	

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Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	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	274		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
		25a		- 21
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.5
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C		20-		Х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? Note: All Form 990 filers are required to complete Schedule O.	20	Х	
Dari		38	Δ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		162	140
	Enter the number reported in Box of Ferri 1000. Enter of infect applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of forme W 20 included in line fat. Enter of infortappicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See instructions for filing \ requirements for \ FinCEN \ Form \ 114, Report of Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9 7 h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		Х
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

Sect	ion 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 <u>1a</u> 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	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?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Cada	١	Λ
Secti	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Code	<i>.)</i> Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	TUA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		1 1 a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	1 , , ,	124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe 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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," 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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record LEIGHTON O'SULLIVAN 101 MARIETTA ST, NW, STE 1650 ATLANTA, GA 30303 404-523-0001	ls ▶		

Independent Contractors

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pe	ition more rson irect	e than of is both cor/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	, , , , ,		related organizations
(1) RAYMOND PIERCE	40.00									
CEO/PRESIDENT	0.			Х				321,347.	0.	47,601.
(2) TROY D. JOHNSON	40.00									
CFO/COO (- APRIL 2020)	0.			Х				197,317.	0.	11,580.
(3) KENITA WILLIAMS	40.00									
DIR. OF LEADERSHIP DEVELOPMENT	0.					X		147,057.	0.	26,923.
(4) FRED JONES JR	40.00									
DIRECTOR OF GOV'T AFFAIRS	0.					X		104,358.	0.	34,403.
(5)TITILAYO ALI	40.00									
DIRECTOR OF GOV'T AFFAIRS	0.					Х		118,672.	0.	16,436.
(6) LEIGHTON O'SULLIVAN	40.00									
CFO (APRIL 2020 -)	0.			Χ				89,167.	0.	6,460.
(7) JUDITH LEONARD	2.00									
TRUSTEE	0.	X						0.	0.	0.
(8) MICHAEL NETTLES	2.00									
CHAIRMAN	0.	X						0.	0.	0.
(9) LARRY BERGER	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) FRED FRELOW	2.00									
TRUSTEE	0.	X						0.	0.	0.
(11) AJAY MEHROTA	2.00									
TRUSTEE	0.	X						0.	0.	0.
(12) DR. HAKIM LUCAS	2.00									
TRUSTEE	0.	X						0.	0.	0.
(13) KEN JONES	2.00									
SECRETARY	0.	X						0.	0.	0.
(14) DR. LILY MCNAIR	2.00	_						_	_	_
TRUSTEE	0.	X						0.	0.	0.

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Form 990 (2020)

Comparison Com	-9
15) MICHELLE WARMAN 2.00 0. 0. TRUSTEE 0. X 0. 0. 15) MICHELLE WARMAN 2.00 0. 0. 16	of
TRUSTEE 0. X 0. 0. 0	on d
1b Sub-total	•
c Total from continuation sheets to Part VII, Section A	0
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation success to Fart VIII, occition A	
d Total (add lines 1b and 1c)	0. 403
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5	
	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Х
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Name and business address Description of services Compensation	
ATTACHMENT 2	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ra Z	b	Membership dues					
۾ ۾ م	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
ອັ'ຼ	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	1,389,634.				
듗	g	Noncash contributions included in					
a de		lines 1a-1f 1g	\$				
နှင့်	h	Total. Add lines 1a-1f		1,389,634.			
			Business Code				
9	2a						
Program Service Revenue	b						
S Z	C						
am	d						
PS	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
		other similar amounts)	_	426,957.			426,957.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 4,043,230.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 3,927,799.					
ě	С	Gain or (loss) 7c 115,431.					
<u>۔</u> ج	d	Net gain or (loss)		115,431.			115,431.
Other	8a	Gross income from fundraising					
Ö		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory		0.			
S			Business Code				
eo Te	11a	OTHER INCOME	900099	11,311.			11,311.
lan	b						
sel Sev	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		11,311.			
	12	Total revenue. See instructions		1,943,333.			553,699.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	580,391.	580,391.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	677,512.	284,282.	326,577.	66,653.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	886,382.	371,923.	427,257.	87,202.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	75,936.	8,375.	65,530.	2,031.
9	Other employee benefits	64,930.		64,930.	
10	Payroll taxes	95,505.	43,382.	41,009.	11,114.
11	Fees for services (nonemployees):				
а	Management	221,440.	188,306.	23,829.	9,305.
b	Legal	9,720.	425.	9,295.	
С	Accounting	46,144.		46,144.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	16,667.			16,667.
f	Investment management fees	105,439.		105,439.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	2 252	2 050		
	(A) amount, list line 11g expenses on Schedule O.)	3,250.	3,250.	14 050	1.5
12	Advertising and promotion	23,755.	9,488.	14,252.	15.
13	Office expenses	88,885.	25,275.	62,704.	906.
14	Information technology	10,670.		10,670.	
15	Royalties	0.	15 102	176 150	1 001
	Occupancy	193,153.	15,103.	176,159.	1,891.
	Travel	0.			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	95,749.	60,207.	34,184.	1,358.
	Conferences, conventions, and meetings	95,749.	00,207.	34,104.	1,330.
	Interest	0.			
	Payments to affiliates	63,933.	51,147.	9,590.	3,196.
	Depreciation, depletion, and amortization	12,976.	J1,11.	12,976.	3,170.
	Insurance	12,570.		12,570.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•	DUES AND SUBSCRIPTIONS	60,972.	14,085.	43,876.	3,011.
<u>~</u>	TAXES & LICENSES	4,592.	1,500.	3,092.	·
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,338,001.	1,657,139.	1,477,513.	203,349.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	215,645.	2	2,780,189.
	3	Pledges and grants receivable, net	253,983.	3	180,650.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	28,953.	9	21,205.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	351,732.	10c	287,799.
	11	Investments - publicly traded securities	24,716,905.	11	23,737,328.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	902,593.	15	821,668.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,469,811.	16	27,828,839.
	17	Accounts payable and accrued expenses	165,155.	17	92,665.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	973,116.	25	1,250,593.
	26	Total liabilities. Add lines 17 through 25	1,138,271.	26	1,343,258.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	13,386,579.	27	14,487,957.
ä	28	Net assets with donor restrictions	11,944,961.	28	11,997,624.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances	25,331,540.	32	26,485,581.
Net	33	Total liabilities and net assets/fund balances	26,469,811.	33	27,828,839.
_			.,,		Form 990 (2020)

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OIIII J	70 (2020)				ıα	gc • -
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	43,3	333.
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			94,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			31,5	
5	Net unrealized gains (losses) on investments	5		2,6	48,7	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		-1	00,0	000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		26,4	85,5	81.
Part	. •					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		ı	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN EDUCATION FOUNDATION, INC.

Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	S.		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches desc	ibed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	tive hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	•	=				(iii). Enter the		
		hospital's name, city, and st		•	•		(// // /	. ,		
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ntal unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)						
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college		
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or		
		university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions ome (less	s; and (2) no more thar s section 511 tax) from	331/3 % of its		
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).			
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes		
		of one or more publicly su								
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the		
		supporting organization. \	You must complet	e Part IV, Sections A	and B.					
b		 Type II. A supporting org control or management of organization(s). You must Type III functionally integ 	of the supporting o	rganization vested in , Sections A and C.	the sam	e person	ns that control or man	age the supported		
·		its supported organization						iy intogratod with,		
d		Type III non-functionally		•				red organization(s)		
u		that is not functionally into			-			- , ,		
		requirement (see instruct	-	-	-		•	an attentiveness		
е	Г	Check this box if the orga	-	=				I Tyne III		
·		functionally integrated, or					•••	i, 1 ypo iii		
f	En	ter the number of supported	• •			, gainza				
g		ovide the following information	•							
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				above (see instructions))	Yes	ment?	instructions)	mstructions)		
/ A \										
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	693,538.	2,989,235.	1,565,117.	724,240.	1,389,634.	7,361,764.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	693,538.	2,989,235.	1,565,117.	724,240.	1,389,634.	7,361,764.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,130,250.
6	Public support. Subtract line 5 from line 4						4,231,514.
	tion B. Total Support					Г	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	693,538. 487,208.	2,989,235.	1,565,117.	724,240.	1,389,634.	7,361,764.
9	Similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	201,12001	55070251	010/1201	310,220.	220,557.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	20,000.	20,577.	1,286.	24,668.	11,311.	77,842.
11	Total support. Add lines 7 through 10						10,090,446.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	85,737.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup		_				41.04
14	Public support percentage for 2020 (li					14	41.94%
15	Public support percentage from 2019					15	28.90 %
16a	331/3% support test - 2020. If the org	=					
_	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	•		•			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets organization						▶ □
b	10%-facts-and-circumstances test - 2	2019. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets			•	•		
	organization						
18	Private foundation. If the organization						
	instructions						▶ ∟

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.)

Soci	ion A. Public Support			· ·	<u> </u>	,	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	· ` ` · · · · · · · · · · · · · · · · ·	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(6) 2020	(i) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") 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						
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to						
	•						
	or expended on its behalf						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	ion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(3) 2011	(0) 2010	(4) 2010	(0) 2020	(i) rotal
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	Sources						
	,						
	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,						
13	and 12.)						
4.4	First 5 years. If the Form 990 is for	the organizat	ion's first sees	d third fourth	or fifth toy w	or as a section	E01(a)(3)
	organization, check this box and stop here .	•			•		` ` ` `
	ion C. Computation of Public Supp						
	Public support percentage for 2020 (line 8,			mn (f))		15	%
	Public support percentage from 2019 Sche		-			16	%
	ion D. Computation of Investment						
	Investment income percentage for 2020 (lir			13 column (f))		17	%
	Investment income percentage from 2019						%
	331/3% support tests - 2020. If the org					•	
	17 is not more than 331/3 %, check this	-					
	331/3% support tests - 2019. If the orga		_				
	line 18 is not more than 331/3 %, check			agnization autoliti	ac ac a nubliche	cumported areas	ization 🖿 🗆

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 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.**
- 10 a 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 line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
9 <i>y</i>			
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b e			
	3b		
)	3с		
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	4b		
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	9a		
1	9b		
t	9c		
n d			
	10a		
0	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

	New Companion Committee Continued			age C
Part	Supporting Organizations (continued)		Vac	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
3ecti	on C. Type II Supporting Organizations		1	
			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 the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	ruction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7		ly integra	ted Type III supporting	g organization
	(see instructions).	_		· -

Schedule A (Form 990 or 990-EZ) 2020

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016....
b Excess from 2017....
c Excess from 2018....
d Excess from 2019....
e Excess from 2020....

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.)

					ATTACHMENT 1					
SCHEDULE A, PART II - OTHER INCOME										
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL				
OTHER REVENUES	20,000.	20,577.	1,286.	24,668.	11,311.	77,842.				
	,		,	,	,					
TOTALS	20,000.	20,577.	1,286.	24,668.	11,311.	77,842.				

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

SOUTHERN EDUCATION F	OUNDATION, INC.						
	13-5562388						
Organization type (check one)):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion					
	501(c)(3) taxable private foundation						
Check if your organization is c	covered by the General Rule or a Special Rule .						
Note: Only a section 501(c)(7) instructions.), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer property) from any one contributor. Complete Parts I and II. See instruction ontributions.	=					
Special Rules							
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line of the greater of (1)					
contributor, during t literary, or educatior	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Sche at answer "No" on Part IV, line 2, of its Form 990; or check the box on line h	edule B (Form 990,					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SOUTHERN EDUCATION FOUNDATION, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SOUTHERN EDUCATION FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization SOUTHERN EDUCATION FOUNDATION, INC.

Part II	Noncash Property	(see instructions)	. Use duplicate co	pies of Part II if addition	al space is needed.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization SOUTHERN EDUCATION FOUNDATION, INC. **Employer identification number** 13-5562388 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(h))): Complete Part II-B. Do no	ot complete Part II-A.
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org				
Nam	e of organization			Employer ide	ntification number
SOU	THERN EDUCATION FOUR	NDATION, INC.		13-5562	2388
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	xpenditures (See instructions)			
3	Volunteer hours for political	campaign activities (See instructio	ns)		
Pai		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1		xpended by the filing organization			
2		ng organization's funds contributed			
2	527 exempt function activiti	es		▶\$	
3		enditures. Add lines 1 and 2. Ent			
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide i	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turius. Il fiorie, effici -0	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2020

Sche	edule C (Form 990 or 990-EZ) 2020	SOUTHER	RN EDUCA	TION FOUNDATIO	ON, INC.		13-55	562388 Page	; 2
Pa	rt II-A Complete if the org section 501(h)).	ganizatio	n is exen	npt under section	501(c)(3) and	filed Fo	rm 5768 (elec	tion under	
Α				affiliated group (and excess lobbying expe		ach affilia	ted group memb	oer's name,	
В	Check ▶ if the filing organiz	zation che	cked box A	and "limited contro	l" provisions ap	oly.			
	Limits (The term "expendit		ring Expend ans amour)	•) Filing ation's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to i	nfluence r	oublic opini	on (grassroots lobb	ying)				
	Total lobbying expenditures to i		•						_
	Total lobbying expenditures (ad		•	• •	-,				_
	Other exempt purpose expendit					3	,338,001.		_
	Total exempt purpose expendito					3	,338,001.		_
		•	e amount from the following table in both						
	columns.			J			316,900.		
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amount i	s:				
	Not over \$500,000			amount on line 1e.					
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000		\$1,000,000.						
g	Grassroots nontaxable amount	(enter 25°	% of line 1f)				79,225.		
h	Subtract line 1g from line 1a. If	zero or les	ss, enter -0		[0.	(Ο.
i	Subtract line 1f from line 1c. If a						0.	(0.
j	If there is an amount other th	nan zero o	on either I	ine 1h or line 1i, d	lid the organiza	tion file	Form 4720		
	reporting section 4911 tax for t							Yes X N	lo
				aging Period Under	٠,				
	(Some organizations tha				_		the five colum	ns below.	
		See t	he separat	e instructions for l	ines 2a through	2f.)			
		Lobby	ying Exper	ditures During 4-Ye	ear Averaging Pe	riod			
	Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019		(d) 2020	(e) Total	
2a	Lobbying nontaxable amount	3	63,912.	365,873.	369,60	53.	316,900.	1,416,348	3.
b	Lobbying ceiling amount (150% of line 2a, column (e))							2,124,522	2.
С	Total lobbying expenditures								
d	Grassroots nontaxable amount		90,978.	91,468.	92,43	L6.	79,225.	354,085	7.

