	Form	990-T -	E	xempt Orga	nization Bu	ısines	ss Inc	ome Ta	ax Return	ı L	OMB N	o 1545-0047
,		- ,4		. (aı	nd proxy tax un	ider sec	ction 60	)33(e))			2	<b>010</b>
			For cal	endar year 2019 or other tax ye	ar beginning		, and	d ending		_	2	<b>019</b>
		tment of the Treasury al Revenue Service	<b>•</b>	Do not enter SSN number	irs.gov/Form990T for rs on this form as it m					O 50	pen to Pu 01(c)(3) O	ublic Inspection for rganizations Only
	a C	address changed  NATIONAL ENDOWMENT FOR									rer identif yees' trus tions )	ication number st, see
		xempt under section	Print	FINANCIAL EDUCATI			<del></del>	<del></del>			-063 <u>21</u>	L15 ess activity code
	X.	501(c <b>10</b> 3 )	or Type	Number, street, and room		oox, see ins	structions.				structions	
	누	408(e) 220(e)	''	1331 17th Street								
	$\vdash$	<b></b>		City or town, state or prov	· · ·	or toreign	i postai cot	1e			_	
		529(a) ok value of all assets	l	Denver CO 80202  F Group exemption number		<b>•</b>				523000	<u> </u>	
	Cat	end of vear		, <u>'                                   </u>	_ <del>``</del>			501(c) trust	401(a)	truet		Other trust
	u En			G Check organization type tion's unrelated trades or b					e only (or first) un			
			-			1		_	omplete Parts I-V.		han one	1
				estments in limited ce at the end of the previou				-				•
		siness, then complete			as sentence, complete	i aits i aitu	i ii, compi	ic a somedule i	VI TOT CACIT AGGINGT	ar ii auc	UI	
203				oration a subsidiary in an a	affiliated group or a pai	rent-subsic	diary contri	olled aroun?		Yes	v	No
20				tifying number of the paren		10111 000010	Jidi y Oomin	omoo gi oup		, , 00	ـمـا	
7		e books are in care of		he Organization	n corporation :			Telephor	ne number 🕨 3 (	13-224	_ 3533	
-				de or Business Inc	ome		(A) I	ncome	(B) Expenses			(C) Net
E		Gross receipts or sale			<del>-</del> -		. ,		<u>``````</u>			<u> </u>
SE		Less returns and allow			c Balance	- 1c						1.
_	2	Cost of goods sold (S		A. line 7)		2						
	3	Gross profit. Subtract			M	3						
Z	-	Capital gain net incom			٧,	4a		12,195.				12,195.
Z		· ·		art II, line 17) (attach Form	4797)	4b						
SCANNE		Capital loss deduction			· · · · · · ·	4c						
i	5	•	rom a partnership or an S corporation (attach statement)					<2,021.>	Stmt 13			<2.021.
	6											
	7	Unrelated debt-financ		ne (Schedule E)		7	_					
	8	Interest, annuities, roy	yalties, a	ind rents from a controlled	organization (Schedule F	F) 8			-			
ස	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	rganization (Schedule	G) 9						
Receive Batching (	10	Exploited exempt activ	vity inco	me (Schedule I)		10						
₹ Ø	11	Advertising income (S	Schedule	: J)		11						
\$	12	Other income (See ins	struction	s; attach schedule)		12			<del> </del>			
Ogden	13	Total. Combine lines				13		10 174				10 174.
3 -	Pa			ot Taken Elsewher				eductions)				
-		(Deductions	must b	e directly connected w	th the unrelated but	SIRESSTRE	107					
AUG	14	Compensation of off	ıcers, dı	rectors, and trustees (Sche	du e ki ECEIVEU	030	10'			14		
_	15	Salaries and wages			1 1					15		
8 2020	16	Repairs and mainten	ance		JUL 0	I ZUZU	11			16	<del></del>	
22	17	Bad debts					_	1		17		
0	18	Interest (attach sche	dule) (se	ee instructions)	OP's 1 IRS OGDE	Dept 2	- 1			18		
	19	Taxes and licenses			INS OGDI	_14, 0170.			}	19		
	20	Depreciation (attach		•				20				
	21		armed or	Schedule A and elsewhere	e on return			21a		21b		
	22	Depletion								22		<del></del>
	23	Contributions to defe		mpensation plans					l	23		
	24	Employee benefit pro	_	E - 4.1- IV						24		
	25	Excess exempt exper								25		
	26	Excess readership co		•						26		
	27	Other deductions (at		•					}	27		
	28	Total deductions Ad		-			frame I	,	}	28		0.
	29			come before net operating				<b>I</b>	-	29		10.174.
	30		erating l	oss arısıng ın tax years beg	Jinning on or after Jani	uary 1, 201	וא ,			_		
	•	(see instructions)		Cultivati 00 f	m line OC				}	30		0.
	<u>31</u>			come. Subtract line 30 fro work Reduction Act Notice						31	Form \$	10,174

