## **PUBLIC DISCLOSURE COPY**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

Open to Public

A		2020 calon	lar year, or tax year beginning	07/01	, 2020, and end		20	, <b>20</b> 21
					, 2020, and end	ing 06/.		·
В	Check if a		C Name of organization THE EDU	DCATION TRUST				r identification number
Ц	Address c	ĭ l	Doing business as					52-1982223
Ц	Name cha	·	Number and street (or P.O. box if	mail is not delivered to stre	et address)	Room/suite	E Telephone	
Ц	Initial retur	1	1501 K STREET, NW			200	(2	202) 293-1217
Ц		nal return/terminated City or town, state or province, country, and ZIP or foreign postal code						54 400 704
	Amended		WASHINGTON, DC 20005	. IOUN DIVING ID			<b>G</b> Gross rec	
Ш	Application	n pending	F Name and address of principal off	icer: JUHN B KING JR		H(a) Is this a gr		
_		-4 -4-4	SAME AS C ABOVE	\ <b>4</b> (in-out on o ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.47(-)(4) -::			ncluded? Yes No
÷	Tax-exem		✓ 501(c)(3)	) ◀ (insert no.) 4	947(a)(1) or 527			See instructions
<u></u>				Dou b	1. 1. 1. 1.	H(c) Group e	-	
_	art I		Corporation Trust Associa	tion	L Year of form	nation: 1996	M State of 16	egal domicile: DC
F		Summa	ribe the organization's miss	ion or most significan	t activities. TO D	DOMOTE LIICIL /	CADEMIC	ACLUEV/EMENT
Φ		-	TUDENTS AT ALL LEVELS: PR	_		ROMOTE HIGH F	CADEIVIIC	ACHIEVEIVIENT
Activities & Governance		FOR ALL 3	TODENTS AT ALL LEVELS. FR	E-K THROUGH COLLE	JE. 			
rus	2	Chook thin	box ▶ ☐ if the organization	diacontinued its oper	otions or dispose	d of more than	250/ of ito	not opports
OVE	1		voting members of the gove				3	12
م ص	l .		independent voting member		•		4	10
es 6	1		per of individuals employed in	_		•	5	149
ξ	1		per of volunteers (estimate if	•			6	10
∕cti			ated business revenue from				7a	0
_			ed business taxable income				7b	0
	D	vet urireiai	ed busiliess taxable ilicollie	nomi om 990-1, i ai		Prior Yea		Current Year
Revenue	8 (	Contributio	350,452	50,160,680				
	l .		ons and grants (Part VIII, line ervice revenue (Part VIII, line				558,702	594,683
	l .	-	income (Part VIII, column (A				231,929	250,791
æ			nue (Part VIII, column (A), line	·			525,226	100,610
	l .		ue—add lines 8 through 11 (n	666,309	51,106,764			
			similar amounts paid (Part I				056,250	1,969,353
	1		aid to or for members (Part IX			2,	500,200	1,000,000
'n	l .	-	her compensation, employee			14.4	140,245	15,414,678
Expenses			al fundraising fees (Part IX, c			,	0	0
pen	l .		aising expenses (Part IX, col		642,512			
Ĕ			enses (Part IX, column (A), line			8.6	557,293	6,852,807
		-	nses. Add lines 13–17 (must	·			153,788	24,236,838
			ss expenses. Subtract line 1			-	512,521	26,869,926
or	1					Beginning of Curr		End of Year
ets	20 7	otal asset	s (Part X, line 16)			29,6	606,198	59,287,240
Ass d Ba	21 7	otal liabili	ties (Part X, line 26)				366,546	6,752,164
Net Assets or Fund Balances	22		or fund balances. Subtract li	ine 21 from line 20		25,7	739,652	52,535,076
Pa	art II	Signatu	re Block			•	•	
			I declare that I have examined this r					nowledge and belief, it is
tru	e, correct,	and complete	e. Declaration of preparer (other than	officer) is based on all infor	mation of which prepa	arer has any knowled	lge.	
Si	-	Signatu	ure of officer			Date		
He	ere	MAR	A DARIE, CHIEF FINANCIAL O	FFICER				
		Type o	r print name and title					
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check	
	eparer	GREGORY M. PLOTTS, CPA					self-employe	P01255941
	e Only	, Firm's nan	ne ► ARONSON LLC			Firm's	EIN ▶	37-1611326
		Firm's add	ress ► 111 ROCKVILLE PIKE,			Phone	e no.	(301) 231-6200
Ma	y the IRS	discuss t	his return with the preparer s	shown above? See ins	structions			✓ Yes
For	Paperwo	ork Reduct	ion Act Notice, see the separa	te instructions	Cat	. No. 11282Y		Form <b>990</b> (2020)

1 01111 33	F (2020)	age Z
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
•	THE EDUCATION TRUST PROMOTES HIGH ACADEMIC ACHIEVEMENT FOR ALL STUDENTS AT ALL LEVELS	
	PRE-KINDERGARTEN THROUGH COLLEGE. OUR GOAL IS TO CLOSE THE GAPS IN OPPORTUNITY AND ACHIEVEMENT THAT	
	CONSIGN FAR TOO MANY YOUNG PEOPLE-ESPECIALLY THOSE FROM LOW-INCOME FAMILIES OR WHO ARE BLACK,	
	LATINO, OR AMERICAN INDIAN-TO LIVES ON THE MARGINS OF THE AMERICAN MAINSTREAM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 9,577,834 including grants of \$ 1,377,853 ) (Revenue \$ 475,475 ) THE EDUCATION TRUST HAS THREE STATE OFFICES, THE EDUCATION TRUST-WEST, THE EDUCATION TRUST-MIDWEST,	
	AND THE EDUCATION TRUST-NEW YORK. THE STATE OFFICES WORK IN THEIR STATES FOR THE HIGH ACADEMIC	
	ACHIEVEMENT OF ALL STUDENTS AT ALL LEVELS, KINDERGARTEN THROUGH COLLEGE, AND AIM TO CLOSE THE ACHEIVEMENT GAPS SEPARATING LOW-INCOME STUDENTS AND STUDENTS OF COLOR FROM OTHER YOUTH THROUGH	
	STATE-WIDE EDUCATION POLICY AND ADVOCACY WORK.	
	STATE-WIDE EDUCATION FOLIGI AND ADVOCACT WORK.	
4b	(Code: ) (Expenses \$ 6,662,767 including grants of \$ 221,000 ) (Revenue \$ 76,264 )	
40	(Code: ) (Expenses \$ 6,662,767 including grants of \$ 221,000 ) (Revenue \$ 76,264 ) THE DIVISION OF GOVERNMENT AFFAIRS AND COMMUNICATIONS ARTICULATES AND ADVOCATES FOR THE	
	ORGANIZATION'S STRATEGIC PRIORITIES. IT PUBLISHES RESEARCH AND ANALYSES IN PRINT AND ONLINE AND	
	PARTNERS WITH EDUCATORS, ADVOCATES, AND ALLIED POLICYMAKERS AT THE LOCAL, STATE, AND NATIONAL LEVELS	
	TO ADVANCE SPECIFIC EDUCATION POLICY OBJECTIVES.	
4c	(Code: ) (Expenses \$ 4,883,736 including grants of \$ 370,500 ) (Revenue \$ 127,853 )	
	OUR PROGRAM AND POLICY TEAMS CONDUCT RESEARCH AND ANALYZE EDUCATIONAL PRACTICES, PRE-K THROUGH COLLEGE. THEIR WORK AIMS TO DEEPEN OUR UNDERSTANDING OF THE FACTORS THAT CONTRIBUTE TO ACHIEVEMENT	
	GAPS, LEARN FROM AND EXTEND THE BEST WORK IN THE FIELD, AND DEVELOP POSITIONS AND SUPPORTING	
	EVIDENCE TO ADVANCE THE ORGANIZATION'S STRATEGIC AGENDA. MORE SPECIFICALLY, THE WORK FOCUSES ON	
	ADVANCING THE QUALITY OF TEACHING, ENSURING ACCOUNTABILITY AND SUPPORT FOR SCHOOLS AND COLLEGES,	
	MONITORING ACHIEVEMENT PATTERNS IN PREK-12 AND HIGHER EDUCATION, AND FOSTERING BEST PRACTICES TO	
	HELP SCHOOLS ALIGN THEIR CURRICULA WITH STATE STANDARDS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 21,124,337	

