

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2021Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**THIRD SECTOR NEW ENGLAND, INC.**Doing business as **TSNE MISSIONWORKS**

Number and street (or P.O. box if mail is not delivered to street address)

89 SOUTH ST.

Room/suite

700

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02111-2679**F** Name and address of principal officer: **ELAINE L. NG****SAME AS C ABOVE****D** Employer identification number**04-2261109****E** Telephone number**617-523-6565****G** Gross receipts \$ **95,505,632.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.TSNE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1959** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THIRD SECTOR NEW ENGLAND PROVIDES CAPACITY BUILDING, ORGANIZATIONAL DEVELOPMENT, CONSULTING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	580	
	6	Total number of volunteers (estimate if necessary)	75	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	64,384,503.	61,283,464.
	9	Program service revenue (Part VIII, line 2g)	12,417,107.	16,037,879.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,795,427.	3,393,723.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,237,220.	2,884,628.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,834,257.	83,599,694.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,329,377.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,249,734.	34,417,378.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	114,939.	175,850.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,453,439.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,849,965.	20,633,805.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,544,015.	63,267,554.
19		Revenue less expenses. Subtract line 18 from line 12	17,290,242.	20,332,140.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	129,062,411.	144,887,260.
	21	Total liabilities (Part X, line 26)	21,206,985.	20,256,827.
	22	Net assets or fund balances. Subtract line 21 from line 20	107,855,426.	124,630,433.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ELAINE L. NG, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRENDA L. BOOTH	<i>Brenda L. Booth</i>	02/28/23		P01342395
Firm's name	Firm's EIN ▶ 26-3753134			Phone no. 617-761-0600	
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

THIRD SECTOR NEW ENGLAND STRENGTHENS ORGANIZATIONS WORKING TOWARDS A JUST AND EQUITABLE SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 48,654,540. including grants of \$ 8,040,521.) (Revenue \$ 10,605,349.)

THROUGH AN ARRAY OF CAPACITY BUILDING SERVICES AND MANAGEMENT SUPPORT PROGRAMS, THIRD SECTOR NEW ENGLAND BUILDS THE LEADERSHIP AND EFFECTIVENESS OF INDIVIDUALS AND GROUPS TO CREATE A MORE JUST AND DEMOCRATIC SOCIETY.

THIRD SECTOR NEW ENGLAND'S FISCAL SPONSORSHIP PROGRAM PROVIDES MANAGEMENT SUPPORT TO MISSION-DRIVEN GROUPS THAT FOCUS THEIR WORK ON ISSUES AFFECTING THE ROOT CAUSES OF SOCIAL PROBLEMS. WE SUPPORT ALL PROJECTS WITH A BROAD ARRAY OF ADMINISTRATIVE SERVICES. TSNE MANAGES NONPROFIT PROJECTS' FINANCES, GOVERNANCE, HUMAN RESOURCES, INSURANCE NEEDS, AND OTHER INCREASINGLY COMPLEX COMPLIANCE ISSUES ASSOCIATED WITH RUNNING A STAND ALONE NONPROFIT. THROUGH THESE SUPPORT SERVICES FOR A

4b (Code:) (Expenses \$ 1,684,032. including grants of \$) (Revenue \$ 922,654.)

TSNE'S CONSULTING SERVICES ASSIST NON-PROFITS IN BUILDING ORGANIZATIONAL CAPACITY USING A WHOLE SYSTEMS APPROACH. A BROAD RANGE OF SERVICES ARE OFFERED THAT INCLUDE ORGANIZATIONAL ASSESSMENT, BOARD DEVELOPMENT, EXECUTIVE TRANSITIONS MANAGEMENT, SUCCESSION PLANNING, PROGRAM EVALUATION, AND STRATEGIC PLANNING. OUR CONSULTANTS ALSO ENGAGE IN FIELD BUILDING PROJECTS WHICH AFFECT COALITIONS OR HAVE BROAD COMMUNITY IMPACT.

4c (Code:) (Expenses \$ 2,876,691. including grants of \$) (Revenue \$ 4,677,359.)

THE NONPROFIT CENTER IS BOSTON'S HOME FOR PROGRESSIVE SOCIAL CHANGE NONPROFITS AND A RESOURCE FOR THE LARGER NONPROFIT COMMUNITY. WITH 110,000 SQUARE FEET OF OFFICE SPACE AND MEETING SPACE, THE CENTER IS A HUB FOR NONPROFITS IN THE BOSTON AREA. DEVELOPED USING SUSTAINABLE DESIGN, THE CENTER'S MISSION IS TO FOSTER COLLABORATION AND ENHANCE ORGANIZATIONAL STABILITY. THE CENTER'S TENANTS ARE MISSION-FOCUSED NONPROFITS COMMITTED TO MAKING A POSITIVE IMPACT IN THE COMMUNITIES THEY OPERATE AND ON THE CONSTITUENTS THEY SERVE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **53,215,263.**

Form 990 (2021)

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c 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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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 within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	626
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 580		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
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		10		
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 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			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 appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MA, AL, CA, CT, FL, GA, IL, KS, MD, MI, MN, MS**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
NOAH STOCKMAN, CFO - 617-523-6565
89 SOUTH STREET, BOSTON, MA 02111

