** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 **and ending** JUN 30, 2024

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

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 $ 80,856,725.

H(a) Is this a group return for 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 ☐ 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)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	577
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,125.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,125.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	64,478,513.	37,660,675.
9	Program service revenue (Part VIII, line 2g)	19,242,790.	23,165,219.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,247,283.	4,914,676.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,410,410.	2,267,363.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,378,996.	68,007,933.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,286,549.	11,958,993.
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)	39,250,999.	43,668,293.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	326,098.	349,128.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,738,904.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,613,477.	25,210,036.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75,477,123.	81,186,450.
19	Revenue less expenses. Subtract line 18 from line 12	12,901,873.	-13,178,517.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	162,486,187.	148,962,717.
21	Total liabilities (Part X, line 26)	22,195,021.	20,702,791.
22	Net assets or fund balances. Subtract line 21 from line 20	140,291,166.	128,259,926.

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, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
BRENDA L. BOOTH		03/21/25	☐	P01342395

Firm's name CBIZ ADVISORS, LLC — Firm's EIN 26-3753134
Firm's address 500 BOYLSTON STREET, BOSTON, MA 02116 — Phone no. 617-761-0600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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 X 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 X 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 $ 63,853,918. including grants of $ 11,958,993.) (Revenue $ 15,613,747.)
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 $ 2,438,129. including grants of $ 0.) (Revenue $ 3,718,929.)
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 $ 3,352,156. including grants of $ 0.) (Revenue $ 3,992,902.)
TSNE'S PROPERTY SERVICES PROVIDES NONPROFITS WITH AFFORDABLE PROPERTY MANAGEMENT SERVICES AND BELOW-MARKET OFFICE AND MEETING SPACES. 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. IN ADDITION TO THE NONPROFIT CENTER, TSNE PROVIDES WRAP-AROUND PROPERTY MANAGEMENT AND OPERATIONAL SUPPORT FOR LOCAL NONPROFIT OWNED PROPERTIES.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 69,644,203.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	744		
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** 577			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
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**	X	
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

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.

X Own website X Another's website X 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 Contractors

Check 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, box 6 of 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				319,164.	0.	32,383.
(2) NOAH STOCKMAN CFO	37.50			X				272,952.	0.	13,939.
(3) SUSAN G. HIBBARD PROJECT DIRECTOR	37.50					X		221,208.	0.	33,976.
(4) SHERRI STEWART PROJECT DIRECTOR	37.50					X		214,264.	0.	24,275.
(5) SHANNON RUDISILL PROJECT DIRECTOR	33.75					X		220,105.	0.	18,063.
(6) LUZ D. RIVERA CHIEF PEOPLE AND CULTURE OFFICER	37.50					X		199,295.	0.	17,065.
(7) FRANCES KUNREUTHER PROJECT DIRECTOR	37.50					X		196,827.	0.	17,606.
(8) JAYE Y. SMITH CHAIR	0.25	X		X				0.	0.	0.
(9) CLEMENT JAMES TREASURER	0.25	X		X				0.	0.	0.
(10) MARCOS POPOVICH CLERK	0.25	X		X				0.	0.	0.
(11) ANGELA BROWN BOARD MEMBER	0.25	X						0.	0.	0.
(12) BETH CHANDLER VICE CHAIR	0.25	X		X				0.	0.	0.
(13) NANCY B. GARDINER BOARD MEMBER	0.25	X						0.	0.	0.
(14) JAY KIM BOARD MEMBER	0.25	X						0.	0.	0.
(15) AYISHA LEE BOARD MEMBER	0.25	X						0.	0.	0.
(16) CHERYL SCHAEFFER BOARD MEMBER	0.25	X						0.	0.	0.
(17) MEGHA VADULA BOARD MEMBER	0.25	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
1b Subtotal								1,643,815.	0.	157,307.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,643,815.	0.	157,307.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 104

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRO MEETING MANAGEMENT 3219 ANRIC DRIVE, EAU CLAIRE, WI 54701	LOGISTICS/MANAGEMENT OF CONF.	906,750.
JEFFREY CAPIZZANO 142 11TH STREET, SE, WASHINGTON, DC 20003	ADVOCACY, RESEARCH & COMMUNICATION	856,773.
PROPULSION SQUARED, 1316 INDIAN PASS RD, PORT SAINT JOE, FL 32456	ABCQ EARLY LEARNING CONSULTATION	813,289.
BERLIN ROSEN, LLC, 15 MAIDEN LANE SUITE 1600, NEW YORK, NY 10038	MEDIA & PUBLIC RELATIONS	489,802.
HARRIET DICHTER 535 TELNER STREET, PHILADELPHIA, PA 19118	CONSULTING ON QUALITY IMPROVEMENT	425,268.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 30

