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

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NICOLAS FUND FOR EDUCATION Name change 45-4887611 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 3724 206-619-0999 1,323,728. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BELLEVUE, WA 98009 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LOLO  $\overline{LEVY}$ for subordinates? ..... Yes X No 98009 PO BOX 3724, BELLEVUE, WA H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► NICOLASFUND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2013 M State of legal domicile: WA Trust Part I Summary Briefly describe the organization's mission or most significant activities: OUR SCHOLARSHIP PROGRAM HELPS **Activities & Governance** COMMUNITIES IN THE GUATEMALAN HIGHLANDS LIFT VULNERABLE CHILDREN AND 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 659,051. 1,226,989. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) ..... 2.737. 14.489. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,241,478. 661,788. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 357,837. 328,439. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 2,000. 7,500. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 37,384. 44,781. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 402,721. 375,220. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 259,067. 866,258. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 656,130. 1,505,432. 20 Total assets (Part X, line 16) 3,182. 602 21 Total liabilities (Part X, line 26) 三年 652,948. 830 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign LOLO LEVY, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDUCATION OF CHILDREN IN CENTRAL AMERICA
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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	<u> </u>
	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
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 244,447 • including grants of \$ ) (Revenue \$
4a	(Code:) (Expenses \$244,447. including grants of \$) (Revenue \$) (Revenue \$)  SCHOLARSHIPS, TRANSPORTATION, UNIFORMS, AND SUPPLIES FOR 95 INDIGENOUS
	IXIL MAYAN CHILDREN TO GO TO JUNIOR AND SENIOR HIGH SCHOOL. NICOLAS
	CHRISTIAN SCHOOL PROVIDES HIGH QUALITY RIGOROUS EDUCATION IN
	CONFORMANCE WITH GUATEMALAN MINISTRY OF EDUCATION STANDARDS. THE
	NICOLAS FUND FOR EDUCATION PROVIDES SAFE TRANSPORTATION FOR STUDENTS
	FROM THEIR VILLAGE TO THE SCHOOL IN A NEARBY TOWN WHICH IS
	APPROXIMATELY 40 MINUTES AWAY AND BACK HOME AGAIN AT THE END OF THE
	DAY. THESE STUDENTS LIVE IN A REMOTE AGRICULTURAL REGION IN THE
	HIGHLANDS OF GUATEMALA WHERE MOST YOUNG PEOPLE DO NOT HAVE AN
	OPPORTUNITY TO RECEIVE HIGHER EDUCATION BEYOND THE SIXTH GRADE FOR
	FINANCIAL REASONS. DURING THE PANDEMIC, STUDENTS RECEIVED A HYBRID
	EDUCATION THAT COMBINED IN-PERSON LEARNING WHEN PERMITTED AND DIGITAL
4h	17.444
4b	(Code:) (Expenses \$45,999. including grants of \$) (Revenue \$)  PROVIDING ASSITANCE WITH BOOKS, MEDICAL TREATMENT, COMPUTER SUPPLIES.
	PROVIDING SCHOLARSHIPS TO GRADUATES TO ASSIST WITH FURTHER EDUCATION.
	DUE TO PANDEMIC RESTRICTIONS, THE ANNUAL TEACHER PROFESSIONAL
	DEVELOPMENT WORKSHOP WAS CANCELED. IT IS HOPED THAT THE WORKSHOP WILL
	RESUME AS SOON AS THE PANDEMIC PERMITS.
	REDOME AD DOOM AD THE TANDEMIC TERMITE.
4c	(Code:) (Expenses \$ 15 , 590 • including grants of \$) (Revenue \$)
40	DISTANCE LEARNING TUTORING CHILDREN IN REMOTE VILLAGES, UNABLE TO GET
	TO THE SCHOOL DUE TO DISTANCE. TUTORING FUTURE STUDENTS TO PROVIDE THEM
	THE NEEDED SKILL TO ENTER THE SCHOOL, NOT PROVIDED BY THE PUBLIC
	EDUCATION SYSTEM THERE.
	EDUCATION SISTEM THERE:
4 :	Otherway and the (Develle of Other I.e. O.)
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ 22,403 · including grants of \$ ) (Revenue \$ )  Total program service expenses ► 328,439 ·
40	Total program service expenses ► 328, 439.