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELAINE L. NG CEO	37.50			X				263,302.	0.	28,640.
(2) SUSAN G HIBBARD PROJECT DIRECTOR	37.50					X		195,433.	0.	30,021.
(3) NOAH STOCKMAN CFO	37.50			X				194,818.	0.	18,637.
(4) SHANNON RUDISILL PROJECT DIRECTOR	37.50					X		181,180.	0.	27,413.
(5) SHERRI STEWART PROJECT DIRECTOR	33.75					X		186,578.	0.	18,035.
(6) JANE ELLEN STEVENS PROJECT DIRECTOR	37.50					X		175,759.	0.	16,093.
(7) LUZ D RIVERA HR DIRECTOR	37.50					X		177,174.	0.	12,838.
(8) MIKI AKIMOTO PRESIDENT	0.25	X		X				0.	0.	0.
(9) GERARDO ESPINOZA TREASURER	0.25	X		X				0.	0.	0.
(10) MARCOS POPOVICH CLERK	0.25	X		X				0.	0.	0.
(11) TAMMY DOWLEY-BLACKMAN BOARD MEMBER	0.25	X						0.	0.	0.
(12) CHERYL SCHAEFFER INTERIM VICE PRESIDENT	0.25	X		X				0.	0.	0.
(13) ANGELA BROWN BOARD MEMBER	0.25	X						0.	0.	0.
(14) NANCY B. GARDINER BOARD MEMBER	0.25	X						0.	0.	0.
(15) JAYE Y. SMITH BOARD MEMBER	0.25	X						0.	0.	0.
(16) BETH CHANDLER BOARD MEMBER	0.25	X						0.	0.	0.
(17) CLEMENT JAMES BOARD MEMBER	0.25	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	162,763.				
	c Fundraising events	1c	470,457.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,315,861.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	59,334,383.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 520,784.				
	h Total. Add lines 1a-1f		61,283,464.				
Program Service Revenue	2 a CONTRACT REVENUE	Business Code	900099	11,432,913.	11432913.		
	b RENTAL INCOME		900099	3,452,557.	3,452,557.		
	c CONFERENCE REVENUE		900099	1,152,409.	1,152,409.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		16,037,879.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			517,334.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				2,752,987.			2752987.
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other	14,746,485.			
b Less: cost or other basis and sales expenses		7b		11,870,096.			
c Gain or (loss)		7c		2,876,389.			
d Net gain or (loss)				2,876,389.			2876389.
8 a Gross income from fundraising events (not including \$ 470,457. of contributions reported on line 1c). See Part IV, line 18		8a		0.			
b Less: direct expenses		8b		35,842.			
c Net income or (loss) from fundraising events				-35,842.			-35,842.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a SALES REVENUE	Business Code	900009	153,497.	153,497.		
	b OTHER INCOME		900009	13,986.	13,986.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			167,483.			
	12 Total revenue. See instructions			83,599,694.	16205362.	0.	6110868.

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,484,715.	7,484,715.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	555,806.	555,806.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,510,160.	705,653.	718,110.	86,397.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,378,765.	21,632,051.	3,842,841.	903,873.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,078,690.	886,242.	192,448.	
9 Other employee benefits	3,316,260.	2,601,094.	554,775.	160,391.
10 Payroll taxes	2,133,503.	1,708,834.	348,913.	75,756.
11 Fees for services (nonemployees):				
a Management				
b Legal	263,685.	16,357.	247,328.	
c Accounting	240,337.	13,500.	226,837.	
d Lobbying	74,175.	74,175.		
e Professional fundraising services. See Part IV, line 17	175,850.			175,850.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,403,600.	11,297,915.	1,105,685.	
12 Advertising and promotion	84,826.	81,870.	1,674.	1,282.
13 Office expenses	1,064,107.	456,945.	597,889.	9,273.
14 Information technology				
15 Royalties				
16 Occupancy	1,628,356.	1,517,163.	107,857.	3,336.
17 Travel	343,636.	297,042.	40,517.	6,077.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	785,469.	736,752.	41,344.	7,373.
20 Interest	348,845.	348,845.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,488,886.	1,410,897.	77,989.	
23 Insurance	318,153.	32,693.	285,460.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	581,896.	567,694.	12,026.	2,176.
b TELEPHONE	499,427.	408,087.	87,169.	4,171.
c PRINTING & PUBLICATIONS	170,053.	126,362.	29,629.	14,062.
d EQUIPMENT RENTAL AND MA	25,559.	25,559.	0.	0.
e All other expenses	312,795.	229,012.	80,361.	3,422.
25 Total functional expenses. Add lines 1 through 24e	63,267,554.	53,215,263.	8,598,852.	1,453,439.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	49,657,698.	2	61,284,470.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,265,636.	4	26,592,582.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	759,600.	9	1,103,381.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,530,399.		
	b Less: accumulated depreciation	10b 14,835,571.		
	11 Investments - publicly traded securities	20,693,109.	10c	19,694,828.
	12 Investments - other securities. See Part IV, line 11	27,130,905.	11	34,275,565.
	13 Investments - program-related. See Part IV, line 11	8,472,000.	12	0.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,083,463.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	129,062,411.	15	1,936,434.	
17 Accounts payable and accrued expenses	6,252,038.	16	144,887,260.	
18 Grants payable		17	6,417,702.	
19 Deferred revenue	1,517,482.	18		
20 Tax-exempt bond liabilities	11,608,287.	19	1,747,764.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	11,141,870.	
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,199,491.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	949,491.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	629,687.	24		
26 Total liabilities. Add lines 17 through 25	21,206,985.	25	0.	
27 Net assets or fund balances		26	20,256,827.	
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27 Net assets without donor restrictions	35,275,777.	27	34,279,392.	
28 Net assets with donor restrictions	72,579,649.	28	90,351,041.	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	107,855,426.	32	124,630,433.	
33 Total liabilities and net assets/fund balances	129,062,411.	33	144,887,260.	