Schedule C (Form 990 or 990-EZ) 2020

531,131.

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 3 Schedule C (Form 990 or 990-EZ) 2020

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) F answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			mount	
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) F answered "Yes." 1 Dues, assessments and similar amounts from members		2	2	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) F answered "Yes." 1 Dues, assessments and similar amounts from members	rior yea	r? 3	3	
a Current year				
b Carryover from last year				
c Total		;		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?	4			
Taxable amount of lobbying and political expenditures (See instructions)	5			

Schedule C (Form 990 or 990-EZ) 2020

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number SOUTHERN EDUCATION FOUNDATION, INC. 13-5562388 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

▶ \$

Schedule D (Form 990) 2020 Page f 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		rt III Organizations Maintain	ing Collections of	Art Historical Tre	asures or Oth	er Similar Assets (continued)	Page Z
collection tems (check all that apply): a								
## Public exhibition Preservation for future generations	5			ottici recordo, crico	carry or the foir	owing that make sign	illicant usc	01 113
b Scholarly research e	2		ny).	d loan	or evchange prog	ram		
E Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance		\blacksquare			or exchange prog	iaiii		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?			rations	e Other				
Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				s and evolain how	they further the	organization's evemn	nt nurnosa i	n Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-	-	Inzation's collections	s and explain now	iney further the	organization's exemp	t purpose i	II I ait
Section According Accord	5		on solicit or receive o	donations of art hist	orical treasures	or other similar		
Secrow and Custodial Arrangements.	J					_	□ Voc □	No.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Complete if the organization and in Part XIII and complete the following table: Additions during the year 1d	Dэ			amed as part of the	organization 3 col	lection:	163	
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Ιa			es" on Form 990 F	Part IV line 9 o	r reported an amou	nt on Form	1
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If Yes,** explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance . 16 d Additions during the year . 16 f Ending balance . 16 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes,** explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance . (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (e) Four y			ation answered Te	33 0111 01111 000, 1	artiv, mic o, o	reported an amou	THE OTHER OTHER	•
included on Form 990, Part X?	1a		stee custodian or o	ther intermediary for	or contributions	or other assets not		
b ff "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1dc							Yes	No
C Beginning balance 1c C C C C C C C C C	b	If "Yes." explain the arrangement i	in Part XIII and com	plete the following tal	ole:			
C Beginning balance 16	-	ii 100, oxplaiii iio arrangomoni i	mr are xiii ana oomi	proto the following tar		Amount	<u> </u>	
d Additions during the year	c	Beginning balance			10	7 1110 4111	•	
Ending balance Filt Ending balance Filt Filt Ending balance Filt Filt Filt Ending balance Filt Fil								
f Ending balance Finding balance Findin								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Label Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Label Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Label Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	_							
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII						al account liability?	Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered Complete			THE CHOCK IT	oro ii aro oxpianation	That been previat	our arryan , , , ,		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year years (e) Four years back (e) Four years (e) Four			ation answered "Ye	es" on Form 990. F	Part IV. line 10.			
1a Beginning of year balance 19,944,961 21,546,559 22,530,704 22,450,881 22,934,524 b Contributions 868,028 599,119 1,393,933 2,742,500 579,797 c Net investment earnings, gains, and losses 54,026 68,574 -25,383 56,254 26,565 d Grants or scholarships 580,391 183,964 497,221 1,070,642 88,036 e Other expenditures for facilities and programs 152,780 1,693,368 1,428,989 1,242,096 726,627 f Administrative expenses 136,220 391,959 426,485 406,193 275,342 g End of year balance 19,997,624 19,944,961 21,546,559 22,530,704 22,450,881 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 2.4000 √c Term endowment ► 2.4000 √c √c Term endowment ► 2.4000 √c √c Term endowment funds not in the possession of the organization that are held and administered for the organization by: √c			1			(d) Three years back	(e) Four yea	rs back
b Contributions	4.	Designing of year belongs						
C Net investment earnings, gains, and losses								
and losses. 54,026 68,574 -25,383 56,254 26,565 d Grants or scholarships 580,391 183,964 497,221 1,070,642 88,035 e Other expenditures for facilities and programs 152,780 1,693,368 1,428,989 1,242,096 726,627 f Administrative expenses 136,220 391,959 426,485 406,193 275,342 g End of year balance 19,997,624 19,944,961 21,546,559 22,530,704 22,450,881 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			00070201	333,1223.	27000700	27,1273331	<u> </u>	•
d Grants or scholarships	С		54.026	68.574	-25.383	56.254	21	6.565
e Other expenditures for facilities and programs								
and programs		-	3007331.	103/3011	157,722	1,0,0,012.	-	
f Administrative expenses	е	-	152 780	1 693 368	1 428 989	1 242 096	720	6 627
g End of year balance		· -						
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 40.0000 % b Permanent endowment ▶ 57.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations . 3a(i)	t	-						
a Board designated or quasi-endowment ▶ 40.0000 % b Permanent endowment ▶ 2.4000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	•	-					22,130	
b Permanent endowment ▶ 2.4000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (investment) a Land. b Buildings c Leasehold improvements. 318,053. 97,847. 220,206. d Equipment. c Other Other 160,641. 93,048. 67,593.		Provide the estimated percentage	of the current year	end balance (line 1g,) o/	column (a)) held	as:		
term endowment ▶ 57.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (c) Accumulated (c) Accumul				/ /0				
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Ves No (i) Unrelated organizations 3a(i)	2.0				are hold and adr	ninistored for the		
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Part X, line 10. (f) Accumulated depreciation (g) Book value (h) Book value		():	•	•			30	
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1a Land		Description of property					d) Book value	
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d Equipment. 160,641. 93,048. 67,593.	D				218 052	07 847	220	206
e Other	C				5±0,055.	21,041.		, 400.
	a				160 641	93 048		503
					· ·			

