		_	** PUBLIC DISCLOSURE COPY *	*		_			
	Ω	00	Return of Organization Exempt From	Income T	ax	OMB No. 1545-0047			
For	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fou	ndations)	2021			
		Open to Public Inspection							
	heck if pplicab	le: C Name of	organization	D Employer i	dentificati	on number			
	Addre	ess NACU	VILLE PUBLIC EDUCATION FOUNDATION						
	_chang Name			48-12	66314				
	_chang Initial		Isiness as and street (or P.O. box if mail is not delivered to street address) Room/si						
	_returr Final	1207	18TH AVE S 202		27-15	15			
	⊥returr termi ated	n	wh, state or province, country, and ZIP or foreign postal code	G Gross receipts		1,215,053.			
	Amer	nded NACU	VILLE, TN 37212	H(a) Is this a g	roup retur				
	Appli tion	F Name ar	nd address of principal officer: KATIE COUR	-	dinates?				
	pend	SAME	AS C ABOVE	H(b) Are all subor	dinates include	ed? Yes No			
		empt status: 🗌		527 If "No," a	ttach a list.	See instructions			
			VILLEPEF.ORG	H(c) Group ex					
		f organization:	X Corporation Trust Association Other ► L Y	ear of formation: 20) 0 3 м St	ate of legal domicile: ${f TN}$			
Pa	art I								
e	1		e the organization's mission or most significant activities: <u>AT NASHV</u>						
anc			ION, WE BELIEVE ALL STUDENTS DESERVE T		IN SCH				
Governance	2		. 23						
<u>g</u>	3	Number of vot Number of ind	. 3	23					
	5		·	0					
Activities &	6		of individuals employed in calendar year 2021 (Part V, line 2a)		·	25			
ctiv			I business revenue from Part VIII, column (C), line 12			0.			
4			ousiness taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year		Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)	2,546,1		1,203,831.			
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		0.	0.			
Sev.	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)	13,8		4,182.			
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,1		-21,968.			
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,525,8		1,186,045.			
	13		hilar amounts paid (Part IX, column (A), lines 1-3)	872,5	0.	596,129. 0.			
	14	<u> </u>	o or for members (Part IX, column (A), line 4)		0.	0.			
Expenses	15 16a	Brofessional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 215,896.		0.	0.			
oeu	h	Total fundraisi	and expenses (Part IX, column (D) line 25) \blacktriangleright 215, 896.						
Ă	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	941,4	55.	1,051,089.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,813,9		1,647,218.			
	19		expenses. Subtract line 18 from line 12	711,8	82.	-461,173.			
or				Beginning of Curren		End of Year			
Assets or d Balances	20	Total assets (F	art X, line 16)	3,074,5		2,595,501.			
tAs	21		(Part X, line 26)	109,4		101,486.			
Inet	22		und balances. Subtract line 21 from line 20	2,965,1	.38.	2,494,015.			
	art II								
			declare that I have examined this return, including accompanying schedules and stat			wiedge and belief, it is			
true	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledg I	e.				
		I							

Sign	Signature of officer		Date							
Here	KATIE COUR, PRESIDENT	& CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	KEN YOUNGSTEAD	KEN YOUNGSTEAD 05/11	L/23 self-employed P00320901							
Preparer	Firm's name 🕒 KRAFTCPAS PLLC		Firm's EIN ▶ 62-0713250							
Use Only	Firm's address 🖕 555 GREAT CIRCLE	ROAD								
	NASHVILLE, TN 37	228	Phone no. 615 - 242 - 7351							
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-09	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

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32002 12-0				OR CONTINUATI		200 (202

Form 990 (2				EDUCATION	FOUNDATION
Part IV	Checklist of F	Required Schedu	lles		

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Roy. Proc. 08 102, 16 Was II accurate October (14, October 14)	5		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
132003	12-09-21	Form		(2021)

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Form 990 (FOUNDATION			
Part IV Checklist of Required Schedules (continued)								

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<u>-</u>	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
00	Notes All Forms 000 filese are used to complete Ochochile O	38	х	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 89			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)

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Form 990 (2				FOUNDATION	48-
Part V	Statements Regarding Othe	r IRS Filing	s and Tax Com	oliance (continued)	