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,599,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,267,554.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,332,140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	107,855,426.
5	Net unrealized gains (losses) on investments	5	-4,578,002.
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	1,020,869.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,630,433.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ 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 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	X

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	28184844.	48790057.	43228078.	63464425.	60650244.	244317648
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28184844.	48790057.	43228078.	63464425.	60650244.	244317648
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)						44468188.
6 Public support. Subtract line 5 from line 4.						199849460

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28184844.	48790057.	43228078.	63464425.	60650244.	244317648
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2566602.	2985889.	3118498.	1820971.	3270321.	13762281.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	73,888.	49,000.				122,888.
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						258202817
12 Gross receipts from related activities, etc. (see instructions)					12	91,359,518.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	77.40 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	76.37 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<div style="text-align: right;">► <input checked="" type="checkbox"/></div>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<div style="text-align: right;">► <input type="checkbox"/></div>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<div style="text-align: right;">► <input type="checkbox"/></div>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<div style="text-align: right;">► <input type="checkbox"/></div>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<div style="text-align: right;">► <input type="checkbox"/></div>		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
2a			
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.			
2b			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

CLIENT COPY

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**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

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 ▶ \$ _____**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).

Name of organization

Employer identification number

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 AND COLLEGE ROAD EAST PRINCETON, NJ 08543	\$ 5,216,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	\$ 3,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PRITZKER CHILDREN'S INITIATIVE 111 S. WACKER DRIVE, SUITE 4000 CHICAGO, IL 60606	\$ 3,115,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK, MN 49017	\$ 1,580,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DAVID AND LUCILE PACKARD FOUND 300 SECOND STREET, SUITE 200 LOS ALTOS, CA 94022	\$ 1,955,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PETER & CARMEN LUCIA BUCK FOUNDATION 157 EAST 86TH ST, 5TH FL NEW YORK, NY 10028	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BEZOS FAMILY FOUNDATION 1700 7TH AVENUE, SUITE 116, #149 SEATTLE, WA 98101	\$ 4,360,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	HEISING-SIMONS FOUNDATION 400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	\$ 3,076,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE BUFFETT EARLY CHILDHOOD FUND 3555 FARNAM ST OMAHA, NE 68131	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-2261109

Part II

[illegible]

Name of organization

Employer identification number

THIRD SECTOR NEW ENGLAND, INC.**04-2261109****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		16,838.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		57,337.													
c Total lobbying expenditures (add lines 1a and 1b)		74,175.													
d Other exempt purpose expenditures		61,778,732.													
e Total exempt purpose expenditures (add lines 1c and 1d)		61,852,907.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	123,224.	43,651.	139,130.	74,175.	380,180.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	71,907.	11,227.	10,836.	16,838.	110,808.

Schedule C (Form 990) 2021

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,576,737.		5,576,737.
b Buildings		9,845,636.	5,093,258.	4,752,378.
c Leasehold improvements		17,027,476.	8,753,921.	8,273,555.
d Equipment		2,006,179.	988,392.	1,017,787.
e Other		74,371.		74,371.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,694,828.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	80,400,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,578,002.
b	Donated services and use of facilities	2b	321,867.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,056,711.
e	Add lines 2a through 2d	2e	-3,199,424.
3	Subtract line 2e from line 1	3	83,599,694.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	83,599,694.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	63,625,263.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	321,867.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	35,842.
e	Add lines 2a through 2d	2e	357,709.
3	Subtract line 2e from line 1	3	63,267,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	63,267,554.

Part XIII Supplemental Information.

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

PART X, LINE 2:

TSNE ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. TSNE HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AND ITS TREATMENT OF REVENUE AS RELATED AND UNRELATED INCOME AS ITS ONLY TAX POSITIONS; HOWEVER, TSNE HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. TSNE IS NOT CURRENTLY

Part XIII Supplemental Information (continued)

UNDER EXAMINATION BY ANY TAXING JURISDICTIONS.

TSNE'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION
FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 35,842.

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION 1,020,869.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,056,711.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 35,842.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

THIRD SECTOR NEW ENGLAND, INC.

04-2261109

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	BLUE BUTTERFLY COLLABORATIVE CHILDREN'S MEDIA	301,039.
SOUTH AMERICA	0	1	PROGRAM SERVICES	THE BUILD INITIATIVE CONSULTANT TO CREATE TEMPLATES	4,386.
SOUTH AMERICA	0	1	PROGRAM SERVICES	DESIGN STUDIO FOR SOCIAL INTERVENTION RESEARCHING & WRITING	990.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	FTC POLICY COORDINATION	213,848.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	OPEN BOOKS OPEN MINDS DISTRIBUTION OF BOOKS.	930.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.
SOUTH ASIA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	192,000.
3 a Subtotal	0	5			833,193.
b Total from continuation sheets to Part I	0	2			262,482.
c Totals (add lines 3a and 3b)	0	7			1,095,675.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	183,806.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	FAIRPLAY	12,211.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	INTEGRITY INITIATIVES INTERNATIONAL	6,465.
Totals		2			262,482.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	48,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	48,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	68,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	55,806.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	48,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0

3 Enter total number of other organizations or entities

10

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	48,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	OPEN BOOKS OPEN MINDS LITERACY PROJECT	60,000.	WIRE	0.		

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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

OUR PROCEDURES INCLUDE MANY DIFFERENT OPTIONS FOR MONITORING GRANTS WHICH MAY DIFFER BASED ON THE SIZE AND SCOPE OF THE GRANT. MONITORING TOOLS INCLUDE EXPLICIT DEFINITION IN THE GRANT AWARD OF HOW THE FUNDS ARE TO BE USED, PERIODIC MONITORING OF GRANTEE ACTIVITIES THROUGH WRITTEN REPORTS AND IN PERSON GRANTEE MEETINGS, AS WELL AS SITE VISITS. AT THE END WE RECEIVE A FINAL WRITTEN REPORT OF THE DISPOSITION OF GRANTEE FUNDS.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON