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a					
	b Membership dues	1b	269,537.				
	c Fundraising events	1c	20,135.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,658,904.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,712,099.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,004,577.				
	h **Total.** Add lines 1a-1f			37,660,675.			
Program Service Revenue		**Business Code**					
	2a CONTRACT REVENUE	900099		17,718,207.	17718207.		
	b RENTAL INCOME	900099		3,508,104.	3,508,104.		
	c CONFERENCE REVENUE	900099		1,938,908.	1,925,783.	13,125.	
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			23,165,219.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,280,274.			3280274.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			2,100,739.			2100739.
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	14,476,334.					
	b Less: cost or other basis and sales expenses 7b	12,841,932.					
	c Gain or (loss) 7c	1,634,402.					
	d Net gain or (loss)			1,634,402.			1634402.
	8a Gross income from fundraising events (not including $ 20,135. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	6,860.				
	c Net income or (loss) from fundraising events			-6,860.			-6,860.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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		**Business Code**					
	11a SALES REVENUE	900009		122,094.	122,094.		
	b OTHER INCOME	900009		51,390.	51,390.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			173,484.			
	12 **Total revenue.** See instructions			68,007,933.	23325578.	13,125.	7008555.

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	11,546,699.	11,546,699.		
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	412,294.	412,294.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	592,116.		576,158.	15,958.
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	34,096,587.	27,571,225.	5,462,975.	1,062,387.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,248,963.	969,078.	279,885.	
9 Other employee benefits	5,076,941.	4,059,475.	824,625.	192,841.
10 Payroll taxes	2,653,686.	2,109,199.	461,994.	82,493.
11 Fees for services (nonemployees):				
a Management				
b Legal	215,042.	42,706.	172,336.	
c Accounting	290,840.	16,325.	274,515.	
d Lobbying	151,361.	151,361.		
e Professional fundraising services. See Part IV, line 17	349,128.			349,128.
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.)	13,368,216.	12,902,910.	465,306.	
12 Advertising and promotion	132,548.	121,150.	10,965.	433.
13 Office expenses	294,496.	217,357.	75,659.	1,480.
14 Information technology	1,002,480.	535,227.	466,743.	510.
15 Royalties				
16 Occupancy	2,098,879.	2,052,460.	45,119.	1,300.
17 Travel	1,231,034.	1,193,902.	26,890.	10,242.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,149,618.	3,111,575.	36,023.	2,020.
20 Interest	309,625.	309,625.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,367,520.	1,271,016.	96,504.	
23 Insurance	362,765.	85,507.	277,258.	
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 TELEPHONE	431,269.	384,185.	45,700.	1,384.
b SUPPLIES	352,661.	350,824.	1,359.	478.
c PRINTING & PUBLICATIONS	185,232.	169,720.	2,620.	12,892.
d POSTAGE AND SHIPPING	19,064.	14,175.	1,667.	3,222.
e All other expenses	247,386.	46,208.	199,042.	2,136.
25 **Total functional expenses.** Add lines 1 through 24e	81,186,450.	69,644,203.	9,803,343.	1,738,904.
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 Sheet

Check 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	76,564,129.	2	64,493,436.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,329,372.	4	22,209,481.
	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	1,259,941.	9	869,511.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 32,995,544.			
	b	Less: accumulated depreciation — 10b: 14,824,335.	18,938,160.	10c	18,171,209.
	11	Investments - publicly traded securities	36,623,745.	11	39,652,070.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,770,840.	15	3,567,010.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	162,486,187.	16	148,962,717.
Liabilities	17	Accounts payable and accrued expenses	7,508,578.	17	7,600,790.
	18	Grants payable		18	
	19	Deferred revenue	2,268,837.	19	1,574,149.
	20	Tax-exempt bond liabilities	10,633,504.	20	10,139,815.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	399,491.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1,384,611.	25	1,388,037.
	26	**Total liabilities.** Add lines 17 through 25	22,195,021.	26	20,702,791.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	38,057,973.	27	42,041,430.
	28	Net assets with donor restrictions	102,233,193.	28	86,218,496.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	140,291,166.	32	128,259,926.
	33	Total liabilities and net assets/fund balances	162,486,187.	33	148,962,717.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,007,933.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,186,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,178,517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,291,166.
5	Net unrealized gains (losses) on investments	5	1,206,948.
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	-59,671.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,259,926.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

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

2023

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43228078.	63464425.	61120701.	64351285.	37391138.	269555627
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	43228078.	63464425.	61120701.	64351285.	37391138.	269555627
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)						42827979.
6 **Public support.** Subtract line 5 from line 4.						226727648

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	43228078.	63464425.	61120701.	64351285.	37391138.	269555627
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3118498.	1820971.	3270321.	4484338.	5381013.	18075141.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					13,125.	13,125.
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						287643893

12 Gross receipts from related activities, etc. (see instructions) 12 94,104,923.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 78.82 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 78.85 %

16a **33 1/3% support test - 2023.** 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 ☒

b **33 1/3% support test - 2022.** 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 ☐

17a **10% -facts-and-circumstances test - 2023.** 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 ☐

b **10% -facts-and-circumstances test - 2022.** 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 ☐

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 ☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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 - *provide details in* **Part VI**)	**5**	
6 Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2023 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-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 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		$ 1,100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 818,715.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,444,544.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,950,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 987,064.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 1,044,544.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 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		$ 917,279.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,998,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 3,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 2,388,433.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 1,426,740.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 1,425,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 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
13		$ 810,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	6971 AMAZON SHARES	$ 987,064.	11/30/23
		$	
		$	
		$	
		$	
		$	
		$	

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

(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

(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

(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

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

2023

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	Employer identification number
THIRD SECTOR NEW ENGLAND, INC.	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-.