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return at least one is reported on line 2a, did the organization file all required federal employment tax returns? lote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country (such as a bank account, securities account, or other financial account)? "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). Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	2b 3a 3b 4a 5a 5b		x
at least one is reported on line 2a, did the organization file all required federal employment tax returns? lote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990·T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country (such as a bank account, securities account, or other financial account)? "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). Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a		
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bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
"Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		X
	5c		
ny contributions that were not tax deductible as charitable contributions?	6a		x
ny contributions that were not tax deductible as charitable contributions?	Ua		
	6h		
	dð		
	70	x	
			<u> </u>
	0	27	
	70		x
	10		
	70		X
			x
-	/		
anno sina amarination have average husing a lating at any time during the very	8		
	0		
is the end of the end of the term best of the time of the term of the end of the term of term	02		
			<u> </u>
	55		
,	12a		
	120		
	120	-	<u> </u>
-	154		
	14a		x
	UT-1		
	15		x
	15		
	16		X
-	10		
	17		
	17		
	Pere not tax deductible? Prognizations that may receive deductible contributions under section 170(c). Promise that may receive deductible contributions under section 170(c). Promise that may receive deductible contributions under section 170(c). Promise that may receive deductible contributions under section 170(c). Promise that may receive deductible contributions and partly for goods and services provided to the payor? Promise that may receive deductible contracts are used to provide the promove of the goods or services provided? Promise the number of Forms 8282? Promise the number of Forms 8282 field during the year Promise the organization receive and productions of qualified intellectual property, did the organization file Form 8299 as required? Promoving organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? Promoving organization mather any taxable distributions under section 40066? Promoving organization make asy taxable distributions under section 4066? Promoving organization make any taxable distributions under section 4066? Promoving organization make any taxable distribution to a donor, donor advised, or or related person? Procention 501(c)(2) organizations. Enter: Promoving organization make a distribution to a donor, donor advised, or or related person? Procention 501(c)(2) organizations. Enter: Promoving organization make any taxable distribution to a donor down advised fund maintained door form 990, Part VIII, line 12, for public use of club facilities Provide on Form 900, Part VIII, line 12, for public use of club facilities Provide on Form 900, Part VIII, line 12, for public use of club facilities Provide on form 900, Part VIII, line 12, for public use of club facilities Provide and reading plane in more than one state? Prove, "enter the amount of tax-exempt interest received or accrued during the year Prove, "enter the amount of tax-exempt interest received or accrued during the year Prove, "enter the amount of reserves the o	Arganizations that may receive deductible contributions under section 170(c). 7 id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payn? 7 id the organization organization on the value of the goods or services provided? 7 id the organization organization on the value of the goods or services provided? 7 if if Form 8282? 7 ''ves,' indicate the number of Forms 8282 filed during the year 7 ''ves,'' indicate the number of Forms 8282 filed during the year 7 ''de organization received a contribution of quified intellectual property, idit the organization file Form 82892 as required? 7 ''de organization received a contribution of quified intellectual property, idit the organization file a Form 1098-C? 7 ''peonsoring organization maintaining donor advised funds. 9 ponsoring organization maintaining donor advised funds. 9 id the sponsoring organization make any taxable distributions under section 4966? 9a id the sponsoring organization make any taxable distributions under section 4966? 9a id the sponsoring organization make any taxable distributions under section 4966? 9a id the sponsoring organization make any taxable distributions under section 4966? 9a id the sponsoring organization make any taxable distributions under section 4966? 9a id the sponsoring organization make any	Arganizations that may receive deductible contributions under section 170(c). 7a X 7a X 7b X 7b X 7b X <td< td=""></td<>

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Form 990	(2021)
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NASHVILLE PUBLIC EDUCATION FOUNDATION

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

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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. X

		1 1		Ye	s No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X					
6	Did the organization have members or stockholders?		6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or								
	more members of the governing body?		78	1	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto									
	persons other than the governing body?		71	b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	The governing body?	J J-	8	X						
	Each committee with authority to act on behalf of the governing body?									
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		····· ·							
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		g		x					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	vonue Code)								
		renue coue.j		Yes	s No					
0a	Did the organization have local chapters, branches, or affiliates?		10		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		····· ···							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	10	h						
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body									
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belore ming the lon		a 23						
			10	a X						
	Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	b A	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			v						
	on Schedule O how this was done				_					
13	Did the organization have a written whistleblower policy?									
14	Did the organization have a written document retention and destruction policy?		14	ı X						
15	Did the process for determining compensation of the following persons include a review and approval	by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official				+					
b	Other officers or key employees of the organization		15	b X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a								
	taxable entity during the year?		16	a	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's								
	exempt status with respect to such arrangements?		16	b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m TN}$									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501	(c)(3)s onl	y) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.									
0		on Schedule O)	v and find	noial						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
0	statements available to the public during the tax year.									
20	G & A - 615-248-9255									
	618 CHURCH STREET, SUITE 520, NASHVILLE, TN 37219									
				rm 99						

Form 990 (2021)				FOUNDATION		14 Page /			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	es, and Independent	Contractors							
Check if So	chedule O contains a respon	se or note to any	line in this Part V	/11					
Section A. Officers,	Directors, Trustees, Key Er	nployees, and Hi	ighest Compens	sated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.									

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		66	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	utiona	_	nploy	st cor iyee	r	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o.gamzanono
(1) KATIE COUR	45.00									
CEO				Х				190,000.	0.	8,846.
(2) JENNIFER HILL	40.00									
VP POLICY AND PROGRAMING						Х		112,692.	0.	5,560.
(3) MELINDA JUDD	40.00									
VP OUTREACH AND DEVELOPMENT						Х		112,692.	0.	5,560.
(4) ASHLEY COOK	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(5) BRENDA WYNN	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) BRYON TRAUGER	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(7) ROBERT E. MCNEILLY, III	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) TONY HEARD	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) D.J. WOOTSON	0.50									-
DIRECTOR		Х						0.	0.	0.
(10) DAMON HININGER	0.50									•
DIRECTOR		Х						0.	0.	0.
(11) GAIL WILLIAMS	0.50								•	•
DIRECTOR	0 50	Х						0.	0.	0.
(12) GREGORY L. BURNS	0.50							•	0	0
DIRECTOR		Х						0.	0.	0.
(13) HARRY ALLEN	0.50	77						0	0	0
DIRECTOR (14) HOWARD GENTRY	0.50	Х						0.	0.	0.
	0.50	v						0.	0.	0
DIRECTOR (15) JANET MILLER	0.50	Х						0.	0.	0.
	0.50	x						0.	0.	0.
DIRECTOR (16) JERRY B. WILLIAMS	0 50	Δ						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(17) JOEY HATCH	0.50	Δ						0.	0.	<u> </u>
DIRECTOR	0.50	x						0.	0.	0.
	1	17						0.	0.	Form 990 (2021)
132007 12-09-21				_	-					FUITI VVV (2021)