WORKPLAN AS MEMBERS OF FTC COORDINATING COMMITTEE

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RACHEL SCHUMACHER - 4609 38TH STREET NW, WASHINGTON, DC	FUNDRAISING STRATEGY		X	2,421,200.	28,812.	2,392,388.
ELIZABETH MANKO - 30 WEST 63RD STREET, NEW YORK, NY	GRANT WRITING SUPPORT		X	505,915.	43,200.	462,715.
SARA WATSON - 14616 NOTLEY ROAD, SILVER SPRINGS, MD	GRANT WRITING SUPPORT		X	100,000.	8,000.	92,000.
HEZ NORTON CONSULTING - 7 ELDREDGE ROAD, JAMAICA PLAIN,	GENERAL CAMPAIGN		X	0.	12,500.	0.
Total				3,027,115.	92,512.	2,947,103.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA, CT, ME, WA, DC, VT, RI, MD, MN, MI, NC, OR, MS, NH, NY, ND, OH, PA, SC, VA, AL, AK, CA, CO, FL, DE, GA, HI, IL, IN, NJ, OK, KS, TN, UT, WI, WV, TX

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FAIRPLAY PRESENTATION	(b) Event #2 CPRJ MARLENE EVENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	416,332.	54,125.		470,457.
	2 Less: Contributions	416,332.	54,125.		470,457.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	20,180.	5,940.		26,120.
	8 Entertainment				
	9 Other direct expenses	3,539.	6,183.		9,722.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,842.
11 Net income summary. Subtract line 10 from line 3, column (d)				-35,842.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RACHEL SCHUMACHER

(I) ADDRESS OF FUNDRAISER: 4609 38TH STREET NW, WASHINGTON, DC 20016

(I) NAME OF FUNDRAISER: ELIZABETH MANKO

(I) ADDRESS OF FUNDRAISER: 30 WEST 63RD STREET, NEW YORK, NY 10031

(I) NAME OF FUNDRAISER: SARA WATSON

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 14616 NOTLEY ROAD, SILVER SPRINGS, MD 20905

(I) NAME OF FUNDRAISER: HEZ NORTON CONSULTING

(I) ADDRESS OF FUNDRAISER: 7 ELDRIDGE ROAD, JAMAICA PLAIN, MA 02130

CLIENT COPY

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY OFFICE OF RESEARCH & SPONSORED PROJECTS, - PO BOX 876011 - TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	450,324.	0.			PROVIDE CORE SERVICES 1 PAYMENT YEAR 2
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC. - 58 EDGEWOOD AVE, 3RD FLOOR - ATLANTA, GA 30303	58-1845423	501(C)(3)	410,364.	0.			TRANSFORMING EARLY EDUCATOR LEAD TEACHER PREPARATI
SEATTLE COLLEGES CENTRAL COLLEGE, NORTH COLLEGE, SOUTH COLLEGE, - 1500 HARVARD AVE - SEATTLE, WA 98122	91-0826872	GOVERNMENT	339,667.	0.			TRANSFORMING EARLY CHILDHOOD EDUCATION
COLLEGE OF MENOMINEE NATION N172 ST HWY 47-55, P.O BOX 1179 KESHENA, WI 54135	39-1773613	501(C)(3)	313,182.	0.			TRANSFORMING EARLY EDUCATOR
SALISH KOOTENAI COLLEGE, INC. 58138 US HWY 93 PO BOX 70 PABLO, MT 54135	81-0378823	501(C)(3)	288,667.	0.			TRANSFORMING EARLY EDUCATOR LEAD TEACHER PREPARATION PROGRAMS YEAR 2
UNIVERSITY OF MICHIGAN, THE REGENTS OF THE UNIVERSITY OF MICHIGAN - BOX 223131 - PITTSBURGH, PA 15251-2131	38-6006309	501(C)(3)	280,300.	0.			PROVIDE CORE SERVICES PAYMENT 1 YEAR 2

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **71.**
- 3** Enter total number of other organizations listed in the line 1 table **22.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND, BALTIMORE, SPONSORED PROJECTS ACCOUNTING AND COMPLI - PO BOX 41428 - BALTIMORE, MD 21203	52-6002033	501(C)(3)	257,500.	0.			PROVIDE CORE SERVICES 1ST PAYMENT YEAR 2
PRESIDENT AND FELLOWS OF HARVARD COLLEGE, HARVARD UNIVERSITY - P.O. BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	250,000.	0.			SUBGRANT AGREEMENT 1,1,22-12,31,22
UNIVERSITY OF MARYLAND DIVISION OF RESEARCH - ROOM 4101, CHESAPEAKE BUILDING - COLLEGE PARK, MD 20742-3141	52-6002033	501(C)(3)	245,639.	0.			PROVIDE CORE SERVICES 1ST PAYMENT YEAR 2
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	188,936.	0.			PROVIDE CORE SERVICES 1ST PAYMENT YEAR 2
OLE EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	170,800.	0.			RAISING CHILD CARE FUND - YEAR 2
CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK - 1 POLK STREET, UNIT 201, SAN FRANCISCO - SAN FRANCISCO, CA 94102	94-2718807	501(C)(3)	170,800.	0.			CHILD CARE ORGANIZING RCCF YEAR 2
COALITION FOR SOCIAL JUSTICE EDUCATION FUND - 56 N. MAIN STREET, SUITE 403 - FALL RIVER, MA 02720	04-3351827	501(C)(3)	170,800.	0.			RAISING CHILD CARE FUND F YEAR 2
ISALIAH 2356 UNIVERSITY AVE W, SUITE 405 ST. PAUL, MN 55114	41-1957358	501(C)(3)	170,800.	0.			RAISING CHILD CARE FUND YEAR 2
FAMILY FORWARD OREGON PO BOX 15146 PORTLAND, OR 97293	80-0436735	501(C)(3)	154,285.	0.			RAISING CHILD CARE FUND YEAR 2

