WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> MATRICULATE INC. 1375 CONEY ISLAND AVE PMB 1011 BROOKLYN, NY 11230

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		PUE	LIC DISCLOSURE COPY - STATE REGISTRA	TION NO. 45-50							
_	Q	90	Return of Organization Exempt From	m Income Tax	OMB No. 1545-0047						
For	m 🥑	30	<ul> <li>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</li> <li>▶ Do not enter social security numbers on this form as it may be made public.</li> </ul>								
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
				g JUN 30, 2021	Inspection						
B Check if applicable: C Name of organization D Employer identification nur											
	Addre		ICULATE INC.								
	Name Chang	ge Doing b	usiness as	35-25319	89						
	Initial return Final return		and street (or P.O. box if mail is not delivered to street address) Room, CONEY ISLAND AVE PMB 1011	/suite E Telephone number 914-809-							
	termir ated Amen	n- City or t	own, state or province, country, and ZIP or foreign postal code KLYN, NY 11230	G Gross receipts \$	2,476,191.						
	return Applio tion		nd address of principal officer: MADELINE KERNER	<b>H(a)</b> Is this a group re for subordinates							
L	pendi		AS C ABOVE	H(b) Are all subordinates in							
I .	Tax-ex	empt status:			list. See instructions						
			MATRICULATE.ORG	H(c) Group exemption							
κ	Form o	f organization:	X Corporation Trust Association Other ► L	Year of formation: 2015 N	State of legal domicile: DE						
Pa	art I										
Activities & Governance	1	Briefly describ	be the organization's mission or most significant activities: SEE SCH	EDULE O							
rna	2	Check this bo	x      x      if the organization discontinued its operations or disposed of	f more than 25% of its net as	sets.						
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		13 12						
ي م	4	4 Number of independent voting members of the governing body (Part VI, line 1b) 4									
es	5										
iviti	6		of volunteers (estimate if necessary)		1000						
Act			d business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.						
				Prior Year	Current Year						
ne	8		and grants (Part VIII, line 1h)		2,269,043.						
Revenue			ce revenue (Part VIII, line 2g)		206,425. 723.						
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		123.						
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,476,191.						
			<ul> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> <li>milar amounts paid (Part IX, column (A), lines 1-3)</li> </ul>	0.	150,000.						
			t	0	0.						
					1,859,643.						
Ise	162	Professional f	(n) undraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	h	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 254,884.		•••						
ы	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	869,468.	857,549.						
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,867,192.						
	19		expenses. Subtract line 18 from line 12		-391,001.						
Net Assets or Fund Balances				Beginning of Current Year	End of Year						
sets	20	Total assets (	Part X, line 16)	7,215,482.	6,646,510.						
dB	21	Total liabilities	(Part X, line 26)	306,039.	128,068.						
Fun	22		fund balances. Subtract line 21 from line 20	6,909,443.	6,518,442.						
Pá	art II	Signatur									
			I declare that I have examined this return, including accompanying schedules and s		/ knowledge and belief, it is						
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.							
		Cinnatur	n of officiar	Data							
Sig	n	· ·	e of officer	Date							
Here		MADE	LINE KERNER, CEO								

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature $Y/_{\mu}M$	Date	Check PTIN						
Paid	YIGIT UCTUM, CPA		5/13/2							
Preparer	Firm's name 🕨 WEGNER CPAS, LL			Firm's EIN ▶ 39-0974031						
Use Only	Firm's address 230 PARK AVE FL	3								
	NEW YORK, NY 10	169-0005	1	Phone no. 212 - 551 - 1724						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

_	990 (2020) MATRICUL		35-2531989 <sub>Ра</sub>
Par	U	•	
-		*	
	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any signific	ant program services during the year which w	vere not listed on the
	• • •		
	If "Yes," describe these new services on S		
		make significant changes in how it conducts,	any program services? Yes X
	If "Yes," describe these changes on Scheo	ule O.	
4	Describe the organization's program service	e accomplishments for each of its three large	st program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organization	ns are required to report the amount of grants	and allocations to others, the total expenses, and
	revenue, if any, for each program service re	eported.	F0 000 000 10
	(Code: ) (Expenses \$ 1,9	98,285. including grants of \$	50,000.) (Revenue \$ 206,42
			JSLY TRAINED ABOUT 1,000
		NG FELLOWS TO SERVE AS	S VIRTUAL COLLEGE ADVISORS
		HOOL STUDENTS IN THE CL	
		COLLEGES FROM COAST TO	
			COMD1.
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
			, ``
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
4 ल	Other program convices (Describe as Osta		
4d	Other program services (Describe on Sche	,	
	(Expenses \$ in	cluding grants of \$	(Revenue \$)
		,	(Revenue \$) Form <b>990</b> (

 Form 990 (2020)
 MATRICULATE
 INC.

 Part IV
 Checklist of Required Schedules
 INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III	•		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
17	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,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 10		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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MATRICULATE INC.