Form 99	0 (2020)		1	Page (
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	~	
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		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
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		~
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	~	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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		,
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		~
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

**20**b

21

3

Form 990 (2020) Page **4** 

Part	V 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		~
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	·	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
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		~
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		V
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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
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	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<b>/</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	_	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 125			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>'</b>	

Page **5** 

Part	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 149			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
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).	_		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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 and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	14a		~
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14a 14b		
15	Is the organization subject to the section 4960 tax on payments; if No, provide an explanation on Schedule O.	טדו		
13	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.	.,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	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. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 12 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a 15b 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, MI, NY, TN, WA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ MARIA DARIE, 1501 K STREET, NW, SUITE 200, WASHINGTON, DC 20005, (202) 293-1217

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 heither the organization nor	any related	d organization compensa	ted any current	officer, director,	or trustee.

(A)  Name and title	(B) Average hours per week (list any	(do n box, office	(do not che box, unless officer and institu			e than o is both or/trust	one n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JOSE LUIS CRUZ	2.0									
CHAIR		~		~				0	0	0
(2) JAMES FORMAN, JR.	1.0									
VICE CHAIR		~		~				0	0	0
(3) YOLIE FLORES	1.0									
SECRETARY (FROM 6/24/2021)		~		~				0	0	0
(4) JESSE JACKSON	1.0									
TREASURER (FROM 6/24/2021)		~		~				0	0	0
(5) DANIEL PORTERFIELD	1.0									
BOARD MEMBER		~						0	0	0
(6) EDUARDO J. PADRON	1.0									
BOARD MEMBER		~						0	0	0
(7) LISA GELOBTER	1.0									
BOARD MEMBER		~						0	0	0
(8) LISETTE NIEVES	1.0									
BOARD MEMBER		~						0	0	0
(9) MONIQUE IDLETT-MOSLEY	1.0									
BOARD MEMBER		~						0	0	0
(10) PETER GROFF	1.0									
BOARD MEMBER		~						0	0	0
(11) JOHN B KING, JR.	37.5									
PRESIDENT & CEO		~		~				500,130	0	40,228
(12) CATHY DANIELS	37.5									
COO AND SECRETARY/TREASURER (TERMINATED 5/18/21)		~		~				271,215	0	36,037
(13) AMBER ARELLANO	37.5									
EXECUTIVE DIRECTOR ETM				~				195,710	0	14,568
(14) RACHEL STALCUP	37.5									
CHIEF DEVELOPMENT OFFICER				~				172,897	0	15,036

Form **990** (2020)

Part VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated Emplo	yees (continued)		
				(0	C)							
(A)	(B)	/-l	Position					(D)	(E)	(F)		
Name and title	Average	/erage (do not check more that box, unless person is b						Reportable	Reportable	Estimated amount		
	hours					or/trust		compensation	compensation	of other		
	per week (list any	악方	٦	Q	<u>~</u>	의 표	F	from the organization	from related organizations	compensation from the		
	hours for	di di	##	Officer	y e	ghe 1plc	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and		
	related	dual	l ti	_	mpl	st co	4			related organizations		
	organizations below	ר בָּי	lal t		Key employee	) mp						
	dotted line)	Individual trustee or director	Institutional trustee		0	ens						
			ee			Highest compensated employee						
(15) DENISE FORTE	37.5											
INTERIM CEO					1			280,394	0	20,312		
(16) WILFREDO DEL PILAR	37.5				Ť			200,00 .		20,0.2		
VP HIGHER EDUCATION					1			269,013	0	30,557		
(17) IAN ROSENBLUM	37.5				Ť			200,010		00,001		
EXECUTIVE DIRECTOR ETNY (TERMINATED 1/19/21)					1			226,473	0	17,114		
(18) TAKIRRA WINFIELD DIXON	37.5				Ť			220,110		.,,,,,		
VP STRATEGIC COMMUNICATIONS (TERMINATED 4/16/21)	07.0	1			<b>_</b>			208,419	0	31,496		
(19) ELISHA SMITH ARRILLAGA	37.5				<b>—</b>			200,410		01,400		
EXECUTIVE DIRECTOR ETW (TERMINATED 4/16/21)					1			203,250	0	35,427		
(20) ARY SPATIG-AMERIKANER	37.5				Ť			200,200		00,121		
VP P-12 POLICY & PRACTICE					1			199,601	0	34,932		
(21) TIFFANY JONES	37.5				<b>—</b>			100,001		04,502		
SR DIRECTOR OF HIGHER EDUCATION POLICY (TERMINATED 12/4/20)	07.0	1				\ \		167,093	0	23,416		
(22) CHRISTOPHER NELLUM	37.5							107,000		20,110		
DEPUTY DIRECTOR OF RESEARCH AND POLICY	07.0	1				\ \		164,241	0	23,347		
(23) ROBIN HARRIS	37.5							104,241		20,047		
MANAGING EDITOR	37.3	-				\ \		162,354	0	23,092		
(24) BRIAN RIVAS	37.5							102,554		20,002		
DIRECTOR POLICY AND GOVERNMENT RELATIONS	07.0	1				\ \		157,909	0	20,270		
(25) MARIA DARIE	37.5							107,000		20,270		
DIRECTOR OF FINANCE						\ \		148,591	0	22,942		
1b Subtotal							<b>—</b>	3,327,290	0	· · · · · ·		
c Total from continuation sheets to Part	VII Sectio	n Δ	•	•				0	0	· · · · · ·		
d Total (add lines 1b and 1c)	•		Ċ				•	3,327,290	0			
2 Total number of individuals (including but						ahove	م (ح			333,111		
reportable compensation from the organi			1000	, 1101	LOG	above	<i>5)</i> **	38	σ τη ατή φτου, συσ	01		
										Yes No		
3 Did the organization list any former of	officer dire	octor	tru	cta	ا م	(0)/ 0	mnl	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete s							-		· ·	3 1		
4 For any individual listed on line 1a, is the												
organization and related organizations												
individual	g	αιι ψ		,						4 1		
5 Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m anv	/ IIIn	related organizat	ion or individua			
for services rendered to the organization								•		5 1		
Section B. Independent Contractors	<u> </u>							•				
1 Complete this table for your five high	nest compe	ensat	ed	inde	epe	ndent	СО	ntractors that r	eceived more	than \$100,000 of		
compensation from the organization. Rep	ort compen	satio	n for	r the	e ca	lenda	r ye	ar ending with or	within the organ	nization's tax year.		
(A)								(B)		(C)		
Name and business add							L	Description of serv	rices	Compensation		
GLOBAL STRATEGY GROUP, 215 PARK AVE S, 15							_	ONSULTING		540,985		
LARSON COMMUNICATIONS, 1725 PIERCE STREET,							_	ONSULTING		150,005		
BE CLEAR, INC., 2255 SHERIDAN BOULEVARD, UN	IT C #106, E	DGEV	VATE	ΞR,	СО	80214	CC	ONSULTING		122,400		
PENN HILL GROUP, 777 6TH ST. NW. SUITE 650, V	VASHINGTO	N DC	200	001			CC	ONSULTING		108.000		