Schedule D (Form 990) 2020 Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (noticiding name of security) (1) Financial derivables	Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11b See Form 990	Part X line 12
(1) Financial derivatives		(a) Description of security or category		(c) Method of valuat	ion:
23 Closely held equity interests		, , , , , , , , , , , , , , , , , , , ,		Cost or end-of-year mark	et value
(3) Other (4) (6) (7) (7) (7) (8) (9) (9) (1)					
(A) (B) (C) (C) (D) (C) (D) (E) (F) (G) (H) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G		• •			
(B) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (D) (E) (F) (G) (H) (Total, Column (b) must equal Form 990, Part X, col. (B) line 12.). ► Part VIII					
(E) (E) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (H) (F) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Other Liabilities. (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (5) (6) (7) (8) (9) (9) (1) Federal income taxes (a) Description of liability (b) Book value (6) Federal income taxes (a) Description of liability (b) Book value (7) (8) (9) (9) (9) (1) Federal income taxes (a) Description of liability (b) Book value (6) Federal income taxes (a) Description of liability (b) Book value (7) Federal income taxes (a) Description of liability (b) Book value (6) Federal income taxes (a) Description of liability (b) Book value (7) Federal income taxes (a) Description of liability (b) Book value (b) Book value (c) Book value	(E)				
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITY 889,968 (3) PAYCHECK PROTECTION LOAN 360,625 (4) (5) (6) (7) (8) (9)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITY 889,968 (3) PAYCHECK PROTECTION LOAN 360,625 (4) (5) (6) (7) (8) (9)		umn (b) must equal Form 990. Part X. col. (B) I	ine 15.)	•	
1. (a) Description of liability (b) Book value (1) Federal income taxes 889,968 (2) OPERATING LEASE LIABILITY 889,968 (3) PAYCHECK PROTECTION LOAN 360,625 (4) (5) (6) (7) (8) (9)		Other Liabilities. Complete if the organization answered			m 990, Part X,
(1) Federal income taxes (2) OPERATING LEASE LIABILITY 889,968 (3) PAYCHECK PROTECTION LOAN 360,625 (4) (5) (6) (7) (8) (9)	1		tion of liability		(b) Book value
(2) OPERATING LEASE LIABILITY (3) PAYCHECK PROTECTION LOAN (4) (5) (6) (7) (8) (9)			nion or nability		(b) book value
(3) PAYCHECK PROTECTION LOAN (4) (5) (6) (7) (8) (9)					889,968
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)					·
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,250,593					
	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u> ▶	1,250,593.

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

	e D (Form 990) 2020		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,486,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,648,709.
3	Subtract line 2e from line 1	3	1,837,894.
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 105, 439.		
b	Other (Describe in Part XIII.)	4-	105,439.
_	Add lines 4a and 4b	4c 5	1,943,333.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,713,333.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,332,562.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		100 000
е	Add lines 2a through 2d	2e	100,000.
3	Subtract line 2e from line 1	3	3,232,562.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 105, 439.		
b	Other (Describe in Part XIII.)	4.0	105,439.
_	Add lines 4a and 4b	4c 5	3,338,001.
5 Part	XIII Supplemental Information.	<u> </u>	3,330,001.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

ENDOWMENT FUNDS ARE USED TO SUPPORT THE FOUNDATION'S VARIOUS RESEARCH,

ANALYSIS, ADVOCACY, TECHNICAL ASSISTANCE AND OUTREACH PROGRAMS.

PART X, LINE 1

IN MAY 2020, THE FOUNDATION OBTAINED A SMALL BUSINESS ADMINISTRATION ("SBA") LOAN UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") IN THE AMOUNT OF \$360,625. THE PPP LOAN BEARS INTEREST AT 1% AND MAY REQUIRE REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT") AND THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT ("PPPFA"), THE FOUNDATION MAY APPLY WITH THE LENDING INSTITUTION FOR PPP LOAN PROCEEDS USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT AND PPPFA. INITIAL REPAYMENTS OF THE LOAN ARE DEFERRED UNTIL THE DATE THE SBA REMITS THE LOAN FORGIVENESS FUNDS TO THE LENDING INSTITUTION, OR UNTIL 10 MONTHS AFTER THE END OF THE FORGIVENESS COVERAGE PERIOD IF THE FOUNDATION DOES NOT APPLY FOR FORGIVENESS. THE LOAN CURRENTLY MATURES IN MAY 2022, AT WHICH TIME THE OUTSTANDING BALANCE IS DUE IN FULL. THE FOUNDATION HAS CURRENTLY RECORDED THE PPP PROCEEDS AS DEBT IN THE ACCOMPANYING FINANCIAL STATEMENTS AND EXPECTS TO RECOGNIZE THESE PROCEEDS AS GRANT REVENUE ONCE NOTIFIED OF LOAN FORGIVENESS. AS OF THE DATE OF THIS REPORT, THE FOUNDATION HAS APPLIED FOR LOAN FORGIVENESS AND IS WAITING ON DETERMINATION.

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501 (C)(3).

THE FOUNDATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX

POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX

POSITIONS THE FOUNDATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX

POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING

STANDARDS CODIFICATION.

IN THE NORMAL COURSE OF BUSINESS, THE FOUNDATION IS SUBJECT TO

EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE FOUNDATION

BELIEVES IT IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING

BEFORE DECEMBER 31, 2017.

PART XII, LINE 2D

BAD DEBT EXPENSE: 100,000

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOUTHERN EDUCATION FOUNDATION					13-5562388	
Form 990-EZ filers are not in				Yes" on Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations	e f g	X Solid Solid X Spec	citation of citation of goitation of going	non-government g government grant ising events	irants s	
 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the 	0, Part VII) or entity dividuals or entities	in connec	tion with p	orofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BRIDGE PHILANTHROPIC CONSULTING	FUNDRAISING		X		16,667.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					16,667.	
List all states in which the organiz registration or licensing. GA, NY,	ation is registered (or licensed	d to solicit	contributions or	has been notified	it is exempt from

Page 2 Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi	answered "Yes" on ons and gross incom	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported , lines 1 and 6b. List
		3 1 3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts		(), /	,	
<u>~</u>	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the orgulation on Form 990-EZ, line	ne 10 from line 3, colu anization answered "\	ımn (d)	<u></u>	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
xpenses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	D
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
_	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)	>	
9 8	ì	Enter the state(s) in which the orgals the organization licensed to configure and the state of t	anization conducts gal duct gaming activities	in each of these state	es?	Yes No
10a		Were any of the organization's gaming If "Yes," explain:				Yes . No

Sched	dule G (Form 990 or 990-EZ) 2020	Page 3
11	Does the organization conduct gaming activities with nonmembers?	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	es No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	,	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		es No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	s No
b		
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	tion number
SOUTHERN EDUCATION FOUNDATION, INC	· .					13-55623	88
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		•					es" on Form 990,
(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
(1) NATIONAL PUBLIC EDUCATION SUPPORT FUND							
1900 L ST NE STE 520 WASHINGTON, DC 20036	26-3015634	501(C)(3)	20,000.				PROGRAM GRANT
(2) STAND FOR CHILDREN							
1350 CONCOURSE AVE SUITE 434	52-1957214	501(C)(3)	13,500.				PROGRAM GRANT
(3) VILLAGE OF WISDOM							
111 S. GUTHRIE AVE DURHAM, NC 27703	47-2060936	501(C)(3)	13,500.				PROGRAM GRANT
(4) BUILDING FOR A MISSION							
7726 GRUNSTON PLAZA, #1772 LORTON, VA 22199			11,998.				PROGRAM GRANT
(5) NATIONAL EQUITY PROJECT							
1720 BROADWAY, 4TH FLOOR OAKLAND, CA 94612	94-3222960	501(C)(3)	110,392.				PROGRAM GRANT
(6) LEARNING POLICY INSTITURE							
1530 PAGE MILL ROAD, SUITE 200	47-2772048	501(C)(3)	294,654.				PROGRAM GRANT
(7) NUMBERSBOX LLC							
15 BATES AVE NE ATLANTA, GA 30317			6,000.				PROGRAM GRANT
(8) UNITED WAY OF GREATER ATLANTA							
40 COURTLAND ST NW SUITE 300	58-0566194	501(C)(3)	10,000.				PROGRAM GRANT
(9)							
10)							
11)							
12)							
2 Enter total number of section 501(c)(3) and	-	•					6.
3 Enter total number of other organizations list	ted in the line	1 table				<u></u>	2.