Part IV Checklist of Required Schedules (continued)

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			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x		
<b>0</b> 4 -	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	04-		x	
h	Schedule K. If "No," go to line 25a	24a 24b			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240			
C	any tax-exempt bonds?	24c			
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	3 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			37	
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v	
~	contributions? If "Yes," complete Schedule M	30		X X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		_ A	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x		
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л		
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50		103		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
•	(gambling) winnings to prize winners?	1c			
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Part V

020) MATRICULATE INC. 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 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	, , , , , , , , , , , , , , , , , , , ,							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	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		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7a		х				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
С	5 , 5, 1 51 11 , 1							
4	to file Form 8282?							
e f								
g								
h								
8								
-	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organization have excess business nothings at any time during the year?							
а	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:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	16						
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 13b							
	Enter the amount of reserves on hand 13c	14-		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 22				
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140						
15		15		х				
	excess parachute payment(s) during the year?	15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							
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Form 990 (2020)
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MATRICULATE INC.

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

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

			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a13</b>			
	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 0.			l
	Enter the number of voting members included on line 1a, above, who are independent 1b 12			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
	officer, director, trustee, or key employee?	2		ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			I
	of officers, directors, trustees, or key employees to a management company or other person?	3		ł
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		╁
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	╁
6	Did the organization have members or stockholders?	6	Х	╁
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			T
	persons other than the governing body?	7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t
	The governing body?	8a	Х	l
	Each committee with authority to act on behalf of the governing body?	8b	Х	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	I
0a	Did the organization have local chapters, branches, or affiliates?	10a		İ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	ĺ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	t
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			t
	in Schedule O how this was done	12c	X	ļ
3	Did the organization have a written whistleblower policy?	13	X	ļ
4	Did the organization have a written document retention and destruction policy?	14	Х	ļ
5	Did the process for determining compensation of the following persons include a review and approval by independent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
	The organization's CEO, Executive Director, or top management official	15a	Х	ļ
	Other officers or key employees of the organization	15b		ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ
	taxable entity during the year?	16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA , MA , NY			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	ama		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MADELINE KERNER - 914-809-0749			
	1375 CONEY ISLAND AVE PMB 1011, BROOKLYN, NY 11230		990	_

	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII	X							
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.

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• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

MATRICULATE INC.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)				(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of				
	week		cer ar	id a d I	recto	or/trus	itee)	from	from related	other				
	(list any	Individual trustee or director						the	organizations	compensation				
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the				
	related organizations	ustee	trust		ee.	suadu		(W-2/1099-MISC)		organization and related				
	below	ual tr	tional		volqu	st con yee				organizations				
	line)	pivipu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo				
(1) MADELINE KERNER	40.00		_		×	1 0	<u> </u>							
CHIEF EXECUTIVE OFFICER		x		x				174,300.	0.	16,651.				
(2) REBECCA WASSERMAN	40.00													
CHIEF PROGRAM OFFICER						x		137,800.	0.	16,498.				
(3) GREG SPIVY	1.00													
CHAIR		X		Х				0.	0.	0.				
(4) ZACH SILVERSTEIN	1.00													
TREASURER		Х		Х				0.	0.	0.				
(5) DEREK SCHRIER	1.00													
SECRETARY		X		Х				0.	0.	0.				
(6) SEAN CULLINAN	1.00								_					
DIRECTOR		X						0.	0.	0.				
(7) REED COLLEY	1.00									_				
DIRECTOR		X						0.	0.	0.				
(8) BARBARA KRASA KELLY	1.00													
DIRECTOR		X						0.	0.	0.				
(9) LYNN POOLE	1.00													
DIRECTOR	1	X						0.	0.	0.				
(10) JASANNA BRITTON	1.00									•				
DIRECTOR	1 0 0	X						0.	0.	0.				
(11) CHARLEY MOORE	1.00													
DIRECTOR	1 0 0	X						0.	0.	0.				
(12) KIM PARIZEAU	1.00								0	0				
DIRECTOR	1 00	X						0.	0.	0.				
(13) BRYDEN SWEENEY-TAYLOR	1.00	.,						0	0	0				
DIRECTOR	1 00	X						0.	0.	0.				
(14) LAURAN TUCK	1.00	.,						0	0	0				
DIRECTOR		X						0.	0.	0.				
		-												
				<u> </u>										
		<u> </u>		<u> </u>										
		1												
032007 12-23-20		I	L	I	I	I	I			Form <b>990</b> (2020)				

032007 12-23-20

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	990 (2020) MATRICUL	ATE INC	•							35-2	531	989	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	ss pe	ition <sup>more</sup> rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatio	e ion ed
1b	Subtotal								312,100.		0.	3	3,1	
d	Total from continuation sheets to Part V Total (add lines 1b and 1c)		<u></u>						0. 312,100.		0.			
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	io r	eceived more than \$100	,000 of reportab	le			2
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									•		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	accrue compei	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services		5		x
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	ŭ	year.	•			
TNS	(A) Name and business SPERITY, 19001 CRESCEN		29	זת	2				(B) Description of s PROFESSIONAL		С	(C ompei		n
	IGWOOD, TX 77339				.,				EMPLOYMENT S		1	,91	0,9	38.
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se lis 1	stec	above) who received n	nore than				
												Form	<b>990</b> (2	2020)