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

\_\_\_\_Page **9** 

## Part VIII Statement of Revenue

		Check if Schedule O contains a resp	pons	se or note to an	y line in this Pa	rt VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
عَ ق	С	Fundraising events	1c					
r A	d	Related organizations	1d					
اءً ۾	е	Government grants (contributions)	1e					
Sin	f	All other contributions, gifts, grants,						
utio		and similar amounts not included above	1f	50,160,680				
흔된	g	Noncash contributions included in						
ont od (		lines 1a-1f	1g 3	\$				
<b>5 6</b>	h	Total. Add lines 1a-1f		▶	50,160,680			
_				Business Code				
<u>ice</u>	<b>2</b> a	CONTRACTS	L	541900	594,683	594,683		
Pe Z	b							
gram Ser Revenue	С							
ev	d							
Program Service Revenue	е							
<u>-</u>	f	All other program service revenue .	_		0	0	0	0
	g	Total. Add lines 2a–2f			594,683			
	3	Investment income (including divide						
		other similar amounts)			250,791			250,791
	4	Income from investment of tax-exemp						
	5	Royalties	• •					
	0-		170	(ii) Personal				
	6a		170					
	b	Less: rental expenses 6b	170	0				
	C C	Nist worth lives are a surfice a			10,170			10,170
	d _	(i) Convertion		(ii) Other	10,170			10,170
	7a	Gross amount from (i) Securities	_	(ii) Other				
		other than inventory <b>7a</b>						
a	h	Less: cost or other basis						
Revenue	D	and sales expenses . <b>7b</b>						
š	С	Gain or (loss) 7c	0	0				
	d	Net gain or (loss)		▶				
Other	8a	Gross income from fundraising						
ŏ	-	events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising	even	nts <b>&gt;</b>				
	9a	Gross income from gaming						
		activities. See Part IV, line 19 .	9a					
	b	•	9b					
	С	Net income or (loss) from gaming acti	ivities	s <b>&gt;</b>				
	10a	Gross sales of inventory, less						
	_	<u> </u>	10a					
			10b					
	С	Net income or (loss) from sales of inve	entor	-				
sno	4.4	LIONODARIUM		Business Code	0.1.000	04.000		
eo ne	11a	HONORARIUM	-	541900	84,909	84,909		
scellaneo Revenue	b	OTHER INCOME		900099	5,531			5,531
Sce Re	C	All ather revenue	-		0	0	0	
Miscellaneous Revenue	d	All other revenue	· L		90,440	U	U	0
	<u>е</u> 12	Total. Add lines 11a–11d  Total revenue. See instructions .			51,106,764	679,592	0	266,492
	16	I O LO I LEVETINE DECIDENDO LO COMO DE LA COMO DEL COMO DE LA COMO DEL LA COMO DE LA COM			01,100,704	010,002	U	200,732

9

Form 990 (2020) Page **10** 

## 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			<u> </u>	
Da	·				
	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	1,969,353	1,969,353		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,737,407	2,421,796	230,507	85,104
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	9,875,575	8,736,965	831,587	307,023
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				<del></del> -
9	Other employee benefits	1,893,667	1,675,336	159,459	58,872
10	Payroll taxes	908,029	803,337	76,462	28,230
11	Fees for services (nonemployees):				
а	Management				
b	Legal	24,714	20,681	2,111	1,922
С	Accounting	59,522	49,808	5,084	4,630
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.) .	3,742,070	3,465,648	205,416	71,006
12	Advertising and promotion	24,779	24,779		
13	Office expenses	297,232	253,581	28,861	14,790
14	Information technology	87,734	74,855	8,522	4,357
15	Royalties				
16	Occupancy	1,801,974	1,089,642	683,422	28,910
17	Travel	15,008	14,222	,	786
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings .	60,236	57,083		3,153
20	Interest		, , , , , , , ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	447,395	225,043	211,295	11,057
23	Insurance	53,177	44,498	4,542	4,137
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.)				
а	DUES & SUBSCRIPTIONS	82,940	70,765	8,056	4,119
b	STAFF DEVELOPMENT	33,217	27,796	2,837	2,584
C	BAD DEBT EXPENSE	14,791	12,621	1,435	735
d	TAXES	4,669	3,984	453	232
e	All other expenses	103,349	82,544	9,940	10,865
25	Total functional expenses. Add lines 1 through 24e	24,236,838	21,124,337	2,469,989	642,512
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				F <b>990</b> (2000)

Page **11** 

## Part X Balance Sheet

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	beginning or year	1	Liid oi yeai
	2	Savings and temporary cash investments	5,305,343	2	35,222,076
	3	Pledges and grants receivable, net	12,675,592	3	10,352,674
	4	Accounts receivable, net	437,230	4	173,852
	5	Loans and other receivables from any current or former officer, director,	.0.,200	_	
	3	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
"	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	
ASS	9		448,261	9	504,172
			440,201	9	304,172
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,762,793			
	b	Less: accumulated depreciation	391,116	100	2,664,845
	11	Investments—publicly traded securities	4,739,373	11	8,276,472
	12	Investments—other securities. See Part IV, line 11	5,217,323	12	1,694,117
	13	Investments—program-related. See Part IV, line 11	0,217,020	13	0
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	391,960	15	399,032
	16	Total assets. Add lines 1 through 15 (must equal line 33)	29,606,198	16	59,287,240
_	17	Accounts payable and accrued expenses	2,923,632	17	2,227,865
	18	Grants payable	_,,,,	18	_,,
	19	Deferred revenue	43,295	19	33,950
	20	Tax-exempt bond liabilities	-,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
iţie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	899,619	25	4,490,349
	26	Total liabilities. Add lines 17 through 25	3,866,546	26	6,752,164
seou		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	8,813,157	27	34,998,817
ñ	28	Net assets with donor restrictions	16,926,495	28	17,536,259
Net 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	
μĄ	32	Total net assets or fund balances	25,739,652	32	52,535,076
S	33	Total liabilities and net assets/fund balances	29,606,198	33	59,287,240
_					Form <b>990</b> (2020)