# Form 990 (2021) NICOLAS FUND FOR EDUCATION 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
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	٣		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	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	<u> </u>		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		<del></del>
IZa	•	400		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	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		
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		7.7	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		<u> </u>
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
	, , , ,			

Form 990 (2021) NICOLAS FUND FOR E
Part IV Checklist of Required Schedules (continued) NICOLAS FUND FOR EDUCATION

	·		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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- V
04	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	24		x
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		1
b	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?	300		
	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		Х
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  't V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(2021)

132004 12-09-21

Form **990** (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

> 5 Form **990** (2021) 2021.03041 NICOLAS FUND FOR EDUCATIO 31510.01

If "Yes," complete Form 6069

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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									
	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	,								
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		Х						
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		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х						
	more members of the governing body?	7a		x						
h	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:	7.5								
	The governing body?	8a	Х							
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									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This Section B requests information about policies not required by the internal nevertue code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120	- 21							
·		12c	Х							
12	on Schedule O how this was done	13	- 21	х						
13	Did the organization have a written whistleblower policy?	14		X						
14	Did the organization have a written document retention and destruction policy?	14		25						
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?	45.0		х						
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b								
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
10a		160		х						
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a								
b										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		l						
17		2 2214	oveilel							
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 or iiy)	availal	υIE						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request 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, an	d financ	cial							
	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									
	LOLO LEVY - (206)619-0999									
	PO BOX 3724, BELLEVUE, WA 98009									

Form **990** (2021)

# 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, 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LOLO LEVY	15.00									
TREASURER		Х		Х				0.	0.	0
(2) REBECCA MERRITT	25.00	┦								
CHAIRMAN		X		Х				0.	0.	0
(3) BILL SAFSTROM	20.00	┦								•
VICE PRESIDENT	15.00	X						0.	0.	0
(4) KATHY RIPER DIRECTOR	15.00	x						0.	_	,
(5) HEIDI REYNOLDS	17.00	A						0.	0.	0
DIRECTOR	17.00	X	Ì					0.	0.	0
(6) MARY YOUNG	5.00							· ·	0.	
DIRECTOR	3.00	x						0.	0.	0
(7) CARRIE NORDBURG	3.00									•
SECRETARY	3100	x						0.	0.	0
(8) AL LOPUS	5.00	1							<u> </u>	
DIRECTOR		X						0.	0.	0
		-								
		1	$\vdash$			$\vdash$				
		-								
		1				$\vdash$				
		$\exists$								
		1								
		-		l		1				

Form **990** (2021)

45-4887611

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i		າ than ເ	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	'		ount o	)f
	week (list any		T			T	100,	from the	from related			other	ion
	hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MIS(	- 1		oensat om the	
	related	3e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	"		anizati	
	organizations	truste	al tru		yee	n be		1099-NEC)	,		•	relate	
	below	/idual	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	nizatio	ns
	line)	lndi	Insti	Officer	Key	High	Former						
		1											
						┢				$\dashv$			
		1											
										_			
						$\vdash$	4			$\dashv$			
		1											
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
<ul><li>Total number of individuals (including but necessarian from the organization</li></ul>	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable				0
compensation from the organization					_							Yes	No
3 Did the organization list any former officer	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			•			5		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	iplete Schedule	e J f	or st	ich r	oers	on					5		
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensati	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)	i	0	(C		_
Name and business	address	N	ONE	<u> </u>				Description of s	ervices		omper	isatior	
							$\dashv$						
2 Total number of independent contractors (i		ot lir	nited	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				(	J					Form <b>9</b>	390 (c	004
										- 1	rorm ₹	JUU (2	.027)

132008 12-09-21

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
		Chook ii Concadie C contains a response c	Thore to driy iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ira Ou		Membership dues					
s, ( Am		Fundraising events					
äř,		d Related organizations 1d					
s, ( mil		Government grants (contributions)					
Sign	1	All other contributions, gifts, grants, and					
he			226,989.				
걸		Noncash contributions included in lines 1a-1f	•				
No.		Total. Add lines 1a-1f	_	1,226,989.			
<u> </u>		Total / Idd III loo Id II	Business Code				
	_	_	Buomicoo Gode				
<u>i</u>	2						
Program Service Revenue		·					
S c	•						
e a		d			_		
о Н	(	e					
Ā.	•	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		14,524.	14,524.		
	4	Income from investment of tax-exempt bond pr			, ,		
	5	Royalties					
	3	(i) Real	(ii) Personal				
	_		(II) Fersorial				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 82,215.					
		Less: cost or other basis					
<u>o</u>		and sales expenses 7b 82,250.					
Ĭ.		Gain or (loss) 7c -35.					
Revenue				-35.	-35.		
		d Net gain or (loss)	······	-33.			
ther	8	a Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
,,			Business Code				
Miscellaneous Revenue	11 :	a					
ne a							
ella							
Sc		d All other revenue					
Σ							
		Total revenue See instructions		1,241,478.	14,489.	0.	0.
	12	Total revenue. See instructions	····· <u> </u>	<u>µ,441,4/0•</u>	1 14,403.	1 0.	Form <b>990</b> (2021)
132009	12-0	9-21					FORM 230 (2021)