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			Check if Schedule O			onse	or note to any lir	ne in this Part VIII			
					·		,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Gifts, Grants ar Amounts	1	b c	Federated campaigns Membership dues Fundraising events Related organizations		1b 1c						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutio grants abov	ons) <b>1e</b> s, and e <b>1f</b>	2,	198,000. 071,043.				
		•	Total. Add lines 1a-1f				►	2,269,043.			
							Business Code				
e	2	a	PROGRAM SERVI	CE	REVE	<u>U</u>	616000	206,425.	206,425.		
ervi		b									
Program Service Revenue		с									
ran Jev		d									
rog		е									
٩.		f	All other program service								
		g	Total. Add lines 2a-2f					206,425.			
	3		Investment income (includ	-				500			<b>F</b> 00
			other similar amounts)					723.			723.
	4		Income from investment of			•	-				
	5		Royalties	·····	(i) Rea						
			<b>.</b> .		(I) Rea		(ii) Personal				
	6	a		6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c			L				
	_		Net rental income or (loss)	) 	(i) Securit		(ii) Other				
	'	а	Gross amount from sales of			.165					
			assets other than inventory	7a							
Ð		D	Less: cost or other basis	76							
er Revenue			and sales expenses	70							
sev.		C A	Gain or (loss)	70							
ъ			Net gain or (loss) Gross income from fundraisir								
oth	°	a	including \$	iy cvi	of						
Ŭ			contributions reported on	line							
			Part IV, line 18		,	8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from				└ <b>▶</b>				
	9		Gross income from gamin		-						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s	<b>&gt;</b>				
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of invento	ry	►				
s							Business Code				
sou €	11	а									
ane enu		b									
scellaneo Revenue		с									
Miscellaneous Revenue		d	All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns			►	2,476,191.	206,425.	0.	723.
03200	10 12	2.23	-20								Form <b>990</b> (2020

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Form 990 (2020) MATRICULATE INC.

MATRICULATE INC.

(D) Fundraising expenses

114,751.

91,654.

4,121.

16,163.

18,160.

2,664.

3,392.

2,518.

1,461.

Pa	art IX Statement of Functional Expens	es		
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oth	her organizations must c	omplete column (A).
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	150,000.	150,000.	
3	Grants and other assistance to foreign			

191,251.

1,376,405.

31,301.

122,758.

137,928.

61,731.

252,346.

20,028.

89,602.

30,796.

1,064.

11,475.

1,031,504.

20,825

81,672.

91,765.

98,721.

11,316.

77,082.

24,592.

1,998,285.

1,064.

65,025.

253,247.

6,355

24,923.

28,003.

61,731.

153,625

6,048.

9,128.

3,686.

2,252.

614,023.

3	Grants and other assistance to foreign
	organizations, foreign governments, and foreign
	individuals. See Part IV, lines 15 and 16 $\ldots$

- Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified
- persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7
- Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions)
- Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11
- a Management Legal b Accounting С
- Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12
- Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses
- for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 22
- 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) ADVISOR STIPENDS/MEALS а b
- Depreciation, depletion, and amortization 11,059. 7,346. 390,923. 390,923.
  - All other expenses 2,867,192. Total functional expenses. Add lines 1 through 24e
  - Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

032010 12-23-20

Check here

С d

е

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26

Form 990 (2020)

254,884.

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if following SOP 98-2 (ASC 958-720)

12539\_81

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	<u>1990 (</u>		ïC.		35-	2531989 Page 11
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	4			1,231,861.	-	2,700,238.
	1	Cash - non-interest-bearing		400,000.		250,053.
	2	Savings and temporary cash investments		5,473,200.		3,629,082.
	3	Pledges and grants receivable, net		80,509.	3	
	4	Accounts receivable, net		00,509.	4	55,000.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs			_	
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons describe			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	10 120
4	9	Prepaid expenses and deferred charges		10,516.	9	12,137.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		10.200	14	
	15	Other assets. See Part IV, line 11		19,396.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ		7,215,482.	16	6,646,510.
	17	Accounts payable and accrued expenses		108,039.	17	128,068.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ies	22	Loans and other payables to any current or form				
oilit		trustee, key employee, creator or founder, subs	,			
Liabilities		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines		198,000.	05	0.
	00			306,039.	25 26	128,068.
	26	Total liabilities. Add lines 17 through 25		500,059.	20	120,000.
es		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.				
anc	27			1,580,095.	27	2,927,630.
3al	27 28	Net assets with donor restrictions		5,329,348.	27	3,590,812.
lpr	20	Organizations that do not follow FASB ASC 9		5752575100	20	5755070120
Fu		and complete lines 29 through 33.				
o,	29	Capital stock or trust principal, or current funds			29	
iets	30	Paid-in or capital surplus, or land, building, or ec			30	<u> </u>
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		6,909,443.	32	6,518,442.
2	33	Total liabilities and net assets/fund balances		7,215,482.	33	6,646,510.
				,,,		Form <b>990</b> (2020)