Form **990** (2020)

Page **12** 

Dari	XI Reconciliation of Net Assets					3	
ran							
4	Check if Schedule O contains a response or note to any line in this Part XI	1	• •				
1	Total revenue (must equal Part VIII, column (A), line 12)					6,764	
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,236,838			
3	Revenue less expenses. Subtract line 2 from line 1	3				9,926	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5		25,739,65			
5	Net unrealized gains (losses) on investments		(74,50				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		į	52,53	5,076	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			٠,			
				_	Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а			
	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?		2	b	~		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	а				
	separate basis, consolidated basis, or both:						
	☐ 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						
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? .	2	c	~		
	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	he				
	Single Audit Act and OMB Circular A-133?			а		~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	3	b			

Form **990** (2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

THE	EDUC	CATION TRUST					52-19	82223
Pa	rt I	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The	organ	ization is not a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, convention of churc						
2		A school described in <b>section</b>						
3		hospital or a cooperative ho						
4	_	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		nospital's name, city, and state An organization operated for		a allaga ar university	d o		d by a gayaranant	al unit described in
5	_	section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	ai unit described in
6 7	VA	A federal, state, or local gover An organization that normally lescribed in <b>section 170(b)(1)</b>	receives a subs	tantial part of its sup				n the general public
8		A community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)			
9	o u	An agricultural research organ or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re S	An organization that normally in eceipts from activities related support from gross investment acquired by the organization a	to its exempt full tincome and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its
11		An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12		An organization organized and						
		of one or more publicly support						
	_	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		•	•	
а	L	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Г	Type II. A supporting orga	-	· ·			supported organizati	on(s), by having
		control or management of organization(s). <b>You must</b>	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally in that is not functionally integrequirement (see instructionally integred).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or	Гуре III non-func	tionally integrated sup				e II, Type III
f		ter the number of supported o	•					
g		ovide the following information					I	
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Page 2

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.)

Secti	on A. Public Support	quality unde	1 110 10313 113	tea below, pr	case comple	to r art m.,	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,735,044	6,594,062	21,984,562	25,350,452	50,160,680	111,824,800
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	7,735,044	6,594,062	21,984,562	25,350,452	50,160,680	111,824,800
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)						65,736,275
6	Public support. Subtract line 5 from line 4						46,088,525
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	7,735,044	6,594,062	21,984,562	25,350,452	50,160,680	111,824,800
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,468	60,119	148,483	269,935	260,961	779,966
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,196	16,537	69,853	480,111	90,440	690,137
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,	third, fourth,	or fifth tax ye	12 ar as a section	. , . ,
Secti	on C. Computation of Public Suppor	t Percentage	)				
14	Public support percentage for 2020 (line 6		•			14	40.68 %
15 16a	Public support percentage from 2019 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33		
b	331/3% support test—2019. If the organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the to organization	eets the facts- facts-and-circu	and-circumsta ımstances tes	ances test, che t. The organiza	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	019. If the organ meets the facts and circ	inization did no cts-and-circun cumstances te	ot check a box nstances test, st. The organiz	on line 13, 1 check this boz zation qualifies	6a, 16b, or 17a x and <b>stop hei</b> s as a publicly	a, and line re. Explain supported
18	<b>Private foundation.</b> If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see

Page 3

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization fails to qualify	under the te	sis listed bei	w, piease cc	impicto i ait	11.)		
	on A. Public Support							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3							
<i>1</i> a	received from disqualified persons .							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
C+:	line 6.)							
	on B. Total Support	(-) 001C	(b) 0017	(-) 0010	(4) 0010	(-) 0000	(6) Tatal	
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
10a	Gross income from interest, dividends,							
·oa	payments received on securities loans, rents,							
	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
_	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
12	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the	•			-		. , . ,	
0 1:	organization, check this box and stop her						▶ 📙	
Secti 15	on C. Computation of Public Suppor Public support percentage for 2020 (line 8			12 column (4)		15	%	
16	Public support percentage for 2020 (line of Public support percentage from 2019 Sch					16	<del>%</del>	
	on D. Computation of Investment Inc			<u> </u>		10	/0	
17	Investment income percentage for 2020 (I			y line 13. colu	mn (f))	17	%	
18	Investment income percentage from 2019			-		18	%	
19a	331/3% support tests-2020. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m			
	17 is not more than 331/3%, check this box a		_	-		-	_	
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organiz							
	line 18 is not more than 331/3%, check this k		_				_	
20	Private foundation. If the organization did	d not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🗌	

#### 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	Supportin	g Organizations
--	-----------	-------	-----------	-----------------

secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
0-		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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	Ea		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	30		
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	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 <b>Part VI.</b>	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.</li> </ul>		struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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 "Yes" or "No," provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
7	emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-functional content.	_	ntograted Type III august	ting organization
,	(see instructions).	aliy l	megrated Type III Suppor	ung organization

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(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 <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	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				
ī	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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, <i>explain</i> in <i>Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### Part VI

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.)

Return Reference - Identifier				Explanation			
SCHEDULE A, PART II,	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
LINE 10 - OTHER INCOME	HONORARIUM					84,909	84,909
	OTHER INCOME	33,196	16,537	69,853	480,111	5,531	605,228
	Total	33,196	16,537	69,853	480,111	90,440	690,137

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

THE EDUCATION TRUST

#### 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** 

52-1982223

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

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

Name of organization

THE EDUCATION TRUST

52-1982223

Part I	Contributors (see instructions). Use duplicate cop	oles of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 20,000,000	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
3		\$ 3,625,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,100,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

THE EDUCATION TRUST

52-1982223

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization **Employer identification number** THE EDUCATION TRUST 52-1982223 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. (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 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom 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 fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose 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

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Open to Public Inspection

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

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

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

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

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

	See separate instructions), t				
	ection 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
	of organization			Employer ider	ntification number
	EDUCATION TRUST				52-1982223
Par		e organization is exempt und	<u> </u>	•	
1		the organization's direct and inc	direct political ca	mpaign activities in Part	IV. (See instructions for
_	definition of "political car				
2		y expenditures (See instructions) .			) 
3		cal campaign activities (See instruc			
		e organization is exempt und			<u> </u>
1	-	excise tax incurred by the organiza			) 
2	-	excise tax incurred by organization	•		) 
3		ed a section 4955 tax, did it file For			= =
4a					Yes No
b Por	If "Yes," describe in Part  Complete if the	e organization is exempt und	or soction 501/	a) except section 501	(0)(3)
	· ·	<u>-</u>	<u>`</u>	•	(0)(0).
1		ly expended by the filing organiz			
•		filing organization's funds contrib			
2		vities			
3		expenditures. Add lines 1 and 2.			
3					
4		n file <b>Form 1120-POL</b> for this year			Yes No
5		ses and employer identification nur			
3		ents. For each organization listed,			
		ontributions received that were pro-			
		fund or a political action committe			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / (dices	(O) LIIV	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(4)					
(1)					
(0)					
(2)					
(2)					
(3)					
(4)					
(4)					
(5)					
(5)					
(6)					
(5)					