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)	70,312.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	81,049.	
c Total lobbying expenditures (add lines 1a and 1b)	151,361.	
d Other exempt purpose expenditures	79,296,185.	
e Total exempt purpose expenditures (add lines 1c and 1d)	79,447,546.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.	

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.

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? ☐ Yes ☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	139,130.	74,175.	218,113.	151,361.	582,779.
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	10,836.	16,838.	78,606.	70,312.	176,592.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2023

Open 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 $ _____

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 in 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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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		9,886,758.	5,610,751.	4,276,007.
c Leasehold improvements		15,485,411.	8,110,482.	7,374,929.
d Equipment		1,881,769.	1,103,102.	778,667.
e Other		164,869.		164,869.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				18,171,209.

Schedule D (Form 990) 2023

332052 09-28-23

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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) LEASE LIABILITIES	1,388,037.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,388,037.

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 ... X

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	69,874,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,206,948.		
b	Donated services and use of facilities	2b	712,760.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-52,811.		
e	Add lines **2a** through **2d**			2e	1,866,897.
3	Subtract line **2e** from line **1**			3	68,007,933.
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	68,007,933.

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	81,906,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	712,760.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,860.		
e	Add lines **2a** through **2d**			2e	719,620.
3	Subtract line **2e** from line **1**			3	81,186,450.
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	81,186,450.

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	6,860.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION	-59,671.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-52,811.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	6,860.

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

2023

Open to Public Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

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? ..... [X] **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	153,124.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	FTC POLICY COORDINATION	232,656.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	35,000.
SOUTH ASIA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	30,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	59,550.
SOUTH AMERICA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	210,805.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	76,939.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	INTEGRITY INITIATIVES INTERNATIONAL	17,577.
3 a Subtotal	0	3			815,651.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	3			815,651.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2023**

LHA 332071 11-29-23

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	35,000.	WIRE	0.		
		SOUTH ASIA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	37,550.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	22,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	50,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	38,439.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	35,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FINANCIAL TRANSPARENCY ACTIVITIES ON WORKPLAN AS MEMBERS	160,305.	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 8

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

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

REGION: SOUTH AMERICA

(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

2023

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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] 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? [X] **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? Yes	No	**(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
LARA LEPIONKA - 9 BEACON STREET, GLOUCESTER, MA 01930	DEVELOPMENT CONSULTANT		X	600,000.	24,730.	575,270.
KATHARINE CAMPBELL SIMONS - 161 MT. VERNON ST, WEST	GRANT WRITTING SUPPORT		X	540,004.	67,500.	472,504.
G&G STRATEGIES - 53 GLENWOOD STREET, MACHESTOR, CT 06040	GRANT WRITING SUPPORT		X	290,350.	10,000.	280,350.
LENG LENG CHANCEY - 1803 OAK CREST CT, TUCKER, GA 30084	FUNDRAISING STRATEGY		X	250,000.	13,500.	236,500.
JOHANE ALEXIS-PHANOR - 65 MORTON VILLAGE APT 303,	DEVELOPMENT CONSULTANT		X	100,002.	42,000.	58,002.
SAMANTHA RANDELL ENDER - 1606 UPPER CANYON RD, SANTA FE, NM	FUNDRAISING STRATEGY		X	0.	37,500.	0.
ELIZABETH MANKO - 30 WEST 63RD STREET, NEW YORK, NY	DEVELOPMENT CONSULTANT		X	0.	10,000.	0.
RESOURCEFULL CONSULTING, LLC - 5639 CHARLOTTE DRIVE, NEW	GRANT WRITTING SUPPORT		X	0.	6,788.	0.
SHARITY, INC. - 1035 SILVER PALM LANE, MAITLAND, FL	GRANT WRITTING SUPPORT		X	0.	5,000.	0.
Total				1,780,356.	217,018.	1,622,626.

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

SEE PART IV FOR CONTINUATIONS

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 CS- IN THE ROOM & AT TH (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	20,135.			20,135.
	2 Less: Contributions	20,135.			20,135.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,172.			1,172.
	7 Food and beverages	474.			474.
	8 Entertainment				
	9 Other direct expenses	5,214.			5,214.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,860.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-6,860.

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: KATHARINE CAMPBELL SIMONS

(I) ADDRESS OF FUNDRAISER: 161 MT. VERNON ST, WEST ROXBURY, MA 02132

(I) NAME OF FUNDRAISER: JOHANE ALEXIS-PHANOR

(I) ADDRESS OF FUNDRAISER: 65 MORTON VILLAGE APT 303, MATTAPAN, MA 02126

(I) NAME OF FUNDRAISER: SAMANTHA RANDELL ENDER

Part IV **Supplemental Information** *(continued)*

(I) ADDRESS OF FUNDRAISER: 1606 UPPER CANYON RD, SANTA FE, NM 87501-6138

(I) NAME OF FUNDRAISER: ELIZABETH MANKO

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

(I) NAME OF FUNDRAISER: RESOURCEFULL CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 5639 CHARLOTTE DRIVE, NEW ORLEANS, LA 70122

(I) NAME OF FUNDRAISER: SHARITY, INC.