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								OUNDATION	48-126	63	314	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	-)
Name and title	Average	(do		Posi		ו than d	200	Reportable	Reportable		Estim	ated
	hours per	box	, unles	ss per	rson i	is botł	n an	compensation	compensation		amou	int of
	week		cer an	d a di	irecto	or/trus	tee)	from	from related		oth	ner
	(list any	ector						the	organizations		compe	nsation
	hours for	or dire				ted		organization	(W-2/1099-MISC/		from	the
	related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations	al tru	onal t		loyee	com l		1099-NEC)			and re	
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
(18) JULI MOSLEY	0.50	Inc	lus	Off	Key	e <u>F</u> i	Foi			+		
DIRECTOR	0.50	x						0.	0			0.
(19) MEG HARRIS	0.50	23								∔		
DIRECTOR	0.50	х						0.	0			0.
(20) RALPH DAVIS	0.50								0	╀		<u> </u>
DIRECTOR	0.50	х						0.	0			0.
(21) RON CORBIN	0.50	Λ				-		0.	0	+		0.
DIRECTOR	0.50	х						0.	0			0.
(22) SHEILA CALLOWAY	0.50	Λ				-		0.	0	+		0.
	0.50	77						0	0			0
DIRECTOR (23) THOMAS SHERRARD	0 50	Х				-		0.	0	+		0.
DIRECTOR	0.50	х						0.	0			0.
(24) WANDA LYLE	0.50	Λ				-		0.	0	╇		0.
DIRECTOR	0.50	х						0.	0			0.
(25) ALFONZO ALEXANDER	0.50	Δ				\vdash		0.	0	╇		0.
DIRECTOR	0.50	х						0.	0			0.
(26) ANNETTE ESKIND	0.50								•	╧┼		
DIRECTOR		х						0.	0			0.
1b Subtotal								415,384.	0		19,	966.
c Total from continuation sheets to Part VI								0.	0		- 1	0.
d Total (add lines 1b and 1c)								415,384.	0		19,966.	
2 Total number of individuals (including but no							o re	,		<u> </u>	/	
compensation from the organization						,						3
											Ye	es No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										- [4 X	C I
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com										- E	5	X
Section B. Independent Contractors	onere oenedan	201	<u> </u>		2010	.011 .						
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compen	sati	on from	
the organization. Report compensation for t												
(A)				0				(B)			(C)	
Name and business	address							Description of s	ervices	Сс	ompensa	ition
TINY MIGHTY COMMUNICATION	S, 5123	V	IR	GII	NI.	Α						
WAY SUITE A-22, BRENTWOOD								COMMUNICATIO	NS		101,	748.
							_					
			_			_						
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	ation 🕨				1	1						
										- F	uu	0 (2021)

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			PUBLIC EI	UCATION FOUN	DATION	48-1266	314 Page 9
Par	t VII						
		Check if Schedule O contains a re	sponse or note to a		(D)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under
							sections 512 - 51
s s	1 a	Federated campaigns	la				
n	b		lb				
25	с	[.]	lc 301,50)7.			
Contributions, Gitts, Grants and Other Similar Amounts	d		ld				
<u>j</u> ia	e	• • • • • • • •	le 137,50	20.			
Sin		All other contributions, gifts, grants, and		<u> </u>			
er ut	'		lf 764,82	24			
				79			
	g						
<u>ه ز</u>	h	Total. Add lines 1a-1f		▶ 1,203,831.			
			Business (Code			
e S	2 a						
ه دُ	b						
am Ser	с						
eve eve	d						
Program Service Revenue	е						
ž	f	All other program service revenue					
	q						
	3	Investment income (including dividend					
	-	other similar amounts)		▶ 4,182.			4,182
	4	Income from investment of tax-exemp					_,
	5	•	•				
	5	Royalties	Real (ii) Perso				
	-						
	6 a						
	b	· · · · · · · · · · · · · · · · · · ·					
	С						
	d	(, , , , , , , , , , , , , , , , , , ,	·····	▶			
	7 a	Gross amount from sales of (i) Sec	curities (ii) Othe	er			
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
evenue	с	Gain or (loss) 7c					
		Net gain or (loss)					
Other R		Gross income from fundraising events (no		F			
£	• -	including \$301,507.					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18		10			
	Ŀ						
	b			01 0 00			-21,968
	c	() U		▶ -21,968.			-21,900
	9 a	Gross income from gaming activities.					
		Part IV, line 19					
	b	Less: direct expenses	9b				
	С		vities	▶			
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of inve					
			Business (Code			
Suc	11 a						
nec	b						
ver	c						
a	ن ہر						
Зщ		All other revenue					
Miscellaneous Revenue	-	Total Add lines 11s 11d					
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		▶ ▶ 1,186,045.	0.	0.	-17,786.