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSION PARTNERSHIPS INC. 1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	501(C)(3)	145,800.	0.			EQUITY IN EARLY LEARNING COMMITTEE PROJECT
INSTITUTE FOR NONPROFIT PRACTICE 89 SOUTH STREET, SUITE LL02 BOSTON, MA 02111	47-1613050	501(C)(3)	138,000.	0.			TJX GRANT
9T05 NATIONAL ASSOCIATION OF WORKING WOMEN INC - 207 E BUFFALO STREET, STE 211 - MILWAUKEE, WI 53202	34-1246311	501(C)(3)	135,800.	0.			COMMUNITY ORGANIZING IN GEORGIA RCCF YEAR 2
MOTHERING JUSTICE 17320 LIVERNOIS AVENUE DETROIT, MI 48221	45-3740989	501(C)(3)	135,800.	0.			MOTHERING JUSTICE WORKFORCE OPPORTUNITY
PUBLIC POLICY AND EDUCATION FUND OF NEW YORK - 94 CENTRAL AVENUE - ALBANY, NY 12206	13-3364209	501(C)(3)	119,285.	0.			ORGANIZING & ADVOCACY FOR EARLY CHILDHOOD Y
PUBLIC ALLIES INC 735 N WATER STREET STE 550 MILWAUKEE, WI 53202	52-1759564	501(C)(3)	119,285.	0.			ADVOCACY AND ORGANIZING FOR CHILD CARE #1
WEPOWER 4240 DUNCAN AVE SAINT LOUIS, MO 63110	82-3591958	501(C)(3)	119,285.	0.			GRANT FOR COMMUNITY ORGANIZING YEAR 1
HAITIAN AMERICANS UNITED INC 1550 BLUE HILL AVE, SUITE 1 MATTAPAN, MA 02126	04-3583018	501(C)(3)	115,890.	0.			COVID VACCINE OUTREACH AND SUPPORT
ALABAMA INSTITUTE FOR SOCIAL JUSTICE - P. O. BOX 230909 - MONTGOMERY, AL 36123	23-7205238	501(C)(3)	115,000.	0.			IPIEL COVID-19 RESPONSE GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO ORGANIZING COLLABORATIVE 25 EAST BOARDMAN STREET, SUITE 230 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	95,800.	0.			RCCF CHILD CARE ORGANIZING YEAR 2
COLORADO STATEWIDE PARENT COALITION - 5336 COLUMBINE LANE - DENVER, CO 80221	74-2563848	501(C)(3)	82,285.	0.			PARENTS CO-GRASSROOTS ORGANIZING FOR RCCF YEAR 1
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - 660 NORT CAPITOL ST. NW SUITE 400 - WASHINGTON, DC 20001	53-0241255	501(C)(3)	80,000.	0.			COVID RECOVERY: PAYMENT 1
MOMSRISING EDUCATION FUND 12011 BEL-RED ROAD, SUITE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	76,285.	0.			GENERAL SUPPORT FOR WORK IN WEST VA
VIBRANT FUTURES 233 FULTON STREET EAST, SUITE 107 GRAND RAPIDS, MI 49503	38-2066096	501(C)(3)	75,740.	0.			CHILD CARE SUPPORT: PHASE ONE
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN ST, SUITE 420 DENVER, CO 80203	74-2374672	501(C)(3)	70,800.	0.			STRENGTHENING THE EARLY CARE AND EDUCATION
RHODE ISLAND FOOD POLICY COUNCIL, INC - 10 DAVOL SQUARE, UNIT 100 - PROVIDENCE, RI 02903	85-3650137	501(C)(3)	50,000.	0.			FUNDS FOR RHODE ISLAND FOOD POLICY
SKAGIT VALLEY FAMILY YMCA 1901 HOAG RD. MOUNT VERNON, WA 98273	91-0565022	501(C)(3)	50,000.	0.			ACI COHORT 2 PLANNING DOLLAR- 1ST INSTALL
ACEDONE 89 SOUTH STREET, #203 BOSTON, MA 02111	51-0419358	501(C)(3)	48,925.	0.			COVID VACCINE OUTREACH AND SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL FINANCIAL INTEGRITY 1100 17TH ST NW#505, WASHINGTON, DC 20036	45-3359420	501(C)(3)	48,000.	0.			GFI 2020 SECOND DISBURSEMENT
NORTHWEST YOUTH SERVICES 108 PROSPECT STREET BELLINGHAM, WA 98225	91-0970561	501(C)(3)	41,276.	0.			WHATCOM CO ACI PLANNING DOLLARS 1/2 INVO
IMMIGRANT FAMILY SERVICES INSTITUTE 1626 BLUE HILL AVENUE MATTAPAN, MA 02126	47-4400495	501(C)(3)	40,115.	0.			COVID-19 VACCINE EDUCATION AND OUTREACH
AGENCIA ALPHA 62 NORTHAMPTON STREET, SUITE H101 BOSTON, MA 02118	04-3249194	S CORPORATION	33,425.	0.			COVID VACCINE OUTREACH AND SUPPORT
BRAZILIAN WOMEN'S GROUP 697 CAMBRIDGE STREET, SUITE 106 BRIGHTON, MA 02135	04-3549382	501(C)(3)	32,178.	0.			BOSTON RESILIENCY FUND
THE O LEAGUE, A NEW JERSEY NONPROFIT CORP. - 11 WEST BROAD STREET - BURLINGTON, NJ 08016	27-0781955	501(C)(3)	30,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
CUMAC/ECHO, INC ATTN: MARK DINGLASAN, 223 ELLISON ST PATERNON, NJ 07505	22-2657737	501(C)(3)	30,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
LITERACY ASSISTANT CENTER 85 BROAD STREET, 16TH FLOOR NEW YORK, NY 10004	13-3179618	501(C)(3)	29,250.	0.			LITERACY ASSISTANT CENTER
MENTAL HEALTH LEGAL ADVISORS COMMITTEE - 100 HANCOCK STREET, SUITE 1002 - QUINCY, MA 02171	04-6002284	GOVERNMENT	28,975.	0.			FAMILY LAW PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIC COMMUNITY ACTION PROGRAMS 823 COMMERCE LOOP PORT TOWNSEND, WA 98368	91-0814319	501(C)(3)	25,000.	0.			ACI PLANNING DOLLARS - 1ST INSTALLJEFFERSON/CLALLAM CO
COMMUNITY YOUTH SERVICES 711 STATE AVE NE OLYMPIA, WA 98506	91-0859922	501(C)(3)	25,000.	0.			COMMUNITY YOUTH SERVICES
COUNCIL FOR THE HOMELESS 2500 MAIN STREET VANCOUVER, WA 98660	91-2001828	501(C)(3)	25,000.	0.			COMMUNITY INITIATIVE PLANNING DOLLARS - 1ST INSTALLMENT
FARM FRESH RHODE ISLAND 10 SIMS AVENUE,SUITE 103 PROVIDENCE, RI 02909	20-4625643	501(C)(3)	20,000.	0.			HOPE'S HARVEST RI/FARM FRESH RI/EVA AGUDELO LASA
W.E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH - 300 S. WESTNEDGE AVENUE - KALAMAZOO, MI 49007	38-1360419	501(C)(3)	20,000.	0.			CHILD CARE: 1ST PAYMENT
CATHERINE S BARDSLEY 2552A TEN ROD RD. EXETER, RI 02822	03-6546224		20,000.	0.			SILK TREE FARM/CATHERINE BARDSLEY LASA
CASSIUS SPEARS 120 MAIN STREET ASHAWAY, RI 02804	03-7506900		20,000.	0.			ASHAWAUG FARM/CASSIUS SPEARS LASA