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2020

A Check  ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B Check  ☐ if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	Par	t II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	ction under
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  t Total exempt purpose expenditures  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000  S175,000 plus 15% of the excess over \$1,500,000.  Over \$1,000,000  S175,000 plus 5% of the excess over \$1,500,000.  Over \$1,000,000  S1,000,000  S1,000,000	A	Check ►	if the filing organization belong	s to an affiliated group (and list in Part IV each affi	liated group membe	er's name,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$500,000.  Over \$1,500,000 but not over \$17,000,000  \$1,000,000  \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000.  Over \$17,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000.  Over \$1,500,000  \$1,000,000			address, EIN, expenses, and s	hare of excess lobbying expenditures).		
(The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>B</b> (	Check ▶	if the filing organization checke	ed box A and "limited control" provisions apply.		
Total lobbying expenditures to influence public opinion (grassroots lobbying)			Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated
b Total lobbying expenditures to influence a legislative body (direct lobbying)			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
c Total lobbying expenditures (add lines 1a and 1b)	1a	Total le	obbying expenditures to influence	oublic opinion (grassroots lobbying)	6,389	
d Other exempt purpose expenditures	b	Total le	obbying expenditures to influence a	a legislative body (direct lobbying)	194,532	
e Total exempt purpose expenditures (add lines 1c and 1d)	c	Total le	obbying expenditures (add lines 1a	and 1b)	200,921	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:   The lobbying nontaxable amount is:   Not over \$500,000   20% of the amount on line 1e.   Over \$500,000 but not over \$1,000,000   \$100,000 plus 15% of the excess over \$500,000.   Over \$1,000,000 but not over \$1,500,000   \$175,000 plus 10% of the excess over \$1,000,000.   Over \$1,500,000 but not over \$17,000,000   \$225,000 plus 5% of the excess over \$1,500,000.   Over \$17,000,000   \$1,000,000.	C	Other	exempt purpose expenditures	24,035,917		
1,000,000   If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:   Not over \$500,000	e	Total e	exempt purpose expenditures (add	lines 1c and 1d)	24,236,838	
If the amount on line 1e, column (a) or (b) is:         The lobbying nontaxable amount is:           Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.	f	Lobby	ing nontaxable amount. Enter tl			
Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.		colum	ns.	1,000,000		
Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.		If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000.         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$1,000,000.		Not ove	er \$500,000			
Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$1,000,000.		Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$17,000,000 \$1,000,000.		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		Over \$1	7,000,000	\$1,000,000.		
	Q	<b>Grass</b> r	oots nontaxable amount (enter 259	% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0	h	n Subtra	ct line 1g from line 1a. If zero or les	0		
i Subtract line 1f from line 1c. If zero or less, enter -0	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	j	If ther	e is an amount other than zero	on either line 1h or line 1i, did the organization	file Form 4720 _	
reporting section 4911 tax for this year?		reporti	ng section 4911 tax for this year?		<u>L</u>	Yes No
4-Year Averaging Period Under Section 501(h)			4-Yea	ar Averaging Period Under Section 501(h)		

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

	Lobbyi	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
С	Total lobbying expenditures	75,940	154,900	170,015	200,921	601,776
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures			22,155	6,389	28,544

Schedule C (Form 990 or 990-EZ) 2020

Page **3** 

Part	(election under section 501(h)).	······	0111			
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	t
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:					
а	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 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ï	Other activities?					
i	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					
С	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		;)(5), (	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	100	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				ine 3	s, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying				
5	Taxable amount of lobbying and political expenditures (See instructions)		4			
Part		•	5			
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grainstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup list	t); Pa	rt II-A, I	ines 1	and

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE EDUCATION TRUST 52-1982223 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** 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 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III 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. 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: 

Assets included in Form 990, Part X . . . . . . . . . . . . . . . . .

Schedule D (Form 990) 2020 Page **2** 

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot						
а	☐ Public exhibition		d		or exchange			
b	☐ Scholarly research		е	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and expl	ain how t	hey further th	he org	anization's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ır ☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot   Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing ta	able:			
							Aı	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount "You " explain the arrangement in D						_	
b Par	If "Yes," explain the arrangement in Part Endowment Funds.	art Alli. Check her	e ii trie e	хріапацоі	n nas been p	rovide	ed on Part Alli .	· · · · · · · · · · · · · · · · · · ·
ı aı	Complete if the organization	answered "Yes	" on For	m 990 F	Part IV line	10		
	Complete ii alo organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(1)	(-)	, , , , ,	(1)		(-,	(,,,,
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t			e (line 1g	, column (a))	held a	as:	
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment	%						
С	Term endowment ▶%							
0-	The percentages on lines 2a, 2b, and				-4 11-1		!!	_
3a	Are there endowment funds not in the organization by:	e possession of th	ie organi	zation tha	at are neid a	na aai	ministered for th	
	- ·							Yes No
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>							3a(i) 3a(ii)
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses							OB
Part			5 51100					
	Complete if the organization		" on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost of	or other basis ther)	(c) A	Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				508,912		385,318	123,594
e	Other			<u> </u>	4,253,881	,	1,712,630	2,541,251
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part i	x, columr	n (B), line 10c	:.)	•	2,664,845

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on For	m 000 Part IV line	11h Soo Form	000 Part V line 12
	(a) Description of security or category	(b) Book value		nod of valuation:
	(including name of security)	(b) Book value		of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.	-		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation:
			Cost or end-	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	-		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				4 400 240
	RED RENT EXPENSE			4,490,349
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			4,490,349
	runcertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization's	s financial stateme	nts 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.

~

Schedule D (Form 990) 2020 Page 4

ocnedu	e D (1 01111 330) 2020				raye <del>T</del>
Part			=	Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	51,053,762
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	ı		
а	Net unrealized gains (losses) on investments	2a	(74,502)		
b	Donated services and use of facilities	2b	21,500		
C .	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0	00	(50,000)
e	Add lines 2a through 2d			2e 3	(53,002)
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· ·		3	51,106,764
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line</i>			5	51,106,764
Part				-	
	Complete if the organization answered "Yes" on Form 990,				
1				1	24,258,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,500		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	21,500
3	Subtract line <b>2e</b> from line <b>1</b>			3	24,236,838
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			
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b			4c	0
5 Part	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.	ie 16.)		5	24,236,838
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 1. D	art IV lines 1h and 2h	· Part V lin	a 1. Part X line
	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				10 4, 1 art 7, iii o
	TATEMENT	•	,		

## Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF JUNE 30, 2021, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2018 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE EDUCATION TRUST 52-1982223 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (SEE STATEMENT) **SUPPORT** 31-1760082 501(C)(3) 57.416 (SEE STATEMENT) 95-3854152 30.000 **SUPPORT** 501(C)(3) (SEE STATEMENT) 94-2702741 501(C)(3) 6.000 **SUPPORT** (4) BFDI EDUCATIONAL SERVICES, INC 12121 BROADSTREET AVENUE, DETROIT, MI 48204 83-4349455 501(C)(3) 10.000 **SUPPORT** (5) BLU EDUCATIONAL FOUNDATION P.O. BOX 7042, SAN BERNARDINO, CA 92411 59-3823989 501(C)(3) 32.727 **SUPPORT** (6) BOYS & GIRLS CLUBS OF DEEP EAST TEXAS 941 TOWER ROAD, NACOGDOCHES, TX 75961 75-2254579 501(C)(3) 8.000 **SUPPORT** (7) BUFFALO URBAN LEAGUE 15 GENESEE STREET, BUFFALO, NY 14203 16-0743940 501(C)(3) 30.000 SUPPORT (8) CALIFORNIA STATE STUDENT ASSOCIATION 401 GOLDEN SHORE, LONG BEACH, CA 90802 94-2311940 25.000 SUPPORT 501(C)(3) (9) CANAL ALLIANCE 91 LARKSPUR STREET, SAN RAFAEL, CA 94901 94-2832648 501(C)(3) 40.227 **SUPPORT** (SEE STATEMENT) 31-1760082 10.000 **SUPPORT** 501(C)(3) (11) CASA DE MARYLAND 8151 15TH AVENUE, HYATTSVILLE, MD 20783 52-1372972 501(C)(3) 25,000 **SUPPORT** (SEE STATEMENT) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . 66 

Page **2** 

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV	Supplemental Information. Pro	ovide the information re	equired in Part I, I	ne 2; Part III, colum	n (b); and any other additi	onal information.
E STA	rement)					

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(12) CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVENUE, KNOXVILLE, TN 37919	20-3415545	501(C)(3)	10,000				SUPPORT
(13) CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET, NEW YORK, NY 10012	13-6202692	501(C)(3)	10,000				SUPPORT
(14) COLLABORATIVE FOR ACADEMIC, SOCIAL, AND EMOTIONAL LEARNING 815 W. VAN BUREN STREET, SUITE 210, CHICAGO, IL 60607	20-5884201	501(C)(3)	37,500				SUPPORT
(15) COMMITTEE FOR HISPANIC CHILDREN & FAMILIES 75 BROAD STREET, SUITE 620, NEW YORK, NY 10004	11-2622003	501(C)(3)	22,500				SUPPORT
(16) COMMUNITY ACTION ORGANIZATION OF WESTERN NY 45 JEWETT AVE, SUITE 150, BUFFALO, NY 14214	16-0911473	501(C)(3)	10,000				SUPPORT
(17) COMMUNITY COALITION 8101 SOUTH VERMONT AVENUE, LOS ANGELES, CA 90044	94-4298811	501(C)(3)	32,727				SUPPORT
(18) COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480, OAKLAND, CA 94607	94-3255070	501(C)(3)	15,000				SUPPORT
(19) COMMUNITY PARTNERS FBO PARENT ORGANIZATION NETWORK 1000 N. ALAMEDA STREET, SUITE 240, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	82,727				SUPPORT
(20) CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT 1505 W. HIGHLAND ENGAGEMENT, SAN BERNARDINO, CA 92411	33-0938212	501(C)(3)	32,727				SUPPORT
(21) DIVERSE LEARNERS COOPERATIVE 8011 BROOKS CHAPEL ROAD, UNIT 3083, BRENTWOOD , TN 37027	83-2190296	501(C)(3)	10,000				SUPPORT
(22) ECE ON THE MOVE, LLC 126 PROSPECT STREET, STATEN ISLAND, NY 10304	84-2092842	OTHER	10,000				SUPPORT
(23) EDUCATION RESOURCE STRATEGIES, INC. 480 PLEASANT STREET , C-200, WATERTOWN, MA 02472	20-1978102	501(C)(3)	283,000				SUPPORT
(24) FOR OAK CLIFF 4478 S MARSALIS AVENUE, DALLAS, TX 75216	81-3768369	501(C)(3)	10,000				SUPPORT
(25) FUTURE LEADERS OF AMERICA P.O. BOX 51637, OXNARD, CA 93031	77-0071036	501(C)(3)	32,727				SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(26) HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR, NEW YORK, NY 10005	13-3573852	501(C)(3)	6,000				SUPPORT
(27) HOLA LAKEWAY 1045 SOUTH CUMBERLAND STREET, MORRISTOWN, TN 37813	83-3606765	501(C)(3)	10,000				SUPPORT
(28) HOPE NETWORK WEST MICHIGAN 3075 ORCHARD VISTA DRIVE, SOUTHEAST GRAND RAPIDS, MI 49546	38-2731395	501(C)(3)	7,500				SUPPORT
(29) IBERO AMERICAN ACTION LEAGUE, INC. 817 EAST MAIN STREET, ROCHESTER, NY 14605	16-0954745	501(C)(3)	6,000				SUPPORT
(30) INCLUDENYC 116 EAST 16TH STREET, 5TH FLOOR, NEW YORK, NY 10003	11-2594790	501(C)(3)	6,000				SUPPORT
(31) INSIDESCHOOLS 72 5TH AVENUE , 6TH FLOOR, NEW YORK, NY 10011	13-3297197	501(C)(3)	104,309				SUPPORT
(32) KNOX EDUCATION FOUNDATION 912 SOUTH GAY STREET, SUITE L-210, KNOXVILLE , TN 37902	62-1865303	501(C)(3)	10,000				SUPPORT
(33) KNOXVILLE AREA URBAN LEAGUE, INC 1514 EAST FIFTH AVENUE, KNOXVILLE , TN 37917	62-0797293	501(C)(3)	10,000				SUPPORT
(34) LOS ANGELES UNITED METHODIST URBAN FOUNDATION 714 W. OLYMIC BOULEVARD, SUITE 922, LOS ANGELES, CA 90015	95-3888111	501(C)(3)	32,727				SUPPORT
(35) MDRC 200 VESEY STREET, 23RD FLOOR, NEW YORK, NY 10281	23-7379473	501(C)(3)	50,000				SUPPORT
(36) MISSION GRADUATES 3040 16TH STREET, SAN FRANCISCO, CA 94103	23-7172909	501(C)(3)	42,227				SUPPORT
(37) MOST VALUABLE PARENTS OF BUFFALO INC. 212 NEWBURGH AVENUE, BUFFALO, NY 14215	83-1599014	501(C)(3)	6,000				SUPPORT
(38) NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVENUE SOUTH, SUITE 202, NASHVILLE, TN 37212	48-1266314	501(C)(3)	10,000				SUPPORT
(39) NEW YORK URBAN LEAGUE P.O. BOX 1794, NEW YORK, NY 10027	13-1671035	501(C)(3)	40,000				SUPPORT
(40) OPEN BUFFALO, INC. 1327 JEFFERSON AVENUE, BUFFALO, NY 14208	47-5317698	501(C)(3)	6,000				SUPPORT
(41) PARENT INSTITUTE FOR QUALITY EDUCATION 22 WEST 35TH STREET, SUITE 201, NATIONAL CITY, CA 91950	33-0259359	501(C)(3)	57,686				SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(42) PARTNERSHIP FOR LOS ANGELES SCHOOLS 1055 WILSHIRE BOULEVARD, SUITE 1850, LOS ANGELES, CA 90017	26-1759681	501(C)(3)	130,438				SUPPORT
(43) PIVOT LEARNING PARTNERS 1300 CLAY STREET, SUITE 600, OAKLAND, CA 94612	94-3059243	501(C)(3)	130,438				SUPPORT
(44) PREVENT CHILD ABUSE NEW YORK, INC. 4 GLOBAL VIEW, TROY, NY 12180	14-1730897	501(C)(3)	6,250				SUPPORT
(45) PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 271 WEST SHORT STREET, SUITE 202, LEXINGTON, KY 40507	61-1026214	501(C)(3)	15,000				SUPPORT
(46) PROYECTO PASTORAL AT DOLORES MISSION 135 NORTH MISSION ROAD, LOS ANGELES, CA 90033	95-3213958	501(C)(3)	20,000				SUPPORT
(47) PUBLIC POLICY INSTITUTE OF NEW YORK STATE, INC. 12 CORPORATE WOODS BOULEVARD, SUITE 17, ALBANY, NY 12211	22-2235025	501(C)(3)	6,250				SUPPORT
(48) RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET, 7TH FLOOR, NEW YORK, NY 10036	13-1988190	501(C)(3)	6,250				SUPPORT
(49) RESTORATIVE JUSTICE LEAGUE 1666 N. STREET, MERCED, CA 95340	83-2394455	501(C)(3)	25,000				SUPPORT
(50) RODEL FOUNDATION OF DELAWARE 100 WEST 10TH STREET, SUITE 704, WILMINGTON, DE 19801	91-1944585	501(C)(3)	15,000				SUPPORT
(51) SAN DIEGO COUNTY OFFICE OF EDUCATION 6401 LINDA VISTA ROAD, SAN DIEGO, CA 92111-7319	95-6000935	GOVERNMENT	12,000				SUPPORT
(52) SAY YES TO EDUCATION - BUFFALO 712 MAIN STREET, BUFFALO, NY 14202	46-2867677	501(C)(3)	16,000				SUPPORT
(53) SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY 540 BROADWAY, NEW YORK, NY 12207	13-5562357	501(C)(3)	50,000				SUPPORT
(54) STAND FOR CHILDREN LEADERSHIP CENTER 2121 SOUTHWEST BROADWAY, SUITE 111, PORTLAND, OR 97201	52-1957214	501(C)(3)	10,000				SUPPORT
(55) TENNESSEE EDUCATORS OF COLOR ALLIANCE 1161 BUGGY COVE, CLARKSVILLE, TN 37043	81-4116061	501(C)(3)	10,000				SUPPORT
(56) THE CHILDREN'S AGENDA, INC 1 SOUTH WASHINGTON STREET, SUITE 120, ROCHESTER, NY 14614	20-1547478	501(C)(3)	50,000				SUPPORT