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	990 (2020) MATRICULATE INC.	<u>35-2</u>	531989	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,86		
3	Revenue less expenses. Subtract line 2 from line 1	3	-39		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,90	9,4	43.
5	Net unrealized gains (losses) on investments	5			
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	6,51	8,4	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2020)

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**SCHEDULE A** 

Department of the Treasury

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2020
Open to Public Inspection
identification number

OMB No. 1545-0047

Intern	al Rever	nue Service		Go to www.irs.go	v/Form990 for instructi		he latest i	nformation.		Inspection
Nan	ne of t	the organizati	on							identification number
				ICULATE IN						5-2531989
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must of	complete t	his part.) S	see instruction	IS.	
The	organ				(For lines 1 through 12, o					
1		-			on of churches describe			1)(A)(i).		
2					(Attach Schedule E (Forr					
3					anization described in <b>s</b>					
4			U U	ation operated in co	onjunction with a hospita	Idescribe	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and stat								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
~				-	en a statu un it al an a vila a al in		70/1-)/4//4)	(L)		
6 7	X				mental unit described in				ha aanaral	nublic described in
'	- 23			omplete Part II.)	antial part of its support	from a gov	remmental	unit or from t	ne general	public described in
8					)(1)(A)(vi). (Complete Par	+ 11 \				
9	F				d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
5					culture (see instructions)					
		university:		grant conege of agri				, and otato o		
10			on that norma	Illy receives (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		-		•	ct to certain exceptions;	-			-	-
					e (less section 511 tax) fr					
				mplete Part III.)					-	
11		An organizati	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).		
12		An organizati	ion organized a	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	v supported or	ganizations describ	ed in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section	5 <b>09(a)(3).</b> (	Check the box in
		lines 12a thro	ough 12d that	describes the type	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
			•		egularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		7 -		complete Part IV, S						
b					d or controlled in connec			-		-
			-		panization vested in the s	ame pers	ons that co	ontrol or mana	age the sup	ported
_		7 -		-	, Sections A and C.				lle interret	
с			-		ng organization operated				lly integrat	ed with,
d			-		s). <b>You must complete</b> porting organization ope				rtod organi	ization(s)
u	L		-		ization generally must sa				-	
					mplete Part IV, Section				a an attern	
е		-			written determination fro				II. Type III	
-			•		onally integrated support			···) ·, ·)	, .,	
f	Ente		-	• •	, , , , , , , , , , , , , , , , , , , ,					
g				n about the support						·
	(	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 14

## Schedule A (Form 990 or 990 EZ) 2020 MATRICULATE INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2699800.	1634532.	5809306.	2776548.	2269043.	15189229.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2699800.	1634532.	5809306.	2776548.	2269043.	15189229.			
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)						4940908.			
6	Public support. Subtract line 5 from line 4.						10248321.			
	ction B. Total Support									
Cale	ndar 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	2699800.	1634532.	5809306.	2776548.	2269043.	15189229.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4.				723.	727.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						15189956.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	600,832.			
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stor				-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2020 (	line 6, column (f), d	livided by line 11,	column (f))		14	67.47 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	34.78 %			
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the fact									
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pi	ublicly supported of	organization	-				
b	10% -facts-and-circumstances tes	•	•		•					
	more, and if the organization meets tl									
	organization meets the facts-and-circ									
18	Private foundation. If the organization						IS ►			
			,	. , ,		dulo A (Earm 000				

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 MATRICULATE INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 202	0 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 <b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, 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						
	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 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	e organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
							<u></u>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	)			
17	Investment income percentage for 202	<b>20</b> (line 10c, colur	nn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from 2					18	%
<b>19</b> a	33 1/3% support tests - 2020. If the	-					l line 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<u> </u>
03202	23 01-25-21			16	Sch	edule A (For	rm 990 or 990-EZ) 2020

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2020.05093 MATRICULATE INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

2

			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 Part VI.	11c		
Sec	tion 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, directory or the transformed arganization of the transformed arganiza	
	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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	i ype II	Supporting	Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1
 1
 1

			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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

   032025\_01-25-21
   Schedule

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 MATRICULATE INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	Discount 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrat	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 MATRICULATE INC.

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued,</sub>	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	ns <b>3</b>	1	
4	Amounts paid to acquire exempt-use assets		4	L
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	i
6	Other distributions (describe in Part VI). See instructions.		6	i
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	6
9	Distributable amount for 2020 from Section C, line 6		9	)
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990-EZ) 2020 MATRICULATE INC.

 (See instruction	ons.)	, and Part v	, Section E, I	mes 2, 5, an	d 6. Also com	piete this part	for any addition	al information.	
								A (Form 990 or 99	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

N

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **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

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<b>IATRICULATE</b>	INC.
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<b>o </b> <i>n</i> <b></b> (	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**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).