Part	111	Total Unrelated Business Taxable Income				
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	3	2	10_	174.
33	Amou	unts paid for disallowed fringes	3	3		
34	Chari	table contributions (see instructions for limitation rules) Stmt 14 Stmt 15	3	4		917,
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	3	5	9.	257.
36	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3	6		
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	3	7	9.	257,
38	Speci	ific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	3	8	1	000.
39		lated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				
		the smaller of zero or line 37	3	9	8	257.
Part		Tax Computation		<del></del>	•	
40		nizations Taxable as Corporations Multiply line 39 by 21% (0.21)	- 4	0	1	734,
41		s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:				
7.	$\overline{}$	Tax rate schedule or Schedule D (Form 1041)	4	1		
42		tax See instructions	- 4			
	-	native minimum tax (trusts only)	4			
43		n Noncompliant Facility Income. See instructions	4			
44		. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	4		1	734.
45 Part		Tax and Payments		<u> </u>		754.
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a				
		credits (see instructions)	_			
_	-	ral business credit. Attach Form 3800 46c	_			
			-			
			7			
		credits. Add lines 46a through 46d	46	T T		
47		act line 46e from line 45 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	<u> </u>	_		734.
48						
49		tax Add lines 47 and 48 (see instructions)	4		1,	734.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	_5	<u> </u>		0.
	-	nents: A 2018 overpayment credited to 2019	$\exists$			
		estimated tax payments 51b 7,00	<u>0</u> →			
_		leposited with Form 8868	$\dashv$			
		gn organizations: Tax paid or withheld at source (see instructions)  51d	_			
		up withholding (see instructions)  51e	-			
		t for small employer health insurance premiums (attach Form 8941)	_			
9		credits, adjustments, and payments: Form 2439				
		Form 4136 Other Total <b>&gt;</b> 51g	┥-	_		
		payments. Add lines 51a through 51g	5		<u>7</u> ,	000.
53		ated tax penalty (see instructions) Check if Form 2220 is attached	5	<del>*                                     </del>		
54		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	5			
55	•	payment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5		5_	266.
		the amount of line 55 you want: Credited to 2020 estimated tax	- 5	6		0.
		Statements Regarding Certain Activities and Other Information (see instructions)			<u> </u>	
57		y time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	<u> </u>				Х
58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X
	_	s," see instructions for other forms the organization may have to file.				
59		the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			<u> </u>	
2:		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledo	ge and belief, it is	true,	
Sign			May the	e IRS discuss this	s return w	/ith
Here				parer shown below		1
			instruct		\$ [	No
	-	Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid		self- employe	d			
Prep		Kristin Calder 5/13/2020		P01720813		
Use		Franks are as	<u> </u>	···		
		475 Lincoln St., Ste. 200				
		Firm's address ▶ Denver CO 80203 Phone no.	303~			
				Form QC	n_T	2010