FIRST LIGHT FISHERIES, INC JON S KOURTESIS, 34 ATLANTIC AVE PORTSMOUTH, RI 02871	05-0521222		20,000.	0.			FIRST LIGHT FISHERIES, INC./JON KOURTESIS LASA
FOR PROVIDERS BY PROVIDERS LOUISIANA - 1678 N. BROAD STREET - NEW ORLEANS, LA 70119	86-3014378	501(C)(3)	20,000.	0.			EARLY CARE AND EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW D. DUTRA, DBA REVELRY GREENS / WHITEHORSE FARM - 19 NICHOLSON CRESCENT - MIDDLETOWN, RI 02842	03-9400138		18,500.	0.			REVELRY GREENS / WHITE HORSE FARM/MATTHEW DUTRA LASA
BOSTON UNIVERSITY, MISC RECEIVABLES NY - P O BOX 28770 - NEW YORK, NY 10087	04-2103547	501(C)(3)	17,500.	0.			EXPANDING THE HEALTH NETWORK
POLICY INSTITUTE FOR CHILDREN OF LOUISIANA, INC - P.O. BOX 13552 - NEW ORLEANS, LA 70185	46-4487461	501(C)(3)	16,800.	0.			COMMUNICATIONS TA FOR PRITZKER GRANT
ARROWHEAD FARM 630 NECK ROAD TIVERTON, RI 02878	87-0926860		16,180.	0.			ARROWHEAD FARM/TIVERTON FARMERS MARKET/MEREDITH BROWER LASA
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST PROVIDENCE, RI 02907	05-0394224	501(C)(3)	15,426.	0.			SOUTHSIDE COMMUNITY LAND TRUST
AFRICAN ALLIANCE OF RI 807 BROAD STREET, ROOM 121 PROVIDENCE, RI 02907	20-1688094	501(C)(3)	15,175.	0.			AFRICAN ALLIANCE OF RHODE ISLAND
RARITAN BAY AREA YMCA 357 NEW BRUNSWICK AVENUE, ATTN: STEVE JOBIN - PERTH AMBOY, NJ 08861	22-1487390	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
UNITED WAY OF GREATER UNION COUNTRY - 33 WEST GRAND ST - ELIZABETH, NJ 07202	22-1904427	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
SALEM COUNTY INTER-AGENCY, COUNCIL OF HUMAN SERVICES - 98 MARKET STREET - SALEM, NJ 08079	22-2403087	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROWAN UNIVERSITY FOUNDATION, INC 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	22-2482802	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	22-2764819		15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
HOMEFRONT, INC 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311		15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
INTERFAITH FOOD PANTRY, INC 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	22-3618468	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
ACENDA, INC 42 DELSEA DRIVE SOUTH GLASSBORO, NJ 08028	23-7001477	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088	52-1641512	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
THE HUUB INC. 47 CLEVELAND STREET ORANGE, NJ 07050	81-1044217	501(C)(3)	15,000.	0.			COMMUNITY COLLABORATIVE LEARNING FUNDS
CLAIRE Y BOWEN, SMALL WORLD FARM, LLC - 225A LONG HIGHWAY - LITTLE COMPTON, RI 02837	86-3487052		15,000.	0.			SMALL WORLD FARM LLC/CLAIRE Y. BOWEN LASA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ADVOCACY ALLIANCE 2310 PASO DEL PRADO, SUITE A209 LAS VEGAS, NV 89102	88-0394078	501(C)(3)	15,000.	0.			COMMUNICATIONS GRANT
VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO - 525 W. 2ND AVE - SPOKANE, WA 99201	91-0577131		14,000.	0.			INNOVATION GRANT "SCHOOL ON THE GO"
ROOTS 2EMPOWER 209 CENTRAL AVENUE PAWTUCKET, RI 02860	85-2146598	501(C)(3)	12,904.	0.			ROOTS 2EMPOWER
COMMON GROUND MONTGOMERY 1516 MOBILE ROAD MONTGOMERY, AL 36108	20-4172444	501(C)(3)	11,400.	0.			HOPE PROJECT GRANT
MOVEMENT GROUND FARM 592 PUNCATEST NECK ROAD TIVERTON, RI 02878	83-3605207	501(C)(3)	10,756.	0.			MOVEMENT GROUND FARM
QUATIA P. OSORIO, D/B/A QUAINLY FARM LLC - 60 CHATHAM ST. - PROVIDENCE, RI 02904	84-1998601		10,532.	0.			QUAINLY FARM, LLC/QUATIA OSORIO LASA
JORDAN VIERA, SAKONNET RIVER OYSTER COMPANY - 18 WILSON ST - BRISTOL, RI 02809	03-7621206		10,000.	0.			SAKONNET RIVER OYSTER COMPANY/JORDAN VIERA LASA
ASIAN AMERICAN FEDERATION INC 120 WALL STREET, 9TH FLOOR NEW YORK, NY 10005	13-3572287	501(C)(3)	10,000.	0.			GRANT TO SUPPORT VOTER ENGAGEMENT
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION, IMAA - 2500 VALLEYHIGH DRIVE NW - ROCHESTER, MN 55901	41-1497753	501(C)(3)	10,000.	0.			WHOLE FAMILY PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COMMUNITY CHANGE 1536 U STREET NW WASHINGTON, DC 20009	52-0888113	501(C)(3)	10,000.	0.			COMMUNICATION SUPPORT
MY HEALTH MY RESOURCES OF TARRANT COUNTY - 3840 HULEN STREET - FORT WORTH, TX 76107	75-1249456		10,000.	0.			COMMUNICATIONS GRANT
FOND DU LAC RESERVATION BUSINESS COMMITTEE - 1720 BIG LAKE ROAD - CLOQUET, MN 55720	41-0965719		9,000.	0.			WHOLE FAMILY PROJECT
SNAKE DEN FARMERS ASSOCIATION 90 BROWN AVE JOHNSTON, RI 02919	85-0627656		8,607.	0.			SNAKE DEN FARMERS ASSOCIATION/REBECCA ROBERTS LASA
COMUNIDADES LATINAS UNIDAS EN SERVICIO - 797 EAST 7TH STREET - SAINT PAUL, MN 55106	41-1386986	501(C)(3)	8,400.	0.			WHOLE FAMILY PROJECT
PEOPLE SERVING PEOPLE, INC 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	8,000.	0.			WHOLE FAMILY PROJECT
DAVID J. DECOST JR., SWALLOWTAIL FARM AND CIDERY - 76 ADELAIDE RD - CHEPACHET, RI 02814	01-5784768		7,795.	0.			SWALLOWTAIL FARM AND CIDERY/DAVID DECOST LASA
IFF - HOPE STARTS HERE 333 SOUTH WABASH AVENUE, SUITE 2800 CHICAGO, IL 60604	36-3656836	501(C)(3)	7,057.	0.			HOPE STARTS HERE
WINTERHAWK VINEYARDS LLC 35 YAWGOO POND ROAD WEST KINGSTON, RI 02892	46-5621429		6,548.	0.			WINTERHAWK VINEYARDS/RICK DYER LASA