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

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

Name of organization

Employer identification number

#### MATRICULATE INC.

35-2531989

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$154,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$65,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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

Name of organization

Employer identification number

35-2531989

#### MATRICULATE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$198,000.	Person X 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.)
023452 11-25	24	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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

Page 3

Employer identification number

MATRICULATE INC.

35-2531989

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-25-20		\$	990, 990-EZ, or 990-PF

lame of or	rganization			Employer identification numbe	
IATRIC	CULATE INC.			35-2531989	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the y	
(a) No. from Part I	(b) Purpose of gift			cription of how gift is held	
-		(e) Transfer of gif	t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	(e) Transf Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gif	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
023454 11-25	j-20	26	Schedule	B (Form 990, 990-EZ, or 990	

09580513 788028 12539.8RV01 2020.05093 MATRICULATE INC.

SCHEDULE I	)
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Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

#### MATRICULATE INC.

Employer identification number 35-2531989

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advised fun	ıds
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for an	y other purpose confer	ring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the orgar	nization during the tax
	year ►			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservati	on easements during the year
7				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	orcing conservation ea	asements during the year
0	\$	a action the requirement	a of a setion $170(b)(4)(f)$	
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footr		-	
	organization's accounting for conservation easements.	lote to the organization s		
Pa	t III Organizations Maintaining Collections of	f Art. Historical Tre	asures. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	-	<b>,</b>	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items:	, , , , - ,		-
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			-
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		. ▶ \$
b	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

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2020.05093 MATRICULATE INC.