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Form 990 (2021)

NASHVILLE PUBLIC EDUCATION FOUNDATION Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 479,629. 479,629. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 116,500. 116,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 57,792. 40,453. 5,779. 11,560. С Accounting 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, g column (A), amount, list line 11g expenses on Sch 0.) 114,775. 80,343. 11,478. 22,954. Advertising and promotion 12 10,850. 7,164. 868. 2,818. Office expenses 13 Information technology 14 15 Royalties 4,052. 40,522. 28,365. 8,105. 16 Occupancy 13,518. 13,518. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 5,216. 3,651. 522. 1,043. Depreciation, depletion, and amortization 22 5,606. 3,924. 561. 1,121. 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.) 791,876. 557,020. 68,748. 166,108. LEASED EMPLOYEES а OTHER EXPENSES 6,854. 4,799. 685. 1,370. b 817. SOFTWARE MAINTENANCE 4,080. 2,855. 408. С d

All other expenses е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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93,101.

215,896.

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1,338,221.

1,647,218.

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3,074,557.

33

Cash - non-interest-bearing 15,390. Savings and temporary cash investments 218,737. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 45,189. basis. Complete Part VI of Schedule D _____ 10a

NASHVILLE PUBLIC EDUCATION FOUNDATION Check if Schedule O contains a response or note to any line in this Part X

138,453. Pledges and grants receivable, net 3 4 Accounts receivable, net 5 6 7 8 9 **10a** Land, buildings, and equipment: cost or other 18,068. 10c 12,853. 153,647. 91,640. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 4,133. Other assets. See Part IV, line 11 15 3,074,557. 2,595,501. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 106,227. 77,071. Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,192. 24,415. 25 of Schedule D 109,419. 101,486. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 725,442. 27 1,213,625. Net assets with donor restrictions 2,239,696. 1,280,390. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 2,965,138. 2,494,015. Total net assets or fund balances 32

(B)

End of year

2,285,124.

2,595,501.

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67,431.

(A)

Beginning of year

2,664,582.

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2

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Total liabilities and net assets/fund balances

Liabilities

Net Assets or Fund Balances

Assets

Part X | Balance Sheet

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 25) 2 1, 647, 218. 2 1, 647, 218. 2 1, 647, 218. 3 Revenue less expenses. Subtract line 2 from line 1 3 -4661, 173. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 965, 138. 5 Net unrealized gains (losses) on investments 5 -9, 950. 6 0 0. 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 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)) Yees No 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yees No 11 Accounting method used to prepare t	Form	1990 (2021) NASHVILLE PUBLIC EDUCATION FOUNDATION	48-12	66314	Pag	_{ge} 12
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2021)

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Ì	2021
	Open to Public Inspection

OMB No. 1545-0047

Name of th	e organization
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Employe

INdi	ne or t						.		
Da	art I			IC EDUCATION					8-1266314
		Reason for Public (ee instructions	5.	
	organ	ization is not a private found							
1		A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental un	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	oublic described in
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 5	609(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	• ·					-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must c			, ,				
b	,	Type II. A supporting org	-		ion with its	s supporte	d organization	n(s), by hav	rina
		control or management o	-				•		-
		organization(s). You mus			and percent			ie uie eapp	
с		Type III functionally inte	-		in connect	ion with	and functionally	v integrate	d with
Ŭ		its supported organization		•••				y intograto	a with,
d		Type III non-functionally		-				od organiz	vation(c)
U	•	that is not functionally int						-	
			с с	e ,			•	anallenin	leness
		requirement (see instructi		-					
e		Check this box if the orga					Type I, Type II	i, iype iii	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				
T		er the number of supported o	•	-1					
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	() =	(described on lines 1-10	in your governi Yes	ng document? No	support (see ins	-	support (see instructions)
				above (see instructions))	165				

Schedule A (Form 990) 2021 NASHVILLE PUBLIC EDUCATION FOUNDATION 48-1266314 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3146334.	1968961.	1871984.	2379468.	1210871.	10577618.
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 \dots						
4	Total. Add lines 1 through 3	3146334.	1968961.	1871984.	2379468.	1210871.	10577618.
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)						1195555.
	Public support. Subtract line 5 from line 4.						9382063.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3146334.	1968961.	1871984.	2379468.	1210871.	10577618.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	8,410.	19,399.	13,479.	5,568.	3,991.	50,847.
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						10628465.
12		`	,			12	
13	First 5 years. If the Form 990 is for the	-		-			
	organization, check this box and stor	here					
	ction C. Computation of Publi						00.07
	Public support percentage for 2021 (I		•			14	88.27 %
	Public support percentage from 2020					15	91.80 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-		line of F in OO d (OO)		
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •	-	Za and line 1E is	
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organizatio		-		• •		
18	Finale foundation. If the organizatio	IT UIU HUL CHECK A		a, 100, 17a, 01 170	, ONEON UNS DUX A		(Form 990) 2021
						ochequie A	(1 JIII JJU) ZUZ I

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Schedule A (Form 990) 2021				FOUNDATION	48-1266314	Page 3
Part III Support Schedule fo	r Organizations	Described	l in Section 509	(a)(2)		

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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- 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						
5	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organ	ization,
	check this box and stop here	~			-		
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						
_	more than 33 1/3%, check this box ar	-	•				▶∟
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	3 01-04-22		15			Sched	ule A (Form 990) 2021

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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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

16

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2021 NASHVILLE PUBLIC EDUCATION FOUNDATION 48-1266314 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 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			
			Voc	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the control of the organization and the power officers and the organization and the powers to appoint and/or remove officers.		
	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. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations						