(I) ADDRESS OF FUNDRAISER: 1035 SILVER PALM LANE, MAITLAND, FL 32751

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

2023

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? ..... [X] 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
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN INC - P.O. BOX 270437 - MILWAUKEE, WI 53227	34-1246311	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
ACEDONE 89 SOUTH STREET, #203 BOSTON, MA 02111	51-0419358	501(C)(3)	98,878.	0.			SUPPORT IMMIGRANT ORGANIZING
AGENCIA ALPHA 62 NORTHAMPTON STREET, SUITE H101 BOSTON, MA 02118	04-3249194		91,873.	0.			SUPPORT IMMIGRANT ORGANIZING
ALABAMA INSTITUTE FOR SOCIAL JUSTICE - P. O. BOX 230909 - MONTGOMERY, AL 36123	23-7205238	501(C)(3)	165,000.	0.			RCCF YEAR 2 GRANT
ARIZONA STATE UNIVERSITY, ASU: OKED OFFICE OF RESEARCH & SPONSORED PROJECTS - PO BOX 876011 - TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	31,282.	0.			PUBLIC HEALTH GRANT
ASIAN COMMUNITY DEVELOPMENT CORPORATION - 38 OAK ST. - BOSTON, MA 02111	04-2988263	501(C)(3)	21,500.	0.			ACTIVATING BOSTON PILOT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 98.

3 Enter total number of other organizations listed in the line 1 table ..... 5.

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
BRAZILIAN WOMEN'S GROUP 697 CAMBRIDGE STREET, SUITE 106 BRIGHTON, MA 02135	04-3549382	501(C)(3)	93,700.	0.			SUPPORT IMMIGRANT ORGANIZING
CATHOLIC CHARITIES OF SPOKANE, DBA CATHOLIC CHARITIES EASTERN WASHINGTON - 12 E 5TH AVE - SPOKANE, WA 99202	91-0569880	501(C)(3)	45,000.	0.			ACI YOUTH ENGAGEMENT GRANT
COALITION FOR SOCIAL JUSTICE EDUCATION FUND - 145 TREMONT STREET, FLOOR 2 - BOSTON, MA 02111	04-3351827	501(C)(3)	281,000.	0.			MA VOTER TABLE GRANT
COLORADO STATEWIDE PARENT COALITION - 5336 COLUMBINE LANE - DENVER, CO 80221	74-2563848	501(C)(3)	165,000.	0.			RCCF YEAR 1 GRANT
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
EARLY CHILDHOOD FUNDERS COLLABORATIVE - 89 SOUTH STREET, SUITE 700 - BOSTON, MA 02111	04-2261109	501(C)(3)	748,652.	0.			RAISING CHILD CARE FUND 2024
FAMILY FORWARD OREGON PO BOX 15146 PORTLAND, OR 97293	80-0436735	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
FIRST UP 1608 WALNUT STREET, SUITE 300 PHILADELPHIA, PA 19103	23-6438144	501(C)(3)	130,000.	0.			RCCF YEAR 2 GRANT
FOR PROVIDERS BY PROVIDERS LOUISIANA - 1678 N. BROAD STREET - NEW ORLEANS, LA 70119	86-3014378	501(C)(3)	238,058.	0.			EARLY LEARNING CONFERENCE GRANT

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
FOUR CORNERS MAIN STREET, INC. P. O. BOX 240877 DORCHESTER, MA 02124	20-0862997	501(C)(3)	6,500.	0.			ACTIVATING BOSTON PILOT GRANT
FUSION PARTNERSHIPS, INC., D/B/A SPACES IN ACTION - 1601 GUILFORD AVENUE - BALTIMORE, MD 21202	52-2148413	501(C)(3)	165,000.	0.			RCCF YEAR 1 GRANT
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION,IMAA - 2500 VALLEYHIGH DRIVE NW - ROCHESTER, MN 55901	41-1497753	501(C)(3)	41,200.	0.			SUPPORTING GRANT PARENT CHILD+ PROGRAM
ISAIAH 2356 UNIVERSITY AVE W, SUITE 405 ST. PAUL, MN 55114	41-1957358	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
MOMSRISING EDUCATION FUND 12011 BEL-RED ROAD, SUITE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	165,000.	0.			RCCF YEAR 1 GRANT
MOTHERING JUSTICE PO BOX 21728 DETROIT, MI 48221	45-3740989	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
NORTHWEST YOUTH SERVICES 1020 N STATE ST BELLINGHAM, WA 98225	91-0970561	501(C)(3)	60,000.	0.			WHATCOM YYA
OHIO ORGANIZING COLLABORATIVE 25 EAST BOARDMAN STREET, SUITE 230 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
OLE EDUCATION FUND 411 BELLAMAH NW ALBUQUERQUE ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT