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(57) THE NEW YORK IMMIGRATION COALITION INC 131 WEST 33RD STREET, SUITE 610, NEW YORK, NY 10001	13-3573409	501(C)(3)	11,000				SUPPORT
(58) THE URBAN CHILD INSTITUTE 1350 CONCOURSE AVENUE, SUITE 481, MEMPHIS, TN 38104-2027	58-1514037	501(C)(3)	10,000				SUPPORT
(59) UNIFIED 2200 AMNICOLA HIGHWAY , BOX 5503, CHATTANOOGA, TN 37406	46-5366288	501(C)(3)	10,000				SUPPORT
(60) UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVENUE, BUFFALO, NY 14209	16-0743969	501(C)(3)	6,250				SUPPORT
(61) UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET, 12TH FLOOR, NEW YORK, NY 10017	13-2617681	501(C)(3)	23,750				SUPPORT
(62) URBAN LEAGUE OF LONG ISLAND, INC. 100 TERMINAL DRIVE, PLAINVIEW, NY 11803	23-7423001	501(C)(3)	6,000				SUPPORT
(63) URBAN LEAGUE OF LOUISIANA 4640 SOUTH CARROLLTON AVENUE, SUITE 210, NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	10,000				SUPPORT
(64) URBAN LEAGUE OF ROCHESTER, NY INC. 265 N. CLINTON AVENUE, ROCHESTER, NY 14605	16-0906150	501(C)(3)	30,000				SUPPORT
(65) URBAN LEAGUE OF WESTCHESTER COUNTY 61 MITCHELL PLACE, WHITE PLAINS, NY 10601	13-1740054	501(C)(3)	20,000				SUPPORT
(66) VETERANS EDUCATION SUCCESS INC. 1250 H STREET NW, WASHINGTON, DC 20005	46-2070196	501(C)(3)	6,000				SUPPORT
(67) VOLUNTEER STATE SEAL OF BILITERACY 1014 LISCHEY AVENUE, NASHVILLE, TN 37207	83-0831045	501(C)(3)	10,000				SUPPORT

Pa	rt	I۱

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES: GRANTS ARE MADE TO ORGANIZATIONS WITHIN THE UNITED STATES FOR WORK AND RESEARCH BEING CONDUCTED AT UNIVERSITIES OR ORGANIZATIONS WITHIN THE UNITED STATES.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLIANCE FOR A BETTER COMMUNITY 1545 WILSHIRE BOULEVARD, SUITE 7000, LOS ANGELES, CA 97017
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASIAN AMERICANS ADVANCING JUSTICE LA 1145 WILSHIRE BOULEVARD, LOS ANGELES, CA 90017
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS 1029 J STREET, SACRMENTO, CA 95814
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CAO BETTER SCHOOLS BETTER NEIGHBORHOODS 1423 FILLMORE AVENUE, BUFFALO, NY 14211

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

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Name of the organization THE EDUCATION TRUST

Department of the Treasury Internal Revenue Service

Employer identification number

52-1982223

Part	Questions Regarding Compensation			
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
ıa	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the everying time contraction with a price to value with the price to value of the contract to the contrac			
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.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		10		~
a b	Receive a severance payment or change-of-control payment?	4a 4b		~
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
Ū	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	70		
	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		~
b	Any related organization?	5b		~
	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			
6	compensation contingent on the net earnings of:			
а	The organization?	6a		1
b	Any related organization?	6b		~
-	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		~
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		~
0	If "Voe" on line 9, did the examination also follow the valuation average and a second and described in			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
				i .