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 on 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

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- 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 on 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

Yes No

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_	edule A (Form 990) 2021 NASHVILLE PUBLIC EDUCA			48-1266314 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mu			
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		
	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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-vear 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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NASHVILLE PUBLIC EDUCATION FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 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) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
~					

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION	48-1266314 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanation 1, 6, 9a, 9b, 9c , Section E, lin	s required by Part II, , 11a, 11b, and 11c; es 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V	[,] 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
132028 01-04-2	2					Schedule A (Form 990) 2021
				20		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

48-	1	2	6	6	3	1	4
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Name of the organizatio				
	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private 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), 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 \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>50,512.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>178,000.</u>	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		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-11-2	23		Schedule B (Form 990) (2021)

NASHVILLE PUBLIC EDUCATION FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Schedule B (Form 990) (2021)

Name of organization

No.

(a)

No.

2

1

48-1266314

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Total contributions

(c)

Total contributions

\$

\$

137,500.

166,667.

(d)

Type of contribution

X

X



123

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		\$ <u>25,000.</u>	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		\$ <u>60,000.</u>	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		\$ <u>40,000.</u>	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
		\$ <u>30,000.</u>	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
11		\$33,000.	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
12	21	\$ <u>27,878.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

NASHVILLE PUBLIC EDUCATION FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

08240511 781331 12568-12568

Name of organization

(a)

No.

48-1266314

(c)

Total contributions

Employer identification number

(d)

Type of contribution

Page 2

Schedule B (Form 990) (2021)

NASHVILLE PUBLIC EDUCATION FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Part I

(a)

(c)

Employer identification number

(d)

48-1266314

123452 11-11-21

08240511 781331 12568-12568

NASHV	ILLE PUBLIC EDUCATION FOUNDATION	48	8-1266314
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	STOCK		
		\$27,878.	10/22/21
(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
		\$	
		Г ^ψ	L

26

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

Page 3

08240511 781331 12568-12568

2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

Schedule	B (Form 990) (2021)			Page ²
Name of o	organization			Employer identification number
NASHV Part III		ions to organizations described in	section 501(c)(7), (8), or (10)	48-1266314 that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	entry. For organizations or less for the year. (Enter this info. o	nce.) > \$
(a) No.	Use duplicate copies of Part III if additional			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	uift	
			jirt	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g		
			jiit	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I		(-,	(-,	J
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
			•	
123454 11-11	1-21			Schedule B (Form 990) (2021)

²⁷ 2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

SCHEDULE D)
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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.

OMB No. 1545-0047

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

Name of the organization

NASHVILLE PUBLIC EDUCATION FOUNDATION

Employer identification number 48 - 1266314

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Acc	counts. Complete if the	
		(a) Donor adv	ised 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	held in donor advis	ed funds	3	_
-	are the organization's property, subject to the organization's	-				,
6	Did the organization inform all grantees, donors, and donor ad					
-	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	•	, , ,			,
Par						-
1	Purpose(s) of conservation easements held by the organization			,		-
•	Preservation of land for public use (for example, recreat			a histori	ically important land area	
	Protection of natural habitat	[ed historic structure	
	Preservation of open space	L		a cortine		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribution in the form (of a cons	servation easement on the last	
-	day of the tax year.				Held at the End of the Tax Year	-
а				- E	2a	-
b				Г	2b	-
c	Number of conservation easements on a certified historic stru				2c	-
d	Number of conservation easements included in (c) acquired a				20	-
u	listed in the National Register	•			2d	
3	Number of conservation easements modified, transferred, rele					-
U	year	cased, extinguished, e		organiza		
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri		ection handling of			
Ŭ	violations, and enforcement of the conservation easements it				Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, I					
Ŭ		nanaling of violations,		orvation	caccinicities adming the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations and	enforcing conservat	ion ease	ments during the year	
•		ing of violations, and	chiefening conserva		sherte danng the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170(n)(4)(B)(i)		
Ŭ	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation					
U	balance sheet, and include, if applicable, the text of the footn		•			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical T	reasures, or Ot	her Sir	nilar Assets.	-
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its r	evenue statement a	nd balan	nce sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educati	on, or research in fu	rtheranc	e of public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that c	lescribes these item	s.	-	
b	If the organization elected, as permitted under FASB ASC 956				sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furth	erance o	of public service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$	
					► \$	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB A			- /I ⁻		
а	Revenue included on Form 990, Part VIII, line 1	-			▶ \$	
	Assets included in Form 990, Part X				► \$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 202	1
	10-28-21					

