| | | _ | ** 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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| 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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2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

| 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) |

4 2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

| 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 | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions | 3a 3b 4a 5a | | |
| bid 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> "No" to line 3b, provide an explanation on Schedule O 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 ▶ Gee 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? | 3b 4a 5a | | |
| "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> t 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 ▶ Gee 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? | 3b 4a 5a | | |
| 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)? | 4a 5a | | x |
| 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 rege 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? | 5a | | x |
| "Yes," enter the name of the foreign country bee 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? | 5a | | |
| We instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? We 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? | | | |
| 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? | | | |
| 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 | |
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| anno sina amarination have average husing a lating at any time during the very | 8 | | |
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| 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 | | |
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| | 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

48-1266314 Page 6

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. |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | _ | | | _ | | | | | | |
| 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. |

08240511 781331 12568-12568

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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)

132010 12-09-21

2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

93,101.

215,896.

Form 990 (2021)

1,338,221.

1,647,218.

08240511 781331 12568-12568

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.

Form 990 (2021)

67,431.

(A)

Beginning of year

2,664,582.

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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 |
|--|------|--|-----------|-------|------|------------------|
| 1 Total revenue (must equal Part VII, column (A), line 12) 1 1,186,045. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,647,218. 3 Revenue less expenses. Subtract line 2 from line 1 3 -461,173. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,965,138. 5 Met unrealized gains (losses) on investments 6 6 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Retarement expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Retarement expenses 7 8 9 Other changes in tet asset or fund balances (explain on Schedule O) 9 0. 10 2,494,015. 10 2,494,015. Part XII X X Yes 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes <t< th=""><td>Pa</td><td>rt XI Reconciliation of Net Assets</td><td></td><td></td><td></td><td></td></t<> | Pa | rt XI Reconciliation of Net Assets | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 647, 218. 3 Revenue less expenses. Subtract line 2 from line 1 3 -461, 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 6 -9, 950. 6 0 6 -7 7 | | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 647, 218. 3 Revenue less expenses. Subtract line 2 from line 1 3 -461, 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 6 -9, 950. 6 0 6 -7 7 | | | | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 3 -461,173. 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 6 6 7 8 7 8 9 0. 6 9 0. 9 0. 10 2,494,015. 8 Part XII Financial Statements and Reporting 10 2,494,015. Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yees No 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Pres, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis. 2b </th <td>1</td> <td>Total revenue (must equal Part VIII, column (A), line 12)</td> <td>1</td> <td></td> <td></td> <td></td> | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | |
| 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 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,494,015. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Yes No If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Za X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 5 Net unrealized gains (losses) on investments 5 -9,950. 6 6 6 7 8 7 8 Prior period adjustments 8 9 9 0.1 9 0.1 10 2,494,015. 9 0.1 10 2,494,015. 10 2,494,015. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | |
| 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,494,015. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements compiled or reviewed on a separate basis, consolidated basis, or both: 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Z <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td></td> <td></td> <td></td> | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | |
| 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other <td>5</td> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td>- 9</td> <td>),9!</td> <td><u>50.</u></td> | 5 | Net unrealized gains (losses) on investments | 5 | - 9 |),9! | <u>50.</u> |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis C Consolidated basis B Both consolidated and separate basis C If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis C Consolidated basis B Both con | 6 | | 6 | | | |
| 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,494,015. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Do consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements f | 7 | | 7 | | | |
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| column (B) 10 2,494,015. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Yes No 2a X Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If "Yes," did the organization nudergo the required audit or audits? If the organization did not undergo the required audi | 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, expla | 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check if Schedule O contains a response or note to any line in this Part XII 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, ex | | | 10 | 2,494 | .,01 | 15. |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | Pa | rt XII Financial Statements and Reporting | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax ye | | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a | | | | | Yes | No |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes", to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X | 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis | | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis | | separate basis, consolidated basis, or both: | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image: | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis | b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis <td></td> <td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td> <td>e basis,</td> <td></td> <td></td> <td></td> | | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2 X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b | | | | | | |
| review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b | | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b | | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | <u> </u> |
| Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits audits explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b | | | | | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3a | | gle Audit | | | |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | Act and OMB Circular A-133? | | 3a | | <u> </u> |
| | 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 |
|------------|----------------|
|------------|----------------|

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 | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

132024 01-04-21

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

08240511 781331 12568-12568

2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

17

| _ | 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

132026 01-04-22

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

132027 01-04-22

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, |
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| 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 |
|-----|---|---|---|---|---|---|---|
|-----|---|---|---|---|---|---|---|

| 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

08240511 781331 12568-12568

| | | \$ <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

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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) |

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| SCHEDULE D |) |
|------------|---|
|------------|---|

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 | |

2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

| | 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

48-1266314 Page 3

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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 |
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| 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. |
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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 | | | | | |
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| Totol | | | • | | | | | | |
| | | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is | exempt from re | gistration | |
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| 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 | |

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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 |

34 2021.05080 NASHVILLE PUBLIC EDUCATIO 12568-11

| 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, | |
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| 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) | | | | | |
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| 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. | | | | | | |
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| 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) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (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

132141 11-17-21

33

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

132142 11-17-21

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

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45

| 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. | |
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| 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

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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. | | | | | |
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