# Form 990 (2021) NICOLAS FUND FOR EDUCATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	328,439.	328,439.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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		_		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,150.		7,150.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2,000.			2,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12,805.		8,580.	4,225
12	Advertising and promotion	228.			228
13	Office expenses	7,351.			7,351.
14	Information technology	11,407.			11,407
15	Royalties				
16	Occupancy				
17	Travel	543.			543.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 01 4		1 014	
23	Insurance	1,014.		1,014.	
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 0.)  BANK FEES	4,283.		785.	3,498
a		4,403.		705.	J,430
b					
c C					
d	All other expanses				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	375,220.	328,439.	17,529.	29,252.
26	Joint costs. Complete this line only if the organization	2,3,220	320, 430	1,,525	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 TOHOWATIS OF 30-2 (AGO 300-720)		l		Form <b>990</b> (2021

Part	. X	Balance Sneet							
		Check if Schedule O contains a response or n	note to	any	e in this Part X				
						<b>(A</b> ) Beginning	of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing					9,038.		254,754
	2	Savings and temporary cash investments				19	8,404.	2	264,333
	3	Pledges and grants receivable, net						3	
	4	Accounts receivable, net						4	
	5	Loans and other receivables from any current							
		trustee, key employee, creator or founder, sub	bstanti	al co	ributor, or 35%				
		controlled entity or family member of any of the	hese p	ersor				5	
	6	Loans and other receivables from other disqua	alified	pers	s (as defined				
		under section 4958(f)(1)), and persons describ			6				
ပ္	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	
<b>ĕ</b>	9	5						9	
	10a	Land, buildings, and equipment: cost or other	r						
		basis. Complete Part VI of Schedule D	10	Оа					
	b	Less: accumulated depreciation	10	0b		_		10c	
	11	Investments - publicly traded securities	37	8,688.	11	986,345			
	12	Investments - other securities. See Part IV, line			12				
	13	Investments - program-related. See Part IV, lin			13				
	14	Intangible assets						14	
	15	Other assets. See Part IV, line 11						15	
	16	Total assets. Add lines 1 through 15 (must ed					6,130.		1,505,432
	17	Accounts payable and accrued expenses					3,182.	17	602
	18	Grants payable						18	
	19	Deferred revenue			19				
-   :	20	Tax-exempt bond liabilities						20	
- 1:	21	Escrow or custodial account liability. Complet						21	
Se :	22	Loans and other payables to any current or fo							
≝		trustee, key employee, creator or founder, sub							
Liabilities		controlled entity or family member of any of the						22	
- 1 '	23	Secured mortgages and notes payable to unre						23	
	24	Unsecured notes and loans payable to unrelate						24	
-   :	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lin	nes 17	-24). (	mplete Part X				
		of Schedule D					2 102	25	600
-+	26	Total liabilities. Add lines 17 through 25			37		3,182.	26	602
S		Organizations that follow FASB ASC 958, c	check I	nere	► <u> </u>				
<u>ဥ</u>		and complete lines 27, 28, 32, and 33.				2.1	1 710		250 220
<u>alar</u>	27						<u>4,748.</u>		359,230
	28	Net assets with donor restrictions				34	8,200.	28	1,145,600
<u> </u>		Organizations that do not follow FASB ASC	3 958,	chec	here 🕨 📖				
~	00	and complete lines 29 through 33.	.1.						
<u>i</u>	29	Capital stock or trust principal, or current fund						29	
SSE	30	Paid-in or capital surplus, or land, building, or						30	
<b>→</b>	31	Retained earnings, endowment, accumulated				۷.	2,948.	31	1 501 020
	32	Total liebilities and not see to find balances					<u>2,948.</u> 6,130.	32	1,504,830 1,505,432
	33	Total liabilities and net assets/fund balances				05	υ, του.	33	Eorm <b>990</b> (202

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)		1,24 37 86 65	5,2 6,2 2,9	20.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,50	4,8	<u>30.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
1 2a			2a	Yes	No		
b	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:  X Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
С	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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
<ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