28	3	
4	0 F 0 0 0	

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	dule D (Form 990) 2021 NASHVIL	LE PUBLIC E ollections of Art				4 Similar	8-12 Assets	66314	1 Page 2
	Using the organization's acquisition, accession							Contin	luea)
3		on, and other records	, check any of the	ioliowing that i	nake sigi	nincant us	seorius		
_	collection items (check all that apply):								
a	Public exhibition	d		change progran					
b	Scholarly research	е	Uther						
c	Preservation for future generations								
4	Provide a description of the organization's co						e in Part	XIII.	
5	During the year, did the organization solicit o							٦	<u> </u>
Der	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	on answered "Y	es" on F	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributior	is or other asse	ets not ind	cluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII						∟		
~			owing table.					Amount	t
<u>د</u>	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe							Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	· · · · · · · · · · · · · · · · · · ·			
Par						<u></u>).	<u></u>		
		(a) Current year	(b) Prior year	(c) Two years		d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	169,037.	159,707.		,693.		4,949.	. ,	167,211.
	Contributions	, -	1	, 	,		/		
	Net investment earnings, gains, and losses	-5,768.	10,878,	3	,146.		6,031.		3,427.
	Grants or scholarships	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · ·	,	1	0,000.		,
	Other expenditures for facilities								
е									
4	and programs	4,198.	1,548.	1	,132.		3,287.		5,689.
	Administrative expenses	159,071.	169,037.		,707.	15	693.		164,949.
-	End of year balance	,	•		, , , , , ,	10	,055.		101,010.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment		(interng, column (a	u) neiù as.					
	Permanent endowment 84.2800		_%						
	·	%							
С		%							
•	The percentages on lines 2a, 2b, and 2c sho		de la Alexa de la				•		
Ja	Are there endowment funds not in the posse	ssion of the organizat	tion that are held a	na administere	a for the	organizai	lion	Г	Yes No
	by:								X X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	A
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.						
	Complete if the organization answere		Part IV line 11a 9	See Form 990	Part X lir	ne 10			
	Description of property	(a) Cost or ot basis (investm		t or other (other)	• •	cumulated reciation		(d) Bool	< value
	Land		Dasis		depr	Colation			
	Land								
	Buildings			0 1 0 F		0 05	<u> </u>		2 1 / 7
	Leasehold improvements			8,105.		9,95			<u>3,147.</u>
	Equipment		2	27,084.		22,37	<u>ø.</u>	4	1,706.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	'0c.)					2,853.
						S	Schedule	D (Form	n 990) 2021

	Complete if the organization answered "Yes"	on Form 990, Fart IV, line	FID. See Form 990, Part A, line 12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financi	al derivatives			
	held equity interests			
3) Other	-			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
(9) Fotal. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Fotal. (Col. (Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Fotal. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (Part IX (1)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col.) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col.) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold	Other Assets. Complete if the organization answered "Yes" (a)	Description		
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) Other Liabilities. Complete if the organization answered "Yes"	Description		25.
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1.	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X Part X 1. (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25. (b) Book value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colt Part X 1. (1) Fee (2) UN	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		25. (b) Book value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colt Part X 1. (1) Fea (2) UN (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25.
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X Part X 1. (1) Fee (2) UI (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25. (b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) UR (3) (4) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25.
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll (9) Fotal. (Coll (1) (2) (1) (2) (3) (4) (3) (4) (3) (4) (5) (3) (4) (5) (6) (5) (6) (6) (6) (7) (6) (7) (7) (8) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (2) (3) (4) (5) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25.
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) UR (3) (4) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25. (b) Book value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll (7) (8) (1) Fee (2) UP (3) (4) (5) (6) (7) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25. (b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (1) Feat (1) Feat (2) UN (3) (4) (5) (6) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		25.

NASHVILLE PUBLIC EDUCATION FOUNDATION

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 NASHVILLE PUBLIC EDUCAT	ION FOUNDA	TION 48-	-1266314 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,176,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-9,950.	
b				
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-9,950.
3	Subtract line 2e from line 1			1,186,045.
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 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		1,186,045.
Da				
Гa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With I	Expenses per Retu	rn.
ιa	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With I	Expenses per Retu	
1		e 12a.	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a.	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	2a 2b	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	2a 2b 2c	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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.)	2a 2b 2c 2d		1,647,218.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a through 2d	2a 2b 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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.)	2a 2b 2c 2d	1	1,647,218.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1	1,647,218.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	1,647,218.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 2d	1	1,647,218. 0. 1,647,218. 0.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a through 2d Subtract line 2e from line 1 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.)	2a 2b 2c 2d 4a 4b	1	1,647,218. 0. 1,647,218.

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.

PART V, LINE 4:

DURING THE YEAR, THE ORGANIZATION HELD ONE ENDOWMENT FUND FOR WHICH THE

INVESTMENT EARNINGS ARE RESTRICTED TO FUNDING EXPENSES OF MNPS DEBATE

TEAMS.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME

TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL	INCOME	TAX	POSITIONS	TAKEN	ON	ALL	OPEN	INCOME	TAX	RETURNS	AND HAS
132054 1	0-28-21									;	Schedule D (Form 990) 2021
							31				

08240511 781331 12568-12568

2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

Schedule D (Form 990) 2021 NASHVILLE PUBLIC EDUCATION FOUNDATION 48-1266314 Page 5 Part XIII Supplemental Information (continued)
DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE
LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME
TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN
INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021	
	C	Attach to Form 990			-			Open to Public	
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection	
Name of the organization	ו	LE PUBLIC EDUCATIO					Employer ide	entification number	
Part I Fundrais		Complete if the organization answe				ine 1			
required to	complete this part	t							
a 📃 Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants				
key employees list	ed in Form 990, Pa highest paid indiv	r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu oroanization.	rofessi	onal fi	undraising services?		Ye		
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Totol			•						
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedul	e G (Form 990) 2021	