Schedule I (Form 990)

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

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

OUR PROCEDURES INCLUDE MANY DIFFERENT OPTIONS FOR MONITORING GRANTS WHICH
MAY DIFFER BASED ON THE SIZE AND SCOPE OF THE GRANT. MONITORING TOOLS
INCLUDE EXPLICIT DEFINITION IN THE GRANT AWARD OF HOW THE FUNDS ARE TO BE
USED, PERIODIC MONITORING OF GRANTEE ACTIVITIES THROUGH WRITTEN REPORTS AND
IN PERSON GRANTEE MEETINGS, AS WELL AS SITE VISITS. AT THE END WE RECEIVE
A FINAL WRITTEN REPORT OF THE DISPOSITION OF GRANTEE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELAINE L. NG CEO	(i)	260,250.	2,500.	552.	18,739.	9,901.	291,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN G HIBBARD PROJECT DIRECTOR	(i)	193,849.	0.	1,584.	19,917.	10,104.	225,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NOAH STOCKMAN CFO	(i)	192,578.	2,000.	240.	7,016.	11,621.	213,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHANNON RUDISILL PROJECT DIRECTOR	(i)	180,820.	0.	360.	13,260.	14,153.	208,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHERRI STEWART PROJECT DIRECTOR	(i)	185,546.	0.	1,032.	13,193.	4,842.	204,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANE ELLEN STEVENS PROJECT DIRECTOR	(i)	172,978.	0.	2,781.	12,250.	3,843.	191,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LUZ D RIVERA HR DIRECTOR	(i)	174,434.	2,500.	240.	6,307.	6,531.	190,012.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

THE BOARD OF TSNE APPROVED YEAR-END BONUSES FOR CERTAIN STAFF IN
RECOGNITION OF HARD WORK AND ACCOMPLISHMENTS. THE BONUS AMOUNTS ARE
REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(II).

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SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021
Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number
04-2261109

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASS. DEVELOPMENT A FINANCE AGENCY	04-3431814	0000000000	02/01/10	15885000.	TO REDEEM THE 11/1/2004 ISSUE		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	15,885,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	15,885,000.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2010			
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

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- ▶ **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.**

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part 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 determining noncash contribution amounts
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	5	520,784.	FAIR MARKET VALUE
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 ...				
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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

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 PART I, COLUMN (B) REPRESENTS THE NUMBER OF GIFTS.

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

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

AND TRAINING, PROPERTY MANAGEMENT, AND OTHER SERVICES TO SUPPORT THE
SUSTAINABILITY AND GROWTH OF NONPROFIT ORGANIZATIONS WORKING TO CREATE
AN EQUITABLE SOCIETY.