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets;ondruxed,         a       Using the organization's acquisition, accounts, and other records, check any of the following that make significant use of its collection there (check all that apply):         a       Patie orbition       d         b       Scholarly research       e         c       Previde a devide on on future generations       e         c       Previde a devide on one source donations of art, historical treasures, or other similar assets         to be addres on the organization solections of art, historical treasures, or other assets       ves       No         Partice address on the organization solections of art, historical treasures, or other assets       ves       No         Partice address on the organization account on the organization and one on the sole on the organization account on the organization account on the organization account in the 21.         la Is the organization any order on the SP, Part X in e 21.       ves       No         b If "Yes", explain the arrangement in Part XIII and complete the following table:       ves       No         le Beginning balance       (a) Current year (b) Prove year (c) Twe years back (e) Feur years back (e) F	Sche	dule D (Form 990) 2020 MATRICU	LATE INC.						35-25	31989	9 Pa	age <b>2</b>
collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> <li>Collection (check all that apply):</li></ul>	Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, His	torical Tr	reasures,	or Other	<sup>r</sup> Simila	ar Asse	ts(contin	nued)	
a Public schibtion de local or exchange program b Grant and the local or exchange program b Grant and the local or exchange program b Grant and the local of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, do the organization societ or receive donations of art, historical treasures, or other similar assets to be sold to risks funds rather than to be maintained as part of the organization answerd "Yes" on Form 990. Part XII. 5 During the year, do the organization and the the organization answerd "Yes" on Form 990. Part XII. 5 During the year and the organization and the thereediary for contributions or other assets not included on Form 990. Part X2 ine 21. 5 If "Yes," acplain the arrangement in Part XIII and complete the following table: 5 Beginning balance 6 Edginning balance 7 Edginning balance 7 Edgin the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Complete if the organization balance been provided on Part XII. 7 Earl VI Endowment Funds. Check here if the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Check here if the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Check here if the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Complete if the organization and the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Complete if the organization and the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Complete if the organization and the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Complete if the organization and the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. Check here if the explanation has been provided on Part XII. 7 Earl VI Endowment Funds. 7	3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following th	at make sig	gnificant	use of its			
b       Scholary research       e       Other		collection items (check all that apply):										
c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solection's collection? Yes No Part IV Exercew and Custodial Arrangements. Compute if the organization answered "Yes" on Form 500, Part IV, line 9, or reported an amount on Form 500, Part X, line 21. 1 a Is the organization an agent, trustee, outdolling or other intermediary for contributions or other assets not included on Form 500, Part X Part XIII. 2 Bignining balance C Beginning of year balance C Beginning o	а	Public exhibition	c	1 🗌	Loan or exc	hange prog	ram					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 15 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 16 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 17 Ves, "explain the arrangement in Part XIII and complete the following table: 28 Didtheoring balance 29 Distributions during the year 11 11 20 Distributions during the year 11 12 20 Didt be organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization narwered "Yes" on Form 900, Part X, line 21. 16 Other explanation include a amount on Form 990, Part X, line 21. for escrow or custodial account liability? 17 Ves, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization narwered "Yes" on Form 900, Part X, line 21. 18 Other explanates 19 Other explanates 19 Other explanates 10 Other explanation and explanation that are held and administered for the organization to the current year and balance line (10, Quarter year	b	Scholarly research	e	•	Other							
S During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be solid to riske funds reture than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  T is the organization angement in Part XII and complete the following table:  I ''yes, ''explain the arrangement in Part XII and complete the following table:  Arnount  C Beginning balance  A Additions during the year  A Additions  A A	с	Preservation for future generations										
tops sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Is a contribution of the intermediary for contributions or other assets not included an Amount of Early and and the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is a contribution of the intermediary for escrow or custodial account liability?       Is a contribution of the expansion has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Interese task (e) four years back for an and programs       Interese and the organization in the prosting and losses for the organization answered 'Yes' on Form 990, Part IV, line 21.         I a Beginning of year balance       Ime 21.         I a Administrative expensitures for facilities and programs       <	4	Provide a description of the organization's ca	ollections and explai	in how t	hey further t	the organizat	tion's exem	ipt purpo	se in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Itel (1990).       Ves       No         b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: <ul> <li>Arrount</li> <li>C</li> <li>Arrount</li> <li>C</li> <li>Additions during the year</li> <li>Ending balance</li> <li>T</li> <li>Ending balance</li> <li>If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> </ul> Yes     No         D If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         D If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Intervest 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         G Grants or scholarships       Image: the organization answered 'Yes' on Form 990, Part X, line 10.       Image: the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: the additin the addition the organization answered 'Yes'	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	ner similar a	assets				
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b If "Yes," explain the arrangement in Part XII and complete the following table:       Amount       Image: Complete The arrangement in Part XII and complete the following table:       Amount       Image: Complete The arrangement in Part XII.       Amount       Image: Complete The arrangement in Part XII.       Complete The arrangement in Part XII.       Com Part X Image: Complete The arrangement in Part XII.       Complete The arrangeme		to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's c	ollection?				Yes		No
on Form 990, Part X7       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Id       Id         d       Additions during the year       Id       Id         d       Didthousduring the year       Id       Id         e       Didthousduring the year       Id       Id         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII       ID         e       Contributions       Id       Id       Id         c       Contributions       Id       Id       Id         d       Contributions       Id       Id       Id       Id         d       Administratio expenses       Id       Id       Id       Id       Id	Par			ete if the	e organizatio	on answered	"Yes" on F	<sup>-</sup> orm 990	, Part IV,	line 9, or		
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>te</li> <li>Additions during the year</li> <li>1d</li> <li>Distributions /li> <li>If "Yes" very the explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.</li> </ul> 1a     Beginning of year balance     (a) Current year <li>C             <li>Not break penditures for facilities</li> <li>and programs</li> <li>f</li> <li>Administrative expenses</li> <li>g End of year balance</li> <li>Meand administrative expenses</li> <li>g End of year balance</li> <li>Meand esignated or quasisendowment b</li> <li>Meand</li></li>	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	- contribution	ns or other a	ssets not ir	ncluded				
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>te</li> <li>Additions during the year</li> <li>1d</li> <li>Distributions /li> <li>If "Yes" very the explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.</li> </ul> 1a     Beginning of year balance     (a) Current year <li>C             <li>Not break penditures for facilities</li> <li>and programs</li> <li>f</li> <li>Administrative expenses</li> <li>g End of year balance</li> <li>Meand administrative expenses</li> <li>g End of year balance</li> <li>Meand esignated or quasisendowment b</li> <li>Meand</li></li>		on Form 990, Part X?								Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         d       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       If         e       Distributions       Image: Second Sec	b											
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV. line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Orants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (b) Origrams       (c) Two years back       (e) Four years       (e) Four years         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment )				-						Amount		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV. line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Orants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (b) Origrams       (c) Two years back       (e) Four years       (e) Four years         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment )	с	Beginning balance						1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a)												
f       Ending balance       17         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?       Ves       No         b       If "Ves" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance       (in) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance       (in) Prior year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (b) Prior year       %       %       %       %       %												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Control type       (c) Two years back       (d) Three years back       (e) Four year         f       Administrative expendence       ////////////////////////////////////												
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (c) Two										Yes		No
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         Ia       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         Id       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         Id       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         Id       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         Id       Grants or scholarships       (c) Two years back       (c) Two years back       (e) Four years back         Id       Grants or scholarships       (c) Two years back       (c) Two years back       (e) Four years back         If       A ret meyenditures for facilities       (f) Three years back       (f) Three years back       (f) Three years back	b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanati	on has beer	n provided or	n Part XIII	· · · · · · · · · · · · · · · · · · ·				]
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	Par	t V Endowment Funds. Complete i	f the organization ar	nswered	I "Yes" on Fe	orm 990, Pai	t IV, line 10	).				
b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   d Grants or scholarships   e Other expenditures for facilities   and programs			(a) Current year	(b) F	Prior year	(c) Two yea	ars back (c	<b>d)</b> Three y	ears back	(e) Four	years	back
b       Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs i   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   the percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   (ii) Related organizations   b If "Yes" on line 3a(ii), are the related organization's endowment funds.     Part VI Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property (a) Cost or other basis (orber)   b Buildings   c Leasehold improvements   d Equipment   e Cher   o Other "90, Part X, line 10.												
e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   c Term endowment ▶%   ii) Unrelated organizations   b) Permanent endowment Index not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   b) H "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?   4 Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   d Equipment   e Other   iii Column (d) must equal Form 990, Part X, column (B), line 10c.												
e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   c Term endowment ▶%   ii) Unrelated organizations   b) Permanent endowment Index not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   b) H "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?   4 Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   d Equipment   e Other   iii Column (d) must equal Form 990, Part X, column (B), line 10c.	d	Grants or scholarships										
f       Administrative expenses												
f       Administrative expenses		and programs										
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         c       Term endowment ▶%         3a       Are there endowment to be consistent of the organization that are held and administered for the organization by:												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end baland	ce (line 1	1g, column (	a)) held as:						
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а											
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related (iii) Related (iii) Related (iii) Related (iii) Relate			%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         a Land	с	Term endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         a Land		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Version (C) Accumulated (Column (d) must equal Form 990, Part X, column (B), line 10c.) Version (C) Accumulated (Column (d) must equal Form 990, Part X, column (B), line 10c.) (C) Cost or Complete I through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (C) Cost Complete I through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administ	ered for the	e organiz	ation			
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land			0					U		Γ	Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		-										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       buildings         c       Leasehold improvements         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       (d) Equipment         e Other       (d) must equal Form 990, Part X, column (B), line 10c.)	b											
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land												
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par											
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 99	0, Part X, li	ne 10.				
basis (investment)     basis (other)     depreciation       1a Land	-	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Acc	cumulate	d	(d) Bool	k valu	e
b Buildings												
b Buildings	1a	Land										
c       Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	-			X, colui	mn (B), line	10c.)						0.
								5	Schedule	D (Form	1 990)	2020