132081 10-21-21

NASHVILLE PUBLIC EDUCATION FOUNDATION 48-1266314 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	ots greater than \$5,000.
			(a) Event #1 HALL OF FAME LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	308,547.			308,547.
	2	Less: Contributions	301,507.			301,507.
	3	Gross income (line 1 minus line 2)	7,040.			7,040.
	4	Cash prizes	0.			
(0)	5	Noncash prizes	0.			
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
ā	0	Entortainment				
	8 9	Entertainment Other direct expenses				29,008.
	10	Direct expense summary. Add lines 4 through		1	►	29,008.
		Net income summary. Subtract line 10 from li				-21,968.
	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	Ent	tor the state(s) in which the organization condu	unto apmina potivitioo:			
а	ls t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming ac	ctivities in each of these s	states?		
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	lf "`	Yes," explain:				
208	2 10	-21-21			Sch	edule G (Form 990) 2021

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Schedule G (Form 990) 2021	NASHVILLE PUBLIC EDUCATION FOUNDATION 48-12	266314 Page	3
11 Does the organization co	onduct gaming activities with nonmembers?	Yes N	o
12 Is the organization a gra	antor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable	gaming?	Yes N	0
13 Indicate the percentage	e of gaming activity conducted in:		
	ty		%
		13b	%
14 Enter the name and add	dress of the person who prepares the organization's gaming/special events books and records:		
Name 🕨			
Address 🕨			
15a Does the organization ha	nave a contract with a third party from whom the organization receives gaming revenue?	Yes N	0
	and the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount		
	ned by the third party \blacktriangleright \$		
c If "Yes," enter name and	d address of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager inform	nation:		
Nama			
Name 🕨			
Gaming manager compe	ensation 🕨 \$		
Departmention of convision r	provided 🕨		
Description of services p			
Director/officer	Employee Independent contractor		
17 Mandatory distributions:	X		
a Is the organization requi	ired under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming I	license?	Yes N	0
b Enter the amount of dist	tributions required under state law to be distributed to other exempt organizations or spent in the		
	mpt activities during the tax year ▶ \$		
	tal Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part nd 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9, 9b, 10b,	
	······, ······		
			—
132083 10-21-21	Schedu	le G (Form 990) 202	21
	35	-	

Schedule G	(Form 990) Supplemental Infor	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION	48-1266314	Page 4
Part IV	Supplemental Infor	mation (continued)					
						0-1-1-1-0-7	
122004 11-19-1	01					Schedule G (Fo	orm 990)

SCHEDULE I (Form 990)												
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 fo		nation		Open to Public Inspection					
Name of the organization NASHVILLE PUBLIC EDUCATION FOUNDATION Employer identify 48 -												
 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 criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 												
(6) Mothod of							(h) Purpose of grant or assistance					
METRO NASHVILLE PUBLIC SCHOOLS 2601 BRANSFORD AVENUE NASHVILLE, TN 37204	62-0717138	N/A	87,633.	0.			TO PROVIDE SUPPORT OF SPECIFIED PROGRAMS IN METRO SCHOOLS					
DIVERSE LEARNERS COOPERATIVE 8011 BROOKS CHAPEL ROAD, UNIT 3083 BRENTWOOD, TN 37027	83-2190296	501(C)(3)	10,000.	0.			PROVIDING LEARNING EXPERIENCES FOR MNPS TEACHERS					
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	•		e line 1 table				▶					

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

Schedule I (Form 990) 2021

2021 NASHVILLE PUBLIC EDUCATION FOUNDATION

48-1266314

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	50	E0.000	0.		
BLUE RIBBON TEACHER AWARDS	50	50,000.	0.		
TEACHERPRENUER	12	33,000.	0.		
COLLEGE ACCESS CHAMPIONS	10	14,000.	٥.		
TEACHER LEADERSHIP	13	19,500.	0.		
		,			
Part IV Supplemental Information. Provide the information relation	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE FOUNDATION WORKS IN PARTNERSH	гр мттн тн			ΟΙ.ΤͲΔΝ	
NASHVILLE PUBLIC SCHOOLS ("MNPS")	, ELECTED	OFFICIALS,	AND COMMU	NITY LEADERS	
TO IDENTIFY STRATEGIC INITIATIVES	WITHIN TH	IE SCHOOLS.	ONCE THES	E AREAS ARE	
IDENTIFIED AND APPROVED, GRANTS A	RE PROVIDE	D TO MNPS	VIA CASH G	RANTS. THE	
BOARD RECEIVES PERIODIC UPDATES O	N PROGRESS	OF THESE	INITIATIVE	S FROM THE	

MNPS DIRECTOR OF SCHOOLS AND IDENTIFIED RESPONSIBLE PARTIES WITHIN MNPS.

ADDITIONALLY, OTHER GRANTS ARE AWARDED WITH A MEMORANDUM OF UNDERSTANDING.