4/20/2022 10:31:13 AM

Schedule J (Form 990) 2020

#### 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.

Note: The sum of columns (b)(i)–(iii) to			W-2 and/or 1099-MIS		(C) Retirement and			(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN B KING, JR.	(i)	500,130	0	0	19,950	20,278	540,358	(
1 PRESIDENT & CEO	(ii)	0	0	0	0	0	0	(
CATHY DANIELS	(i)	271,215	0	0	19,443	16,594	307,252	(
2 COO AND SECRETARY/TREASURER (TERMINATED 5/18/21)	(ii)	0	0	0	0	0	0	(
AMBER ARELLANO	(i)	195,710	0	0	13,680	888	210,278	(
3 EXECUTIVE DIRECTOR ETM	(ii)	0	0	0	0	0	0	(
RACHEL STALCUP	(i)	172,897	0	0	12,572	2,464	187,933	(
4 CHIEF DEVELOPMENT OFFICER	(ii)	0	0	0	0	0	0	(
DENISE FORTE	(i)	280,394	0	0	19,323	989	300,706	(
5 INTERIM CEO	(ii)	0	0	0	0	0	0	(
WILFREDO DEL PILAR	(i)	269,013	0	0	18,841	11,716	299,570	(
6 VP HIGHER EDUCATION	(ii)	0	0	0	0	0	0	(
IAN ROSENBLUM	(i)	226,473	0	0	16,226	888	243,587	(
7 EXECUTIVE DIRECTOR ETNY (TERMINATED 1/19/21)	(ii)	0	0	0	0	0	0	(
TAKIRRA WINFIELD DIXON	(i)	208,419	0	0	14,902	16,594	239,915	(
VP STRATEGIC COMMUNICATIONS (TERMINATED 4/16/21)	(ii)	0	0	0	0	0	0	(
ELISHA SMITH ARRILLAGA	(i)	203,250	0	0	15,149	20,278	238,677	(
9 EXECUTIVE DIRECTOR ETW (TERMINATED 4/16/21)	(ii)	0	0	0	0	0	0	
ARY SPATIG-AMERIKANER	(i)	199,601	0	0	14,702	20,230	234,533	(
10 VP P-12 POLICY & PRACTICE	(ii)	0	0	0	0	0	0	(
TIFFANY JONES	(i)	167,093	0	0	11,713	11,703	190,509	(
SR DIRECTOR OF HIGHER EDUCATION POLICY (TERMINATED 12/4/20)	(ii)	0	0	0	0	0	0	(
CHRISTOPHER NELLLIM	(i)	164,241	0	0	11,634	11,713	187,588	(
12 DEPUTY DIRECTOR OF RESEARCH AND POLICY	(ii)	0	0	0	0	0	0	(
ROBIN HARRIS	(i)	162,354	0	0	11,387	11,705	185,446	(
13 MANAGING EDITOR	(ii)	0	0	0	0	0	0	(
BRIAN RIVAS	(i)	157,909	0	0	11,118	9,152	178,179	(
14 DIRECTOR POLICY AND GOVERNMENT RELATIONS	(ii)	0	0	0	0	0	0	(
MARIA DARIE	(i)	138,591	10,000	0	11,267	11,675	171,533	(
15 DIRECTOR OF FINANCE	(ii)	0	0	0	0	0	0	(
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the Organization
THE EDUCATION TRUST

Department of Treasury Internal Revenue Service

Employer Identification Number 52-1982223

Return Reference - Identifier		E	xplanation										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MEETS WITH THE PREPARE QUESTIONS AND CONCERN	HE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT. THE BOARD'S AUDIT COMMITTEE ILEETS WITH THE PREPARER TO FULLY REVIEW THE FORM, AND ADDRESS ALL RELATED JUESTIONS AND CONCERNS. THE AUDIT COMMITTEE REPORTS ON THE 990 TO THE ENTIRE BOARD ND RECOMMENDS IT FOR APPROVAL.											
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION'S CONI ALL CONFLICTS THAT ARISI			IISTERED ON AN O	NGOING BASIS.								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	HIRED A PRESIDENT & CEO BY THE BOARD OF EDUCAT AND EXPERIENCE LEVELS ( OTHER OFFICERS AND KEY	JRING FISCAL YEAR 2017 THE ORGANIZATION'S BOARD ENGAGED A SEARCH, RECRUITED AND RED A PRESIDENT & CEO. THE COMPENSATION FOR THE PRESIDENT & CEO WAS ESTABLISHED / THE BOARD OF EDUCATION TRUST THROUGH A COMPARATIVE ANALYSIS OF THE SALARIES ND EXPERIENCE LEVELS OF SIMILAR POSITIONS IN THE INDUSTRY. THE COMPENSATION OF THER OFFICERS AND KEY EMPLOYEES IS ESTABLISHED BY THE PRESIDENT & CEO WITH THE JIDELINES OF THE BOARD-APPROVED BUDGET.											
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, ROUTINELY REQUESTED AS GRANTOR IS PROVIDED WI' AVAILABLE.	S PART OF THE GR	ANT PROCUREME	NT PROCESS. THE	REAFTER, A								
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES			(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses								
	CONSULTANTS AND FACILITATORS	3,742,070	3,465,648	205,416	71,006								
	Total	3,742,070	3,465,648	205,416	71,006								

#### SCHEDULE R (Form 990)

Part I

# Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

THE EDUCATION TRUST

► Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Inspection
Employer identification number

52-1982223

(a) Name, address, and EIN (if applicable) of disregarded entity		Priı	<b>(b)</b> mary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con entit	trolling
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organ one or more related tax-exempt organizations	izations. Co	omplete if ax year.	the organization	answered "Yes"	on Form 990, Pa	rt IV, line 34, bed	ause it h	ad
(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (sta	(d) te Exempt Code secti	(e)	(f) us Direct controlling		(g) 512(b)(13) trolled tity?
							Yes	No
(1) EDINNOVATIONS INC. (27-3195260) 1501 K STREET NW, STE 200, WASHINGTON, DC 20005	EDUCATIO	DNAL	DC	501(C)(	3) 12 TYF	PE I N/A	~	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	(f) Share of total income	(g)	Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	) 12(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Page **3** 

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	,	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	а	<b>'</b>
b	Gift, grant, or capital contribution to related organization(s)	b	<b>'</b>
С	Gift, grant, or capital contribution from related organization(s)	С	·
d	Loans or loan guarantees to or for related organization(s)	d	·
е		е	·
f	Dividends from related organization(s)	lf	· ·
g	Sale of assets to related organization(s)	g	· ·
h	Purchase of assets from related organization(s)	h	· ·
i	Exchange of assets with related organization(s)	1i	· ·
j	Lease of facilities, equipment, or other assets to related organization(s)	lj	· ·
k	Lease of facilities, equipment, or other assets from related organization(s)	k	<b>'</b>
- 1		11	· ·
m		m	V
n		n	· ·
0		0	· ·
р	Reimbursement paid to related organization(s) for expenses	р	· ·
q		a	
r	Other transfer of cash or property to related organization(s)	lr	· ·
s		s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	-	sholds.
	(a) (b) (c) (d)		
	Name of related organization Transaction Amount involved Method of determining an	nount	involved
	type (a-s)		
(1)			
(2)			
(3)			
(4)			
(5)			
(0)			
(6)			

Schedule R (Form 990) 2020 Page **4** 

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded from tax under	Are all sec 501 organiz	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?			
				sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															