Form 990-T (2019) NATIONAL ENDOWMENT FOR FINANCIAL EDUCATION

84-0632115

Page 2

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inven	tory v	aluation N/A				
1 'Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold Su	ıbtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,		
4a Additional section 263A costs			line 2  8 Do the rules of section 263A (with respect to				7	<u></u>
(attach schedule)	4a							Yes No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perl	(y) 
1. Description of property								
(1)								
(2)								
(3)	-							
(4)						· · · · · · · · · · · · · · · · · · ·		
	2 Rent receiv	ed or accrued				2(a) Daduations directly		sate of with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)			_	
			2	Gross income from or allocable to debt-		3 Deductions directly cor to debt-finan-		perty
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)
(1)			<u> </u>					
(2)	-		1					
(3)						·-		
(4)			I					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%		-		
(3)				%				
(4)				_%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶			,	0
Total dividends-received deductions in	icluded in column	8				<u> </u>	-	0

Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		_				
(2)		_				
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	-"			Enter here and on page 1, Part II, line 25
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		
(2)						
(3)						
(4)						
				ı		
Totals (carry to Part II, line (5))	0.	o.				0.

▶

0.

Form 990-T (2019) FINANCIAL EDUCATION

Totals from Part I

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01111 000	· /co.o/ KINWINCIAL EX					04~0032113	<u>. ugc</u>
Part II	Income From Per columns 2 through 7 o	_	-	rate Basis (For each	ch periodical liste	d in Part II, fill in	1
•	1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)	1						

0

Enter here and on page 1, Part I, line 11, col (B)

Enter here and on page 1, Part I, line 11, col (A)

	1. Name		2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		,		%	
(2)				%	
(3)				%	
(4)				%	
Total. Enter here and on page	e 1, Part II, line 14			<b>•</b>	

Form **990-T** (2019)

Enter here and on page 1, Part II, line 26

Form 990-T Income	State	13		
Description			Incom (Loss	
Commonfund Capital Internation Ordinary Business Incom Commonfund Capital Private Equ Ordinary Business Inc	uity Partners VII, L.P		2	68. ,599.
Commonfund Capital Venture Par Business Income (los Davidson Kempner - Ordinary Business Guff III - Ordinary Businguler Guff IV - Ordinary Business	usiness Income (loss) usiness Income (loss)	,	<1	,259.> ,265.> 24. <188.>
Total Included on Form 990-T,	Page 1, line 5		<2	,021.>
Form 990-T	Contributions	State	ement	14
Description/Kind of Property	Method Used to Determine FMV	Aı	nount	
Grants paid in 2019	N/A		284	,609.
Total to Form 990-T, Page 2,	line 34		284	,609.

Form 990-T	Contributions Summary	Y	Statement	15
	butions Subject to 100% Limit butions Subject to 25% Limit			
Carryover of Price For Tax Year 20	015 016 017 476,160			
Total Carryover	ar 10% Contributions	1,055,583 284,609		
Total Contribution Taxable Income Li	ons Available imitation as Adjusted	1,340,192		
Excess Contribut: Excess 100% Contr Total Excess Cont	ributions	1,339,275 0 1,339,275		
Allowable Contril	butions Deduction			917
Total Contribution	on Deduction			917

## SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

OMB No 1545-0123

Internal Revenue Service **Employer identification number** Name NATIONAL ENDOWMENT FOR 84-0632115 FINANCIAL EDUCATION Yes 🗓 No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (d) to enter on the lines below. (e) Cost (sales price) This form may be easier to complete if you (or other basis) round off cents to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (e) Cost (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (d) (9) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8h 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 12 195. 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 12, 195, Part III Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17

Note: If losses exceed gains, see Capital Losses in the instructions.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

18

12,195.

12,195.

LHA

Attachment Sequence No 12A Page 2 Form 8949 (2019) Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 Social security number or taxpayer identification no. NATIONAL ENDOWMENT FOR 84-0632115 FINANCIAL EDUCATION Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1 Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount (b) (d) (c) (a) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of combine the result see *Column (e)* ın Code(s) with column (g) the instructions adjustment Commonfund Capital International Ptrns VI 7. Commonfund Capital Private 459. Equity Ptrns VII L.P. Commonfund Capital Venture 11,729. Ptrns XI, L.P

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

12,195.

above is checked), or line 10 (if Box F above is checked)