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)	30,000.	0.			ACI YOUTH ENGAGEMENT GRANT
PUBLIC POLICY AND EDUCATION FUND OF NEW YORK, C/O ALLIANCE FOR QUALITY EDUCATION - 94 CENTRAL AVENUE - ALBANY, NY 12206	13-3364209	501(C)(3)	215,000.	0.			RCCF YEAR 1 GRANT
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901	36-4659738	501(C)(3)	60,000.	0.			ACI YOUTH ENGAGEMENT GRANT
SALISH KOOTENAI COLLEGE, INC. 58138 US HWY 93 PO BOX 70 PABLO, MT 59855	81-0378823	501(C)(3)	288,666.	0.			GRANT TRANSFORMING EARLY EDUCATOR LEAD TEACHER PREPARATION PROGRAMS
SKAGIT VALLEY FAMILY YMCA 1901 HOAG RD. MOUNT VERNON, WA 98273	91-0565022	501(C)(3)	60,000.	0.			ACI YOUTH ENGAGEMENT GRANT
SPRINGBOARD TO OPPORTUNITIES 518 E CAPITOL STREET JACKSON, MS 39201	46-1917760	501(C)(3)	115,000.	0.			RCCF YEAR 2 GRANT
TACOMA COMMUNITY HOUSE 1314 SOUTH L STREET TACOMA, WA 98405	91-0570872	501(C)(3)	110,000.	0.			ACI YOUTH ENGAGEMENT GRANT
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA, DBA THE UNIVERSITY OF NEBRAS - 151 PREM S PAUL RESEARCH CENTER, 2200 VINE	47-0049123	501(C)(3)	367,803.	0.			TRANSFORMING EELT PREPARATION GRANT
TRUE ALLIANCE CENTER INC 1550 BLUE HILL AVE, SUITE 1 MATTAPAN, MA 02126	27-3114465	501(C)(3)	111,224.	0.			SUPPORT IMMIGRANT ORGANIZING

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 ENTERPRISES INC., CALIFORNIA STATE UNIVERSITY - SACRAMENTO, 6000 J STREET - SACRAMENTO, CA 95819-6063	94-1337638	501(C)(3)	8,472.	0.			TRANSFORMING EELT PREP PROG
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822-2234	99-6000354	501(C)(3)	315,079.	0.			TRANSFORMING EELT PREPARATION GRANT
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	501(C)(3)	451,888.	0.			PUBLIC HEALTH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - P.O. BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	29,660.	0.			PUBLIC HEALTH GRANT
WALLA WALLA COUNTY, DEPART. OF COMMUNITY HEALTH - 314 WEST MAIN STREET - WALLA WALLA, WA 99362	91-6001381	GOVERNMENT	34,054.	0.			ACI YOUTH ENGAGEMENT GRANT
WEPOWER 4240 DUNCAN AVE SAINT LOUIS, MI 63110	82-3591958	501(C)(3)	165,000.	0.			RCCF YEAR 1 GRANT
STATE OF COLORADO, DEPARTMENT OF EARLY CHILDHOOD - 710 S ASH ST - DENVER, CO 80246	84-0644739	501(C)(3)	1,207,886.	0.			EEIC COMPENSATION GRANT
DISTRICT OF COLUMBIA GOVERNMENT, DC TREASURY (OFFICE OF TAX AND REVENUE) - 1101 4TH STREET SW, SUITE 800W - WASHINGTON, DC 20024	53-6001131	501(C)(3)	1,145,000.	0.			EEIC COMPENSATION GRANT
POLICY INSTITUTE FOR CHILDREN OF LOUISIANA, INC. - P.O. BOX 13552 - NEW ORLEANS, LA 70185	46-4487461	501(C)(3)	938,717.	0.			EEIC COMPENSATION GRANT

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
BELOVED COMMUNITY 3157 GENTILLY BLVD 176 NEW ORLEANS, LA 70122	81-3388287	501(C)(3)	175,000.	0.			SUPPORTING GRANT
POWER COALITION FOR EQUITY AND JUSTICE - 4930 WASHINGTON AVENUE - NEW ORLEANS, LA 70125	83-2511340	501(C)(3)	175,000.	0.			RCCF YEAR 1 GRANT
FOND DU LAC RESERVATION BUSINESS COMMITTEE, D/B/A FOND DU LAC DEVELOPMENT CORPOR - 1720 BIG LAKE ROAD - CLOQUET, MN 55720	41-0965719	501(C)(3)	100,000.	0.			SUPPORTING GRANT
TRAININGGROUNDSINC 1597 CUTTYSARK COVE SLIDELL, LA 70458	81-3353953	501(C)(3)	100,000.	0.			SUPPORTING GRANT WE CONNECT HUB
PIONEER VALLEY PROJECT 45 MAPLE STREET SPRINGFILED, MA 01105	04-3343623	501(C)(3)	82,000.	0.			MA VOTER TABLE GRANT
STATE POWER FUND 25 E BOARDMAN ST SUITE 428 YOUNGSTOWN, OH 44503	85-3982823	501(C)(3)	80,000.	0.			RCCF GENERAL SUPPORT GRANT
BROCKTON INTERFAITH COMMUNITY 1350 PLEASANT ST BROCKTON, MA 02301	22-3135464	501(C)(3)	66,000.	0.			MA VOTER TABLE GRANT
JANUS YOUTH PROGRAMS, INC. 738 NE DAVIS ST. PORTLAND, OR 97232	23-7345990	501(C)(3)	60,000.	0.			YOUTH AND COMMUNITY ENGAGEMENT
SPOKANE COUNTY UNITED WAY 920 N. WASHINGTON ST SPOKANE, WA 99201	91-0606058	501(C)(3)	58,395.	0.			ACI YOUTH ENGAGEMENT GRANT