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

VARIETY OF INDIVIDUAL PROJECTS, WE SEEK TO PROVIDE WIDER ACCESS TO
RESOURCES AND SERVICES FOR PEOPLE SYSTEMATICALLY DENIED FAIR ACCESS.
PROJECT-BASED WORK ADDRESSES ISSUES SUCH AS CIVIL AND OTHER BASIC HUMAN
RIGHTS, ENVIRONMENTAL SUSTAINABILITY, FOOD SECURITY, AND ACCESS TO
HEALTH CARE, HOUSING, AND EDUCATION.

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

THE 990 WAS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING
AND WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

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

ALL OFFICERS, DIRECTORS, AND EMPLOYEES ARE RESPONSIBLE FOR AVOIDING
SITUATIONS WHICH PLACE THEM IN CONFLICT OR APPARENT CONFLICT WITH THEIR
DUTIES AT TSNE AND ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE
FORM ANNUALLY.

THE CEO REVIEWS THE FORMS AND DETERMINES IF A POTENTIAL CONFLICT EXISTS. IF
A POTENTIAL CONFLICT IS FOUND TO EXIST, THAT PERSON IS PROHIBITED FROM
PARTICIPATING IN THE DELIBERATIONS AND DECISIONS ON THE CONFLICTING MATTER.

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

THIS POLICY STATEMENT COVERS SOME, BUT NOT ALL SUCH SITUATIONS.

EMPLOYEES SHOULD SEEK GUIDANCE IN ADVANCE FROM THE CEO WHENEVER THE
POTENTIAL FOR SUCH CONFLICT OF INTEREST ARISES.

NO EMPLOYEE OF TSNE SHALL SERVE ON A GOVERNING BOARD OR COMMITTEE OF ANY
ORGANIZATION CONTRACTING WITH, MAKING GRANTS TO, OR RECEIVING GRANTS FROM
TSNE, EXCEPT WITH THE EXPRESS, WRITTEN APPROVAL OF TSNE'S CEO. THE CEO'S
PARTICIPATION ON A BOARD OR COMMITTEE AS DESCRIBED ABOVE SHALL REQUIRE THE
WRITTEN APPROVAL OF THE PRESIDENT. IN NO CASE SHALL A TSNE OFFICER,
DIRECTOR OR EMPLOYEE VOTE OR TAKE AN ACTIVE PART IN DISCUSSION OF A GRANT
OR CONTRACT BETWEEN TSNE AND AN ORGANIZATION OF WHICH HE OR SHE IS A MEMBER
OR DIRECTOR.

TSNE RECOGNIZES THAT SOME STAFF MAY, ON OCCASION, WISH TO CONTRACT WITH
INDIVIDUALS OR ORGANIZATIONS TO PROVIDE CONSULTATION OR OTHER PROFESSIONAL
SERVICES ON AN INDEPENDENT CONTRACTUAL BASIS. ALL SUCH OUTSIDE CONSULTING
AND CONTRACTUAL ARRANGEMENTS MUST BE APPROVED BY THE CEO (OR, IN THE CASE
OF THE CEO, BY THE PRESIDENT). DECISIONS REGARDING APPROVAL OR DISAPPROVAL
OF SUCH OUTSIDE WORK ARE WITHIN THE SOLE DISCRETION OF THE CEO (OR
PRESIDENT). APPROVAL WILL NOT BE GRANTED IN CASES IN WHICH TSNE IS OFFERING
OR MIGHT REASONABLY CONSIDER OFFERING SIMILAR SERVICES.

APPROVAL WILL ALSO BE DENIED IN INSTANCES WHICH IN THE JUDGMENT OF THE
DECISION-MAKER CONSTITUTE A CONFLICT OF INTEREST OR THE APPEARANCE OF SUCH
A CONFLICT.

VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND
INCLUDING TERMINATION OF EMPLOYMENT.

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

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

TSNE'S CEO'S COMPENSATION IS DETERMINED THROUGH REVIEW AND APPROVAL OF THE GOVERNANCE COMMITTEE OF BOARD OF DIRECTORS. THIS COMMITTEE MAKES USE OF COMPARABLE COMPENSATION DATA FOR SIMILARLY SITUATED ORGANIZATIONS, AND MAINTAINS MINUTES OF ITS DELIBERATIONS. THE LAST TIME THIS REVIEW WAS CONDUCTED WAS DECEMBER 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA,AL,CA,CT,FL,GA,IL,KS,MD,MI,MN,MS,NC,NH,NJ,NY,OR,PA,RI,SC,TN,UT,VA,WI,WV
CO

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

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S DIVISION OF PUBLIC CHARITIES WEBSITE AND NATIONAL DATA SOURCES SUCH AS GUIDESTAR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

AGRICULTURE:

PROGRAM SERVICE EXPENSES	471,591.
MANAGEMENT AND GENERAL EXPENSES	36,494.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	508,085.

EDUCATION:

PROGRAM SERVICE EXPENSES	6,039,645.
MANAGEMENT AND GENERAL EXPENSES	436,454.

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	6,476,099.
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FISCAL SPONSORSHIP:

PROGRAM SERVICE EXPENSES	343,563.
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MANAGEMENT AND GENERAL EXPENSES	447,263.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	790,826.
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HEALTH:

PROGRAM SERVICE EXPENSES	1,094,365.
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MANAGEMENT AND GENERAL EXPENSES	26,620.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,120,985.
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OTHER:

PROGRAM SERVICE EXPENSES	532,989.
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MANAGEMENT AND GENERAL EXPENSES	126,079.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	659,068.
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STIPENDS:

PROGRAM SERVICE EXPENSES	522,680.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	522,680.
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WORKFORCE DEVELOPMENT:

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

PROGRAM SERVICE EXPENSES 1,685,152.

MANAGEMENT AND GENERAL EXPENSES 32,775.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,717,927.

POLICY EQUITY:

PROGRAM SERVICE EXPENSES 607,930.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 607,930.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 12,403,600.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION 1,020,869.