Schedule I (Form 990) (2020)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	•
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_ 2					
_ 3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION REQUIRES AN ANNUAL REPORT DETAILING THE OUTCOME OF THE

PROJECT FUNDED AND AN ACCOUNTING FOR THE MONIES RECEIVED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN EDUCATION FOUNDATION, INC.

Questions Regarding Compensation

Employer identification number

13-5562388

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4 -		Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in or receive payment from an equity-based compensation arrangement?	40		
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

SOUTHERN EDUCATION FOUNDATION, INC. 13-5562388

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TROY D. JOHNSON	(i)	197,317.	0.	0.	9,093.	3,092.	209,502.	
1 ^{CFO/COO (- APRIL 2020)}	(ii)	0.	0.	0.				
KENITA WILLIAMS	(i)	137,057.	10,000.	0.	20,463.	7,958.	175,478.	
DIR. OF LEADERSHIP DEVELOPMENT	(ii)	0.	0.	0.				
RAYMOND PIERCE	(i)	274,347.	35,000.	12,000.	41,141.	8,433.	370,921.	
3CEO/PRESIDENT	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

SOUTHERN EDUCATION FOUNDATION, INC. 13-5562388

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II COLUMN (B)(II)

BONUSES WERE BASED ON PERFORMANCE EVALUATIONS.

PART II COLUMN (B)(III)

AUTOMOBILE EXPENSE

SCHEDULE O (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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTHERN EDUCATION FOUNDATION, INC.

Employer identification number 13-5562388

PART III, LINE 4A (1)
CONTINUED FROM FORM 990,

THE SOUTHERN EDUCATION FOUNDATION'S MISSION IS TO ADVANCE EQUITY AND EXCELLENCE IN EDUCATION FOR ALL STUDENTS IN THE SOUTH, PARTICULARLY LOW-INCOME STUDENTS AND STUDENTS OF COLOR. SEF USES COLLABORATION, ADVOCACY, AND RESEARCH TO IMPROVE OUTCOMES FROM EARLY CHILDHOOD TO ADULTHOOD. OUR CORE BELIEF IS THAT EDUCATION IS THE VEHICLE BY WHICH ALL STUDENTS GET FAIR CHANCES TO DEVELOP THEIR TALENTS AND CONTRIBUTE TO THE COMMON GOOD.

SEF STRIVES TO FULFILL ITS MISSION THROUGH THE FOLLOWING CORE PROGRAM

AREAS: EXPANDING EARLY LEARNING OPPORTUNITIES, ADVANCING PUBLIC EDUCATION

AND IMPROVING COLLEGE ACCESS AND COMPLETION. SEF EXECUTES FIVE PRIMARY

STRATEGIES ACROSS OUR PROGRAMS:

-LEVERAGING KNOWLEDGE OF THE FIELD: BY ESTABLISHING AND OPERATING TASK FORCES, WORK GROUPS, AND LEARNING COMMUNITIES TO ORGANIZE KNOWLEDGE AND ADVANCE NEW SOLUTIONS TO LONG STANDING PROBLEMS;

-PUTTING GOOD IDEAS TO A FAIR TEST: PROMOTING, CONDUCTING, USING PILOTS AND EVALUATIONS TO SHAPE POLICY AND PRACTICE;

-MOBILIZING THE PUBLIC: THROUGH DIRECT ENGAGEMENT TO EDUCATE AND ORGANIZE, PROVIDING RESEARCH, TOOLS, AND IN SOME CASES CAPITAL ASSISTANCE TO ORGANIZATIONS FOR ADVANCING PUBLIC EDUCATION THROUGH POLICY AND

13-5562388

PRACTICE REFORMS THAT IMPROVE LEARNING OPPORTUNITIES FOR VULNERABLE CHILDREN AND YOUTH;

-LEADERSHIP DEVELOPMENT: ADVANCING THE WILL, SKILL, AND CAPACITY OF
CHANGE AGENTS FOCUSED ON EQUITY IN EDUCATION IN THE SOUTH THROUGH
FELLOWSHIPS FROM UNDERGRADUATES TO C-SUITE PROFESSIONALS;

-COMMUNICATIONS AS A CHANGE STRATEGY: CONDUCTING AND COMMISSIONING
RESEARCH AND MESSAGING CAMPAIGNS TO SUPPORT PROGRESSIVE PUBLIC POLICY AND
PRACTICE REFORMS IN EDUCATION, FROM EARLY LEARNING THROUGH HIGHER
EDUCATION.

A SUMMARY OF OUR STRATEGIES, ACTIVITIES AND ACCOMPLISHMENTS IN 2020 FOLLOWS FOR EACH PROGRAM AREA.

PART III, LINE 4A ADVANCING PUBLIC EDUCATION:

PUBLIC EDUCATION FOR ALL CHILDREN HAS LONG BEEN A CORNERSTONE OF

DEMOCRACY IN THE UNITED STATES, AND THE AMERICAN SOUTH HAS BEEN THE

CENTER OF THE BATTLE TO ACHIEVE THIS GOAL. A PERENNIAL THREAT IS THE

DISINVESTMENT IN OUR PUBLIC SCHOOLS AND INCREASING EFFORTS TO DIVERT

FUNDS TO PRIVATE AND CHARTER SCHOOLS AS A HINDRANCE FROM ACHIEVING EQUITY

IN EDUCATION FOR ALL, AND WE WORK TO PUSH BACK ON THESE EFFORTS AND

ADVANCE WELL-FUNDED, SAFE, SUPPORTIVE, AND DIVERSE PUBLIC SCHOOLS THAT

ARE HELD TO MEANINGFUL AND FAIR STANDARDS.

OUR STRATEGY:

-INFORMING AND SUPPORTING PUBLIC EDUCATION CAMPAIGNS ACROSS THE SOUTH,
TO HELP ENGAGE, CONNECT, AND ALIGN DIVERSE COALITIONS WITHIN AND ACROSS
STATES TO EMPLOY MULTI-STRATEGY APPROACHES TO ADVANCE PUBLIC EDUCATION;
-REGIONALIZING EFFORTS THROUGH POLICY RESEARCH AND COMMUNICATIONS
EFFORTS, TO HELP MARSHAL EVIDENCE ABOUT WHAT WORKS IN THE REGION AND
STRENGTHEN THE PUBLIC EDUCATION NARRATIVE; AND

-ADVANCING IDEAS ABOUT TEACHING AND LEARNING TO PROVIDE EDUCATION

ADVOCATES WITH WHERE DEFENSIVE BATTLES CAN BECOME OFFENSIVE ONES THAT

SHIFT FROM SIMPLY PROTECTING PUBLIC EDUCATION TO RE-ENVISIONING PUBLIC EDUCATION SYSTEMS THAT SUPPORT ALL CHILDREN.