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
CITY OF DALLAS 1500 MARILLA STREET, ROOM 2BS DALLAS, TX 75201	75-6000508	501(C)(3)	50,000.	0.			TA PROGRAM GRANT
CITY OF BLOOMINGTON 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	41-6004990	501(C)(3)	50,000.	0.			TA PROGRAM GRANT
KING COUNTY 201 SOUTH JACKSON ST, STE 710 SEATTLE, WA 98104	91-6001327	501(C)(3)	50,000.	0.			TA PROGRAM GRANT
CITY OF SAINT PAUL 15 W. KELLOGG BLVD., STE. 700 CITY ST. PAUL, MA 55102	41-6005521	501(C)(3)	50,000.	0.			RWJF EVENT
LITERACY ASSISTANT CENTER 85 BROAD STREET, 16TH FLOOR NEW YORK, NY 10004	13-3179618	501(C)(3)	50,000.	0.			LAC PARTNERSHIP GRANT
LA COLABORATIVE 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	40,000.	0.			MA VOTER TABLE GRANT
NEW ENGLAND UNITED FOR JUSTICE 102 COLUMBIA ROAD, REAR BOSTON, MA 02122	27-1434994	501(C)(4)	40,000.	0.			MA VOTER TABLE GRANT
LOWELL VOTES 517 MOODY ST LOWELL, MA 01854	04-2760272	501(C)(3)	35,000.	0.			MA VOTER TABLE GRANT
RESIST, INC. 42 SEAVEMS AVENUE JAMAICA PLAIN, MA 02130	04-2433182	501(C)(3)	33,000.	0.			MA VOTER TABLE GRANT

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
PARTNERS IN PREVENTION EDUCATION 1009 STATE AVE NE OLYMPIA, WA 98513	20-8845738	501(C)(3)	30,000.	0.			ACI YOUTH ENGAGEMENT GRANT
MADISON PARK DEVELOPMENT CORPORATION - 184 DUDLEY STREET, #200 - ROXBURY, MA 02119	23-7164223	501(C)(3)	27,500.	0.			MA VOTER TABLE GRANT
CITY OF ATLANTA 68 MITCHELL STREET SW, SUITE 13100 ATLANTA, GA 30303	58-6000511	501(C)(3)	25,000.	0.			TA PROGRAM GRANT
CITY OF ATLANTA 160 TRINITY AVENUE SW FLOOR #3 ATLANTA, GA 30344	58-6000511	GOVERNMENT	25,000.	0.			TA PROGRAM GRANT
INTERFAITH VOICES FOR REPRODUCTIVE JUSTICE INC - 275 CARPENTER DRIVE, SUITE 309 - ATLANTA, GA 30328	83-4119436	501(C)(3)	25,000.	0.			GALA SPONSORSHIP
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	24,516.	0.			EARLY EDUCATION SUPPORT GRANT
WORCESTER INTERFAITH 111 PARK AVE WORCESTER, MA 01609	04-3158699	501(C)(3)	20,000.	0.			MA VOTER TABLE GRANT
MERRIMACK VALLEY PROJECT 1045 ESSEX ST LAWRENCE, MA 01841	04-3132443	501(C)(3)	18,000.	0.			MA VOTER TABLE GRANT
BETTER HEALTH TOGETHER 157 S. HOWARD ST, STE. 102 SPOKANE, WA 99201	90-0997482	501(C)(3)	15,250.	0.			ACI YOUTH ENGAGEMENT GRANT

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
DE NOSOTROS FOUNDATION INC. 155 COTTAGE ST., U-4 BOSTON, MA 02128	88-1849151	501(C)(3)	15,000.	0.			ACTIVATING BOSTON PILOT GRANT
CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORP - 587 WASHINGTON STREET - DORCHESTER, MA 02124	04-2752507	501(C)(3)	15,000.	0.			ACTIVATING BOSTON PILOT GRANT
BOSTON AFFORDABLE HOUSING COALITION - 42 SEAVERNS AVENUE - JAMAICA PLAIN, MA 02130	22-2526244	501(C)(3)	15,000.	0.			MA VOTER TABLE GRANT
NEIGHBORS UNITED FOR A BETTER EAST BOSTON - 19 MERIDIAN STREET - EAST BOSTON, MA 02128	81-2119468	501(C)(3)	15,000.	0.			MA VOTER TABLE GRANT
BROCKTON WORKERS ALLIANCE 721 BELMONT ST BROCKTON, MA 02301	83-0920879	501(C)(3)	15,000.	0.			MA VOTER TABLE GRANT
MASSACHUSETTS AFFORDABLE HOUSING ALLIANCE INC - 1803 DORCHESTER AVE - DORCHESTER, MA 02124	22-3042637	501(C)(3)	12,500.	0.			MA VOTER TABLE GRANT
LOWELL ALLIANCE 97 CENTRAL STREET LOWELL, MA 01852	04-2105876	501(C)(3)	12,500.	0.			MA VOTER TABLE GRANT
COALITION FOR A BETTER ACRE 517 MOODY STREET, 3RD FLOOR LOWELL, MA 01854	04-2760272	501(C)(3)	12,500.	0.			MA VOTER TABLE GRANT
ECONOMIC JUSTICE ALLIANCE OF MICHIGAN - 4750 WOODWARD AVENUE, SUITE 215 - DETROIT, MI 48201	47-4734132	501(C)(3)	10,000.	0.			COMMUNITY PARTNER GRANT