THIS MOU REQUESTS SPECIFIC MILESTONES OR REPORTING NEEDS TO BE SUPPLIED BY

Schedule I (Form 990) Part IV Supplemental II	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION	48-1266314	Page 2
THE GRANTEE.						
132291 04-01-21					Schedule I (Fo	orm 990)

SC	HEDULE J		OMB No. 1545-0047			
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		1
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			nber
		NASHVILLE PUBLIC EDUCATION FOUNDATION	48-1	26631	4	
Pa	rt I Question	s Regarding Compensation				
4-	Obeels the engineer		000		Yes	No
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or o					
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account				
			, 01101)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	-			1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
a		e payment or change-of-control payment?				X X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С		ceive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of II	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/	:)(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 compensation	'n			
5	contingent on the					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-	~ 		6a		X
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		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 the	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					L
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATIE COUR	(i)	170,000.	20,000.	0.	0.	8,846.	198,846.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

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) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ►

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

ZU Ľ **Open to Public** Inspection

Employer identification number

Name	of	the	organization	
Name	of	the	organization	

NASHVILLE PUBLIC EDUCATION FOUNDATION

	NASHVILLE PU	BLIC E	DUCATION 1	FOUNDATION	48-1	266	314	
Pa	rt I Types of Property		-	-	-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	21,878.	VALUE SOLD			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				_
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

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describe in Part II.

Schedule M (Form 990) 2021	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION	48-1266314

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2021

Page 2

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SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NASHVILLE PUBLIC EDUCATION FOUNDATION

Employer identification number 48 - 1266314

FORM 990, PART I, LINE 5

TOTAL NUMBER OF INDIVIDUALS EMPLOYED: THE NASHVILLE PUBLIC EDUCATION

FOUNDATION DOES NOT DIRECTLY EMPLOY ANY INDIVIDUALS. THE FOUNDATION

UTILIZES A LEASING COMPANY WHICH DIRECTLY EMPLOYS THE FOUNDATION'S STAFF.

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

STAKEHOLDERS TO DRIVE COMMUNITY SOLUTIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MUSIC MAKES US, MNPS FAMILIES TO HELP ADDRESS THE DIGITAL DIVIDE, WHICH SUPPORTS PRIVATE LESSONS AND INSTRUMENT REPAIRS FOR MNPS'S MUSIC AND SUPPORTS FOR PRINCIPAL SUPERVISORS TO BUILD THEIR CAPACITY PROGRAM, TO SUPPORT THEIR PRINCIPALS. NPEF BELIEVES THE TEACHERS AND LEADERS IN THE SCHOOL CAN CHANGE THE TRAJECTORY OF A STUDENT'S LIFE, SO WE PROVIDE INNOVATIVE PROFESSIONAL LEARNING FOR OUR TEACHERS. NEW THIS YEAR WAS SCIENCE OF LEARNING, AN INTERACTIVE MINI-SERIES FOR MNPS MIDDLE SCHOOL TEACHERS, AND TEACHERPRENEUR, AN EXPERIENCE FOR EDUCATORS TO DEVELOP THEIR BIG IDEAS INTO PILOT PROGRAMS THAT COULD MAKE A SIGNIFICANT IMPACT FOR STUDENTS, FAMILIES, AND SCHOOLS IN OUR DISTRICT. PARTICIPANTS PITCHED THEIR PLANS FOR A CHANCE TO WIN \$25,000 AND SEED FUNDING TO PILOT THEIR IDEAS. WE ALSO CONTINUE TO RAISE AWARENESS ABOUT CRITICAL ISSUES FACING OUR PUBLIC SCHOOL STUDENTS, INCLUDING FUNDING FOR EDUCATION AND THE ROLE OF THE COMMUNITY IN CREATING A CITY THAT PRIORITIZES CHILDREN AND YOUTH. NPEF HAS FOSTERED DATA-DRIVEN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization NASHVILLE PUBLIC EDUCATION FOUNDATION	Employer identification number 48-1266314
NASHVILLE FOBLIC EDUCATION FOUNDATION	40-1200314
SOLUTIONS THAT HAVE LED TO TANGIBLE RESULTS IN PROFESSION	AL LEARNING
FOR TEACHERS, TEACHER PAY, PRINCIPAL QUALITY, COLLEGE ACC	ESS AND
SUCCESS IN OUR 20 YEARS AS AN ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE 990 IS REVIEWED AND APPROVED BY THE FINANC:	E COMMITTEE, THEN
PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FI	LING.

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

CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED ANNUALLY FOR SIGNATURE AND

DISCLOSURE BY ALL BOARD MEMBERS.

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

THE TOP EXECUTIVE'S SALARY IS PERIODICALLY EVALUATED BY USE OF DATA

PROVIDED BY NASHVILLE-BASED CENTER FOR NONPROFIT MANAGEMENT FOR QUALIFIED

PERSONS SERVING IN THE PRESIDENT & CEO ROLE WITHIN NONPROFIT ORGANIZATIONS

OR SIMILAR SIZE AND SCOPE.

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

A DISCLOSURE FILE THAT CONTAINS APPLICATION FOR EXEMPTION AND 990 FILINGS

FOR THREE YEARS IS MAINTAINED BY THE ORGANIZATION AND IS AVAILABLE FOR

REVIEW UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE

INDIVIDUAL ACCOUNTING FIRM AND IS RESPONSIBLE FOR THE REVIEW AND

ACCEPTANCE OF THE AUDITED FINANCIAL STATEMENTS. THE FULL BOARD RATIFIES

THE EXECUTIVE COMMITTEE'S ACCEPTANCE OF THE AUDITED FINANCIAL

132212 11-11-21

Schedule O (Form 990) 2021

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2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

Name of the organization	021				Pag Employer identification numb
-	NASHVILLE	PUBLIC	EDUCATION	FOUNDATION	Employer identification number 48-1266314
STATEMENTS.					
32212 11-11-21					Schedule O (Form 990) 20

08240511 781331 12568-12568