IN 2020, SEF USED A NUMBER OF INITIATIVES TO IMPLEMENT THIS STRATEGY SUPPORT FOR ADVOCACY CAMPAIGNS, COMMUNICATIONS, POLICY RESEARCH AND DATA
SHARING ACROSS THE COUNTRY AND ACROSS THE SOUTH. SEF REDEFINED

PRINCIPLES AND POSITIONS CONSIDERED TO BE CRITICAL TO IMPROVING

K-12 PUBLIC EDUCATION. MOST OF THIS WORK WAS DONE BY WORKING CLOSELY

THROUGHOUT THE YEAR WITH BOTH NATIONAL AND REGIONAL STAKEHOLDERS

INTERESTED IN EDUCATION JUSTICE IN THE AMERICAN SOUTH. SEF JOINED 104

PARTNER ORGANIZATIONS IN A COLLABORATIVE EFFORT ON K-12 AND HIGHER

EDUCATION ISSUES THROUGHOUT COMMUNITIES IN THE SOUTH. OUR VISION FOR

EDUCATION EQUITY INCLUDES A FOCUS ON; MEANINGFUL LEARNING, PROFESSIONAL

CAPACITY, SUFFICIENT RESOURCES, AND CONNECTED COMMUNITIES.

PART III, LINE 4A (2)
SOUTHERN EDUCATION LEADERSHIP INITIATIVE

EMBEDDED ACROSS THE THREE PROGRAMS' STRATEGY, IS SEF'S LEADERSHIP

DEVELOPMENT INITIATIVE, THE SOUTHERN EDUCATION LEADERSHIP INITIATIVE

(SELI). SELI WAS DEVELOPED IN 2004 TO HONOR THE 50 YEAR ANNIVERSARY OF

BROWN V. BOARD OF EDUCATION. FOR A DECADE, SELI HAS PROVIDED INTENSIVE

TRAININGS AND PAID SUMMER FELLOWSHIPS TO A DIVERSE AND INSPIRED GROUP OF

175 COLLEGE AND GRADUATE LEVEL STUDENTS INTERESTED IN WORKING WITH

NONPROFIT ORGANIZATIONS TO MAKE SYSTEMIC CHANGES IN EDUCATION POLICY AND

PRACTICE.

FELLOWSHIP OVERVIEW

THE SOUTHERN EDUCATION LEADERSHIP INITIATIVE (SELI) IS AN INTENSIVE,
EIGHT-WEEK, PAID SUMMER FELLOWSHIP FOR UNDERGRADUATE, GRADUATE, AND
PROFESSIONAL STUDENTS INTERESTED IN ADVANCING RACIAL EQUITY AND IMPROVING
EDUCATION ACROSS THE PRE-KINDERGARTEN TO COLLEGE CONTINUUM. A

CONTINUATION OF SEF'S LEGACY OF EDUCATING LEADERS IN THE SOUTH, WHICH
SPANS MORE THAN A CENTURY, SELI'S 2004 LAUNCH MARKED THE 50TH ANNIVERSARY
OF THE U.S. SUPREME COURT'S LANDMARK BROWN V. BOARD OF EDUCATION

DECISION. OUR INITIATIVE RECOGNIZED THAT THERE IS STILL IMPORTANT WORK TO
BE DONE TO ENSURE THAT ALL CHILDREN, IRRESPECTIVE OF RACE OR CLASS,
RECEIVE AN EXCELLENT EDUCATION.

PLACED IN NONPROFITS, SCHOOL DISTRICTS, HIGHER EDUCATION INSTITUTIONS, OR
STATE EDUCATION AGENCIES IN THE SOUTH, SELI FELLOWS SPEND THE SUMMER
DEVELOPING AS LEADERS, ENGAGING WITH VALUABLE STAKEHOLDERS, AND ACQUIRING

PRACTICAL JOB SKILLS THROUGH DIRECT LEARNING EXPERIENCES. OVER SELI'S

TENURE, MORE THAN 225 TALENTED AND DIVERSE YOUNG LEADERS HAVE CONDUCTED

IMPORTANT RESEARCH, POLICY ANALYSIS, ADVOCACY, AND ORGANIZING EFFORTS FOR

OVER 100 PARTNER ORGANIZATIONS. SELI ALUM CAN BE FOUND TODAY WORKING AS

EDUCATORS, POLICYMAKERS, RESEARCHERS, COMMUNITY ORGANIZERS, AND COMMITTED

CIVIC LEADERS DEDICATED TO IMPROVING THE LIFE CHANCES OF ALL CHILDREN.

THE FELLOWSHIP IS DELIVERED VIA THREE KEY ACTIVITIES: ORIENTATION

TRAINING, PLACEMENT, AND THE CLOSING MEETING. THE ORIENTATION TRAINING

TAKES PLACE IN MAY EACH SUMMER AND EXPOSES STUDENTS TO RESEARCH AND DATA

AROUND RACIAL AND SOCIO-ECONOMIC DISPARITIES IN EDUCATION, STRESSES THE

IMPORTANCE OF EDUCATION EQUITY, OFFERS SITE VISITS TO SEE TOP ISSUES IN

EDUCATION FIRST HAND, AND PROVIDES OPPORTUNITIES TO LEARN FROM INSPIRING

LEADERS. STUDENTS DEPART FROM ORIENTATION TO THEIR PLACEMENT SITES, WHERE

THEY WORK FOR EIGHT WEEKS ON PROJECTS TO ADVANCE THE CAPACITY OF THEIR

HOST SITES, WHILE DEVELOPING THEIR OWN LEADERSHIP POTENTIAL IN THE

EDUCATIONAL EQUITY FIELD. THE CLOSING MEETING, HELD EVERY JULY, PRESENTS

AN OPPORTUNITY FOR FELLOWS TO SHARE LESSONS LEARNED, REFLECT, AND

BRAINSTORM ON HOW TO CONTINUE MAKING CHANGE AS PART OF A NETWORK OF

EMERGING LEADERS IN THE SECTOR.

PART III, LINE 4A (3)

RACIAL EQUITY LEADERSHIP NETWORK

IN DISTRICTS ALL OVER THE UNITED STATES, RACE AND CLASS REMAIN AMONG THE MOST RELIABLE PREDICTORS OF STUDENT SUCCESS IN SCHOOL. CURRENTLY, IN

SOUTHERN STATES, MORE THAN HALF OF ALL THE STUDENTS ENROLLED IN PUBLIC SCHOOL ARE FROM LOW-INCOME FAMILIES, WITH A GROWING NUMBER OF FAMILIES LIVING IN EXTREME POVERTY. THE MAJORITY OF PUBLIC SCHOOL STUDENTS IN THE SOUTH ARE ALSO CHILDREN OF COLOR, RAPIDLY CHANGING THE DEMOGRAPHICS OF LARGE AND SMALL DISTRICTS. THE INCREASING DIVERSITY AND INEQUITIES STUDENTS AND FAMILIES CONFRONT, CREATES AN IMPERATIVE FOR US TO REIMAGINE HOW WE CREATE A SYSTEM THAT INCREASES ACCESS AND OPPORTUNITY FOR ALL CHILDREN TO LEARN, DEVELOP, AND THRIVE.

WE THINK THE SYSTEM WE NEED NOW REQUIRES A BOLD AND SIGNIFICANT SHIFT IN EDUCATIONAL LEADERSHIP AND PRACTICE. LEADERS IN EVERY CORNER OF OUR NATION ARE BEING CALLED TO THINK, ENGAGE AND ACT DIFFERENTLY IN THE FACE OF THE COMPLEX CHALLENGES THEY NAVIGATE. STRENGTHENING THE WILL, SKILL AND CAPACITY OF DISTRICT LEADERS AND THEIR TEAMS IS AN IMPORTANT LEVER FOR ADVANCING AUTHENTIC AND ENDURING EQUITY-CENTERED SYSTEM CHANGE.