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
ALLIED MEDIA PROJECTS 4731 GRAND RIVER AVENUE, SUITE 400 DETROIT, MI 48208	01-0559608	501(C)(3)	10,000.	0.			COMMUNITY PARTNER GRANT
WEST GRAND BOULEVARD COLLABORATIVE P.O. BOX 2247 DETROIT, MI 48202	37-1560417	501(C)(3)	10,000.	0.			COMMUNITY PARTNER GRANT
REVERE YOUTH IN ACTION 89 SOUTH ST BOSTON, MA 02111	04-2261109	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
NEIGHBOR TO NEIGHBOR MA 8 BEACON STREET, 5TH FLOOR BOSTON, MA 02108	04-3507716	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
ASIAN AMERICAN RESOURCE WORKSHOP 42 CHARLES ST, SUITE A DORCHESTER, MA 02122	04-2707980	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
CHINESE CULTURE CONNECTION INC 6 PLEASANT ST, SUITE 201 MALDEN, MA 02148	04-3103223	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
QUINCY ASIAN RESOURCES INC. 1509 HANCOCK STREET, #209 QUINCY, MA 02169	01-0556446	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 11 BEACON STREET, SUITE 722 - BOSTON, MA 02108	01-0563874	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
MCAN 14 CUSHING AVENUE DORCHESTER, MA 02125	04-2863903	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT

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
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATIONS OF GREATER LOWELL, INC - 465 SCHOOL STREET - LOWELL, MA 01851	22-2553560	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
UNITED INTERFAITH ACTION OF SOUTHEASTERN MA (UIA) - 228 N MAIN STREET - FALL RIVER, MA 02720	31-1585685	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
MARCUS ANTHONY HALL EDUCATION INSTITUTE, INC - 120 BROOKSIDE AVE, C2 - BOSTON, MA 02130	23-7164223	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
NORTH SHORE COMMUNITY DEVELOPMENT COALITION, INC. - 96 LAFAYETTE ST - SALEM, MA 01970	04-2686893	501(C)(3)	10,000.	0.			MA VOTER TABLE GRANT
LA COMUNIDAD, INC 471 BROADWAY #1 EVERETT, MA 02149	04-3470866	501(C)(3)	9,000.	0.			MA VOTER TABLE GRANT
LATINX COMMUNITY CENTER FOR EMPOWERMENT - 9 CENTRAL ST. SUITE 201 - LOWELL, MA 01852	84-4196744	501(C)(3)	7,500.	0.			MA VOTER TABLE GRANT
W.E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH - 300 S. WESTNEDGE AVENUE - KALAMAZOO, MI 49007	38-1360419	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT PULSE
VIBRANT FUTURES 233 FULTON STREET EAST, SUITE 107 GRAND RAPIDS, MI 49503	38-2066096	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT
CHILD CARE NETWORK 3941 RESEARCH PARK DR, STE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT

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
DEVELOP LOSCO, INC 1230 US 23 EAST TAWSA, MI 48730	26-1827631	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443-0207	38-1426895	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT
COUNTY OF MACOMB, PLANNING & ECONOMIC DEVELOPMENT - 1 SOUTH MAIN STREET, 7TH FLOOR - MOUNT CLEMENS, MI 48043	38-6004868	GOVERNMENT	6,000.	0.			CEO ROUNDTABLE GRANT
MIDDLE MICHIGAN DEVELOPMENT CORPORATION - 200 E. BROADWAY ST - MT. PLEASANT, MI 48858	38-2411774	501(C)(6)	6,000.	0.			CEO ROUNDTABLE GRANT
ANN ARBOR SPARK 330 EAST LIBERTY STREET, LOWER LEVE ANN ARBOR, MI 48104	38-2436899	501(C)(6)	6,000.	0.			CEO ROUNDTABLE GRANT
LANSING ECONOMIC AREA PARTNERSHIP, LEAP, INC - 1000 S WASHINGTON AVE #201 - LANSING, MI 48910	20-8132313	501(C)(6)	6,000.	0.			CEO ROUNDTABLE GRANT
FLINT & GENESEE CHAMBER FOUNDATION 519 SOUTH SAGINAW STREET, SUITE 200 FLINT, MI 48502	23-7420247	501(C)(3)	6,000.	0.			CEO ROUNDTABLE GRANT