032052 12-01-20

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	

(9)

09580513 788028 12539.8RV01

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

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

Schedule D (Form 990) 2020

032053 12-01-20

(7) (8)

Sche	dule D (Form 990) 2020 MATRICULATE INC.			35-3	2531989 Page
-	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,661,752
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities		185,561.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	185,561
3	Subtract line 2e from line 1			3	2,476,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,476,191
D					
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn.
Ра	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		h Expenses per	Retu	
1		a.		Retu	rn. 3,052,753
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. <b>2a</b> <b>2b</b>			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 			3,052,753
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d	185,561.		3,052,753
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2d	185,561.	1	3,052,753
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	185,561.	1 2e	3,052,753
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	a. 2a 2b 2c 2d	185,561.	1 2e	3,052,753
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d	185,561.	1 2e	3,052,753
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d  4a 4b	185,561.	1 2e	3,052,753 185,561 2,867,192 0
1 2 3 4 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	a. 2a 2b 2c 2d 2d  4a 4b	185,561.	1 2e 3	3,052,753
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	a. 2a 2b 2c 2d 2d  4a 4b	185,561.	1 2e 3 4c	3,052,753 185,561 2,867,192 0

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.

SCHEDULE I (Form 990)       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.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization Emplo	oyer identification number
MATRICULATE INC.	35-2531989
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X Yes No
<ul><li>criteria used to award the grants or assistance?</li><li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li></ul>	X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line	a 21 for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of non-cash assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>2 Enter total number of other exemplations listed in the line 1 table</li> </ul>	· C
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.  Chedule I (Form 990) 2020

MATRICULATE INC.

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO STUDENTS: FUNDS TO SUPPORT VIRTUAL					
DVISING TECH ACCESS	562	150,000.	0.		

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

PART I, LINE 2:

THE ORGANIZATION HAS A SELECTION PROCESS TO ENSURE THE GRANT FUNDS ARE

AWARDED TO ELIGIBLE INDIVIDUALS. THE ORGANIZATION DOES NOT MONITOR GRANTS

TO ELIGIBLE INDIVIDUALS ONCE THEY ARE PROVIDED.

SCHEDULE J (Form 990)		Compensation Information	1	OMB No. 1	1545-00	47		
		For certain Officers, Directors, Trustees, Key Employees, and Highest		2020				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Dena	tment of the Treasury	Attach to Form 990.		Open to				
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	ne of the organizatio		Employer i			mber		
_		MATRICULATE INC.	35-2	253198	9			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
	Tax indemnification and gross-up payments							
	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							
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
•								
3		ny, of the following the organization used to establish the compensation of the organization'						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	·	compensation consultant						
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee					
4	During the year dir	any person listed on Form 990. Part VII. Section A line 1a with respect to the filing						
-	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:							
а	Receive a severance payment or change-of-control payment?					x		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?					X		
c						X		
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	•			5a		X		
b	Any related organiz	ation?		5b		X		
		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 compensati	on					
	contingent on the r							
а	The organization?	-		6a		Х		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	) 2020		

032111 12-07-20

#### 35-2531989

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) MADELINE KERNER	(i)	174,300.	0.	0.	0.	16,651.	190,951.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(2) REBECCA WASSERMAN	(i)	137,800.	0.	0.	0.	16,498.		0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

MATRICULATE INC.