FUNDED BY THE ATLANTIC PHILANTHROPIES, THE SOUTHERN EDUCATION FOUNDATION IS ANSWERING THIS CALL BY LAUNCHING AN INNOVATIVE RACIAL EQUITY

LEADERSHIP NETWORK (RELN) TO ADVANCE THE CAPACITY OF DISTRICT LEADERS

COMMITTED TO ENDURING EQUITY-CENTERED SYSTEMS CHANGE AS A SOLUTION TO

ADDRESSING RACIAL, ECONOMIC AND ACADEMIC DISPARITIES IN DISTRICTS ACROSS

THE SOUTH.

FELLOWSHIP OVERVIEW AND THEORY OF CHANGE

DELIVERED IN PARTNERSHIP WITH THE NATIONAL EQUITY PROJECT AND LEARNING POLICY INSTITUTE, RELN IS AN 18-MONTH, COHORT-STYLE FELLOWSHIP PROGRAM FOR SCHOOL DISTRICT LEADERS WHO ARE COMMITTED TO ADDRESSING PERSISTENT DISPARITIES IN THEIR SYSTEMS AND ENSURING THAT RACE AND CLASS ARE NO LONGER THE MOST RELIABLE PREDICTORS OF STUDENT SUCCESS.

EACH RELN COHORT IS COMPRISED OF UP TO TWELVE (12) EXECUTIVE LEADERS

(I.E., SUPERINTENDENTS, DEPUTY SUPERINTENDENTS, CHIEF ACADEMIC OFFICERS,

ETC.) FROM SCHOOL SYSTEMS ACROSS THE SOUTH.

OVER THE COURSE OF THEIR FELLOWSHIP EXPERIENCE, RELN FELLOWS ATTEND FIVE

(5) TWO-AND-A-HALF-DAY NETWORK CONVENING'S FOCUSED ON THE ESSENTIAL

LEVERS FOR EQUITY-CENTERED LEADERSHIP AND SYSTEM TRANSFORMATION. IN

BETWEEN NETWORK CONVENING'S, THE FELLOWS ALSO RECEIVE CUSTOMIZED COACHING

AND WEBINARS TO SUPPORT THE IDENTIFICATION OF A CONTEXT-SPECIFIC EQUITY

CHALLENGE. FINALLY, FELLOWS RECEIVE GRANT SUPPORT AND OTHER TECHNICAL

ASSISTANCE TO IMPLEMENT AN ACTION PLAN ADDRESSING THEIR UNIQUE EQUITY

CHALLENGE DURING A SIX-MONTH IN-DISTRICT WORK PERIOD.

THE RELN LEADERSHIP DEVELOPMENT MODEL FOLLOWS A DOUBLE HELIX APPROACH INCORPORATING TWO DISTINCT, BUT INTRINSICALLY LINKED, STRANDS OF LEARNING, ENGAGING, AND TESTING OVER THE COURSE OF THE 18-MONTH FELLOWSHIP. FELLOWS SHARPEN THEIR INDIVIDUAL RACIAL EQUITY LENS AND RECEIVE TOOLS TO ENHANCE THEIR CAPACITY FOR INFLUENCING EDUCATION POLICY

AND PRACTICE. BECAUSE THIS INDIVIDUAL DEVELOPMENT IS INSUFFICIENT TO

CREATE SUSTAINABLE CHANGE WITHIN SYSTEMS, FELLOWS SIMULTANEOUSLY IDENTIFY

SPECIFIC POLICY OR PRACTICE CHALLENGES TO ADDRESS WITHIN THEIR DISTRICTS,

RECEIVE RESOURCES FOR ENGAGING WITH OTHERS, AND OBSERVE MODEL DISTRICTS

MAKING PROGRESS TOWARDS RACIAL EQUITY.

FELLOWSHIP OUTCOMES

AS MEMBERS OF THE RACIAL EQUITY LEADERSHIP NETWORK, FELLOWS (IDEALLY) WILL:

- 1) EXPERIENCE OPPORTUNITIES FOR RENEWAL, INSPIRATION, HEALING, AND SUSTENANCE AS AN EQUITY LEADER.
- 2) SHARPEN A RACIAL EQUITY LENS, GAINING GREATER UNDERSTANDING AND KNOWLEDGE OF THE ROLE THAT IMPLICIT BIAS, PRIVILEGE, HISTORY, AND STRUCTURAL RACISM PLAY IN PERPETUATING RACIAL INEQUITY IN EDUCATION.

 3) TEST, PROTOTYPE, OR PILOT INNOVATIVE SOLUTIONS TO ADDRESS AND MAKE PROGRESS ON A SPECIFIC RACIAL EQUITY CHALLENGE IN THEIR RESPECTIVE CONTEXT/SCHOOL SYSTEM, LAYING THE FOUNDATION TO IMPROVE THE LEARNING ENVIRONMENTS, EXPERIENCES, AND OUTCOMES OF BLACK, BROWN, AND LOW-INCOME STUDENTS IN THE FELLOW'S RESPECTIVE DISTRICT.
- 4) GAIN A SUPPORTIVE EQUITY-FOCUSED COMMUNITY OF PRACTICE AND, BY EXTENSION, PEER LEARNING NETWORK THAT EXTENDS BEYOND THE CONCLUSION OF THE FELLOWSHIP.

RECEIVE AND MAKE USE OF TOOLS, RESOURCES, AND COACHING SUPPORT TO

PRACTICE A RACIAL EQUITY LEADERSHIP APPROACH TO THE WORK THEY ARE DOING IN THEIR SYSTEM. THIS APPROACH INCLUDES CRITICAL SELF-REFLECTION, BIAS IDENTIFICATION AND CONFRONTATION, EMPATHETIC LISTENING, AND REIMAGINED WAYS OF IDENTIFYING AND TACKLING EQUITY CHALLENGES BY LEVERAGING ROLE AUTHORITY TO CREATE DESIRED CHANGES IN POLICY AND PRACTICES.

PART VI, LINE 11A

THE 990 IS REVIEWED BY THE FULL BOARD, THE CEO AND THE CFO. AFTER ALL QUESTIONS AND CONCERNS ARE ADDRESSED THE 990 IS FILED AND A COPY IS PRESENTED TO EACH BOARD MEMBER.