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

2023

Open to Public Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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	(i)	318,132.	0.	1,032.	22,341.	10,042.	351,547.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NOAH STOCKMAN	(i)	268,644.	0.	4,308.	7,742.	6,197.	286,891.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN G. HIBBARD	(i)	220,968.	0.	240.	26,984.	6,992.	255,184.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHERRI STEWART	(i)	213,712.	0.	552.	15,301.	8,974.	238,539.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHANNON RUDISILL	(i)	217,321.	0.	2,784.	14,977.	3,086.	238,168.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LUZ D. RIVERA	(i)	199,055.	0.	240.	12,743.	4,322.	216,360.	0.
CHIEF PEOPLE AND CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRANCES KUNREUTHER	(i)	196,467.	0.	360.	13,697.	3,909.	214,433.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

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
2023
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
A	MASS. DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	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			

		A		B		C		D	
		Yes	No	Yes	No	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							

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 government	.00 %		%		%		%	
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 government	.00 %		%		%		%	
6	Total of lines 4 and 5	.00 %		%		%		%	
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

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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	1,004,577.	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 ( )				

				Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
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.				

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.

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

2023

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 KEY EMPLOYEES ARE RESPONSIBLE FOR AVOIDING SITUATIONS WHICH PLACE THEM IN CONFLICT OR APPARENT CONFLICT WITH THEIR DUTIES AT TSNE AND ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY REAFFIRMING THEIR UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY AND THEIR OBLIGATION TO DISCLOSE ALL INTERESTS, RELATIONSHIPS, OR AFFILIATIONS THAT ARE OR ARE POTENTIALLY IN CONFLICT WIITH THE ORGANIZATION'S INTERESTS.

THE GENERAL COUNSEL REVIEWS THE ANNUAL FORMS AND DETERMINES IF A POTENTIAL

Name of the organization: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 04-2261109

CONFLICT EXISTS. IF A POTENTIAL CONFLICT IS FOUND TO EXIST, THE GENERAL COUNSEL BRINGS THE CONFLICT BEFORE THE GOVERNANCE COMMITTEE FOR DISCUSSION AND CONSIDERATION ON PROPER MITIGATION. IN ALL CIRCUMSTANCES, MITIGATION INCLUDES PROHIBITION OF THE DISCLOSING INDIVIDUAL FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS ON THE CONFLICTING MATTER. MITIGATION OR REJECTION MAY BE NECESSARY IN INSTANCES WHICH, IN THE JUDGMENT OF THE DECISION-MAKER, CONSTITUTE A CONFLICT OF INTEREST OR THE APPEARANCE OF SUCH A CONFLICT.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ENCOURAGED TO SHOULD SEEK GUIDANCE IN ADVANCE FROM THE GENERAL COUNSEL WHENEVER THE POTENTIAL FOR SUCH CONFLICT OF INTEREST ARISES. VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR REMOVAL FROM THE BOARD OF DIRECTORS.

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

TSNE'S CEO'S COMPENSATION IS DETERMINED THROUGH REVIEW BY THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS WHICH MAKES A RECOMMENDATION TO THE FULL BOARD FOR A FINAL DECISION. THIS COMMITTEE MAKES USE OF COMPARABLE COMPENSATION DATA FOR SIMILARLY SITUATED ORGANIZATIONS, PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT, AND MAINTAINS MINUTES OF ITS DELIBERATIONS. THE LAST TIME THIS REVIEW WAS CONDUCTED WAS DECEMBER 2023.

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:

Name of the organization: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 04-2261109

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. THE FORM 990 IS ALSO AVAILABLE ON TSNE'S WEBSITE: TSNE.ORG.

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

AGRICULTURE:	
PROGRAM SERVICE EXPENSES	574,129.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	574,129.
EDUCATION:	
PROGRAM SERVICE EXPENSES	6,107,965.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,107,965.
FISCAL SPONSORSHIP:	
PROGRAM SERVICE EXPENSES	583,306.
MANAGEMENT AND GENERAL EXPENSES	465,306.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,048,612.
HEALTH:	
PROGRAM SERVICE EXPENSES	946,568.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization: THIRD SECTOR NEW ENGLAND, INC.
Employer identification number: 04-2261109

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	946,568.
OTHER:	
PROGRAM SERVICE EXPENSES	620,215.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	620,215.
STIPENDS:	
PROGRAM SERVICE EXPENSES	572,399.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	572,399.
WORKFORCE DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	2,233,504.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,233,504.
POLICY EQUITY:	
PROGRAM SERVICE EXPENSES	971,727.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	971,727.
YOUTH DEVELOPMENT:	

Name of the organization: THIRD SECTOR NEW ENGLAND, INC.

Employer identification number: 04-2261109

PROGRAM SERVICE EXPENSES	291,875.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	291,875.
PRESERVATION:	
PROGRAM SERVICE EXPENSES	1,222.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,222.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,368,216.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION	-59,671.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THIRD SECTOR NEW ENGLAND, INC.

Employer identification number

04-2261109

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
THIRD SECTOR HOLDINGS, INC. - 92-3829022 89 SOUTH ST., SUITE 700 BOSTON, MA 02111	HOLDING COMPANY	MASSACHUSETTS	501(C)(3)	LINE 12A, I	THIRD SECTOR NEW ENGLAND, INC.	X	

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

Schedule R (Form 990) 2023

332161 09-28-23 LHA

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.