OMB No. 1545-0047 **2020**Open to Public
Inspection

Employer identification number 35-2531989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MATRICULATE'S MISSION IS TO EMPOWER HIGH-ACHIEVING, LOW-INCOME HIGH

SCHOOL STUDENTS TO MAKE THE LEAP TO THE BEST COLLEGES AND UNIVERSITIES.

OUR VISION IS THAT ONE DAY ALL THE BEST STUDENTS IN AMERICA WILL HAVE

ACCESS TO THE BEST COLLEGES, REGARDLESS OF THEIR SOCIO-ECONOMIC STATUS

OR BACKGROUND, WHICH WILL GIVE THEM A UNIQUE OPPORTUNITY TO CHANGE THE

TRAJECTORY OF THEIR OWN LIVES AND THE LIVES OF THEIR FAMILIES.

FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A:

MATRICULATE LEASES EMPLOYEES FROM INSPERITY, A PROFESSIONAL EMPLOYMENT

ORGANIZATION. MATRICULATE'S EMPLOYEES ARE CONSIDERED COMMON LAW

EMPLOYEES OF MATRICULATE, HOWEVER, INSPERITY IS THE EMPLOYER OF RECORD

AND AS SUCH, MATRICULATE'S EMPLOYEES RECEIVE THEIR W2S FROM INSPERITY.

FOR THE 2020 CALENDAR YEAR, INSPERITY ISSUED 16 W2S TO MATRICULATE

EMPLOYEES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MATRICULATE'S MISSION IS TO EMPOWER HIGH-ACHIEVING, LOW-INCOME HIGH SCHOOL STUDENTS TO MAKE THE LEAP TO THE BEST COLLEGES AND UNIVERSITIES. OUR VISION IS THAT ONE DAY ALL THE BEST STUDENTS IN AMERICA WILL HAVE ACCESS TO THE BEST COLLEGES, REGARDLESS OF THEIR SOCIO-ECONOMIC STATUS OR BACKGROUND, WHICH WILL GIVE THEM A UNIQUE OPPORTUNITY TO CHANGE THE TRAJECTORY OF THEIR OWN LIVES AND THE LIVES OF THEIR FAMILIES.

 FORM 990, PART VI, SECTION A, LINE 6:

 THE ORGANIZATION HAS A SINGLE CLASS OF MEMBERSHIP.

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

 Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20 36

09580513 788028 12539.8RV01 2020.05093 MATRICULATE INC.

Name of the organization

MATRICULATE INC.

35-2531989

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBERSHIP HAS THE RIGHT TO APPOINT AND REMOVE THE

MEMBERS OF THE GOVERNING BODY.

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

THE PREPARED FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY AND MANAGEMENT BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS WITH REGARD TO THE TRANSACTION IN WHICH THAT PERSON HAS A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

DURING AN EXECUTIVE SESSION THE INDEPENDENT MEMBERS OF THE GOVERNING BODY DETERMINED THE CHIEF EXECUTIVE OFFICER'S COMPENSATION USING DATA ON COMPENSATION FOR COMPARABLE POSITIONS PUBLISHED IN GUIDESTAR'S ANNUAL COMPENSATION REPORT. ALL NON-INDEPENDENT DIRECTORS ABSTAINED FROM THE MEETING AND AN EXECUTIVE SESSION CONSISTING OF ONLY INDEPENDENT DIRECTORS WAS HELD. THE DIRECTORS DISCUSSED THE REPORT AS WELL AS COMPENSATION PAID BY SIMILAR-SIZED TAX-EXEMPT ORGANIZATIONS. THE DIRECTORS THEN AGREED ON THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND DETERMINED SUCH COMPENSATION WAS FAIR AND REASONABLE IN LIGHT OF COMPARABLE DATA SET FORTH IN THE REPORT. 002212 11-20-20 37 09580513 788028 12539.8RV01 2020.05093 MATRICULATE INC. 12539\_81

Schedule O (Form 990 or 990-EZ) 2020	Page 2		
Name of the organization	Employer identification number		
MATRICULATE INC.	35-2531989		
THE PROCESS WAS LAST CONDUCTED IN JUNE 2021 AND WAS DOCUM	ENTED IN THE		

MINUTES OF THE MEETINGS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION B, LINE 1:

MATRICULATE MAKES PAYMENTS TO INSPERITY THAT INCLUDE AMOUNTS FOR

EMPLOYEE WAGES, EMPLOYEE BENEFITS, EMPLOYEE AND EMPLOYER PORTIONS OF

PAYROLL TAXES, AND PAYROLL SERVICE FEES. INSPERITY THEN DISTRIBUTES

THESE AMOUNTS ACCORDINGLY ON BEHALF OF MATRICULATE IN ACCORDANCE WITH

ITS ARRANGEMENT AS A PROFESSIONAL EMPLOYMENT ORGANIZATION.

Schedule O (Form 990 or 990-EZ) 2020