PART VI, LINE 12C

ANNUALLY, EACH TRUSTEE AND SEF STAFF MEMBER EXECUTE A DISCLOSURE FORM
IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE/SHE
IS INVOLVED THAT COULD CONTRIBUTE TO A REAL OR PERCEIVED CONFLICT OF
INTEREST. ANY INFORMATION REGARDING BUSINESS INTEREST OF A TRUSTEE IS
TREATED AS CONFIDENTIAL AND IS GENERALLY MADE AVAILABLE TO THE CHAIR, THE
PRESIDENT, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST,
EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION
WITH THE IMPLEMENTATION OF THIS POLICY. TRUSTEES DO NOT VOTE ON ANY
MATTER IN WHICH THEY BELIEVE THERE IS DUALITY OF INTEREST AND MAY, IF
ASKED, BE CALLED UPON TO SHARE WITH FELLOW TRUSTEES SUCH INFORMATION
RELATED TO THE DUALITY OF INTEREST AS MAY BE NECESSARY AND APPROPRIATE.
THE MINUTES OF BOARD MEETINGS WILL SHOW THAT THE TRUSTEE HAVING A DUALITY
OF INTEREST DISCLOSED SAME AND ABSTAINED FROM VOTING ON RELATED MATTERS.
A COPY OF THIS POLICY IS FURNISHED TO EACH PERSON WHO IS OR BECOMES A

MEMBER OF THE BOARD OF TRUSTEES OR STAFF. EACH SUCH PERSON IS REQUIRED TO REVIEW A COPY OF THIS POLICY AND ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

PART VI, LINE 15

IN ORDER TO DETERMINE STAFF COMPENSATION LEVELS FOR ITS SMALL STAFF AND CONSERVATIVE MODEST RESOURCES, SEF CONSULTS SOURCES SUCH AS THE ANNUALLY COMPENSATION SURVEY PUBLISHED BY THE COUNCIL ON FOUNDATIONS, REPORTS IN THE CHRONICLE OF PHILANTHROPY, AND THE CHRONICLE OF HIGHER EDUCATION, RATHER THAN HIRING INDEPENDENT CONSULTANTS TO CONDUCT DETAILED COMPENSATION SURVEYS AND AUDITS. SEF BOARD MEMBERS AND STAFF, AS APPROPRIATE, ALSO CONSULT WITH PEER ORGANIZATIONS TO ASCERTAIN APPROPRIATE COMPENSATION RANGES FOR STAFF. MANY SEF BOARD MEMBERS SERVE, AS WELL, ON OTHER NON -PROFIT ORGANIZATIONAL BOARDS AND BRING THAT KNOWLEDGE AND PERSPECTIVE TO BEAR IN SETTING COMPENSATION FOR SEF STAFF.

SEF'S FINANCE, AUDIT AND ADMINISTRATION COMMITTEE REVIEWS COMPENSATION AS PART OF THE ANNUAL BUDGET-SETTING CYCLE AND DETERMINES COMPENSATION OF THE PRESIDENT BASED UPON AN ANNUAL APPRAISAL OF PERFORMANCE. THAT APPRAISAL CONSIDERS ALL ASPECTS OF THE PRESIDENT'S WORK INCLUDING FUNDRAISING, MANAGEMENT, PROGRAM DEVELOPMENT AND IMPLEMENTATION,

GOVERNANCE AND COMMUNICATIONS. SEF'S PRESIDENT APPRAISES THE PERFORMANCE OF OTHER SUBORDINATE SEF STAFF ANNUALLY. ALL SEF STAFF ARE PART OF A MERIT PAY PROGRAM IN WHICH THERE ARE NO AUTOMATIC OR COST OF LIVING INCREASES.

Name of the organization

SOUTHERN EDUCATION FOUNDATION, INC.

Employer identification number

13-5562388

PART VI, LINE 19

ALL SEF PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST. ONCE A REQUEST IS

RECEIVED THE DOCUMENTS CAN BE SENT EITHER ELECTRONICALLY OR THROUGH THE

US POSTAL SYSTEM. THE 2020 CPA AUDIT, CONFLICT OF INTEREST POLICY AND

WHISTLEBLOWER POLICY CAN ALSO BE FOUND ON THE SEF WEB SITE IN THE "PUBLIC DOCUMENTS LISTING."

PART XI, LINE 8

(100,000) BAD DEBT EXPENSE FOR PRIOR YEAR PLEDGES

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE SOUTHERN EDUCATION FOUNDATION'S MISSION IS TO ADVANCE EQUITY AND EXCELLENCE IN EDUCATION FOR ALL STUDENTS IN THE SOUTH, PARTICULARLY LOW-INCOME STUDENTS AND STUDENTS OF COLOR. SEF USES COLLABORATION, ADVOCACY, AND RESEARCH TO IMPROVE OUTCOMES FROM EARLY CHILDHOOD TO ADULTHOOD. OUR CORE BELIEF IS THAT EDUCATION IS THE VEHICLE BY WHICH ALL STUDENTS GET FAIR CHANCES TO DEVELOP THEIR TALENTS AND CONTRIBUTE TO THE COMMON GOOD.

SEF STRIVES TO FULFILL ITS MISSION THROUGH THE FOLLOWING CORE PROGRAM

AREAS: EXPANDING EARLY LEARNING OPPORTUNITIES, ADVANCING PUBLIC

EDUCATION AND IMPROVING COLLEGE ACCESS AND COMPLETION. SEF EXECUTES

FIVE PRIMARY STRATEGIES ACROSS OUR PROGRAMS:

LEVERAGING KNOWLEDGE OF THE FIELD: BY ESTABLISHING AND OPERATING TASK FORCES, WORK GROUPS, AND LEARNING COMMUNITIES TO ORGANIZE KNOWLEDGE AND ADVANCE NEW SOLUTIONS TO LONG STANDING PROBLEMS;

Employer identification number

13-5562388 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PUTTING GOOD IDEAS TO A FAIR TEST: PROMOTING, CONDUCTING, AND USING DEMONSTRATIONS, PILOTS, AND EVALUATIONS TO SHAPE POLICY AND PRACTICE;

MOBILIZING THE PUBLIC: THROUGH DIRECT ENGAGEMENT TO EDUCATE AND ORGANIZE, PROVIDING RESEARCH, TOOLS, AND IN SOME CASES CAPITAL ASSISTANCE TO ORGANIZATIONS FOR ADVANCING PUBLIC EDUCATION THROUGH POLICY AND PRACTICE REFORMS THAT IMPROVE LEARNING OPPORTUNITIES FOR VULNERABLE CHILDREN AND YOUTH;

LEADERSHIP DEVELOPMENT: TRAINING THE NEXT GENERATION OF CHANGE AGENTS FOCUSED ON EQUITY IN EDUCATION IN THE SOUTH THROUGH FELLOWSHIPS FROM UNDERGRADUATE TO MID-CAREER; AND

COMMUNICATIONS AS A CHANGE STRATEGY: CONDUCTING AND COMMISSIONING

RESEARCH AND MESSAGING CAMPAIGNS TO SUPPORT PROGRESSIVE PUBLIC POLICY

AND PRACTICE REFORMS IN EDUCATION, FROM EARLY LEARNING THROUGH HIGHER

EDUCATION.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

LEARNING POLICY INSTITUTE

CONSULTING

294,654.

294,654.

CONSULTING

PALO ALTO, CA 94304

NATIONAL EQUITY PROJECT

CONSULTING

110,392.

1720 BROADWAY

Name of the organization

SOUTHERN EDUCATION FOUNDATION, INC.

Employer identification number

13-5562388

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

OAKLAND, CA 94612

HIGHLANDER RESEARCH AND EDUCATION CENTER GRANTMAKING 130,000.

1959 HIGHLANDER WAY NEW MARKET, TN 37820

TDC CENTENNIAL, LLC OFFICE RENT 139,005.

5310 S. ALSTON AVENUE, STE 210

DURHAM, NC 27713