NICOLAS FUND FOR EDUCATION 45-4887611 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

functionally integrated, or						
f Enter the number of supported of	organizations					
<b>g</b> Provide the following information						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	(iv) Is the organization listed in your governing document? (v) Amount of		(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes No			
Total						

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) = 0	(2) 20 10	(3) 23 (3	(4,) = 0 = 0	(6) 262 1	(1) 1010.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructio	ne)			12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax v			
13	organization, check this box and <b>stop</b>			•		. , . ,	ightharpoonup
Sec	etion C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•	***		15	<del>%</del>
	<b>33 1/3% support test - 2021.</b> If the o						
	<b>stop here.</b> The organization qualifies a						<b>.</b> □
h	<b>33 1/3% support test - 2020.</b> If the o		~				
-	and <b>stop here.</b> The organization quali					or more, encore an	<b>.</b> —
172	10% -facts-and-circumstances test						
ı, a	and if the organization meets the facts						
	meets the facts-and-circumstances tes			=	=	villow the organiz	Lation
<b>L</b>						17a and line 15 is	10% or
b	10% -facts-and-circumstances test						1 U 70 UI
	more, and if the organization meets the				-		<b>▶</b> □
10	organization meets the facts-and-circu		-	-			<b>\</b>
10	Private foundation. If the organization	тини пот спеск а	DUX UITIIITIE 13, 16	a, 100, 17a, 0r 17b	, check this box a	nu see mstructions	o

## 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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	,	,	,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	380,883.	379,105.	631,830.	659,051.	1226989.	3277858.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			(			
6	Total. Add lines 1 through 5	380,883.	379,105.	631,830.	659,051.	1226989.	3277858.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						3277858.
Se	ction B. Total Support					<b>.</b>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	380,883.	379,105.	631,830.	659,051.	14 524	3277858.
	and income from similar sources	43.	40.	135.	2,737.	14,524.	17,479.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	43.	40.	135.	2,737.	14,524.	17,479.
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.)	380,926.	379,145.	631,965.	661,788.	1241513.	3295337.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
							<b>&gt;</b>
	ction C. Computation of Publi					г	
	Public support percentage for 2021 (I			column (f))		15	99.47 %
	Public support percentage from 2020					16	99.87 %
	ction D. Computation of Inves			10 1 (0)			E 2 0/
	Investment income percentage for 20	•	•			17	.53 % .13 %
	Investment income percentage from 2					18   3 1/3% and line 1	
198	a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar						r is not ▶ X
k	33 1/3% support tests - 2020. If the	-	-	•			
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
40		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pai	Tiv Supporting Organizations (continued)		<del></del>	
		Y	'es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	a	$\dashv$	
	A family member of a person described on line 11a above?	b	$\rightarrow$	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations	Т.,		
		Y	'es	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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			
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
		Ty	'es	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).			
Sec	tion D. All Type III Supporting Organizations			
		Υ	'es	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?	$\bot$	$\dashv$	
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).	$\perp$	$\rightarrow$	
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			
800	supported organizations played in this regard.  tion 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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	4:1		
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		'es	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	1		
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.	<u>,                                     </u>		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
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 co	omplet	te Sections A through E.			
Section	on 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	on 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			
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in 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	on 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 i	integra	ated Type III supporting orga	nization (see		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Form 990) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer identification number** 

NICOLAS FUND FOR EDUCATION 45-4887611 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 X 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

#### **Special Rules**

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 \_\_\_\_\_\_\_\_\_ \(\bigcircle{\bigodity}\)

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

Page 2

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		\$ <u>358,107.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 168,960.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$62,669.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ 36,150.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$22,007.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

Page 2

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 17,455.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>16,560.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$16,517.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>14,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

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		\$14,052.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 13,126.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$11,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

Page 2

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
19		\$9,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$8,210.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$8,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIF + 4	\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,998.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

Page 2

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
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Pullic, dudi coo, dila Eli 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 71,750.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# NICOLAS FUND FOR EDUCATION

45-4887611

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	35 SHARES MICROSOFT CORP: MSFT		
		\$10,500.	08/26/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
30	500 SHARES MAIRS & POWER GROWTH INV: MPGFX	<b>A</b>	
		\$ 71,750.	02/18/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123/153 11_11			Schedule B (Form 990) (2021)

Name of organization **Employer identification number** NICOLAS FUND FOR EDUCATION 45-4887611 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

12180516 759448 31510.001

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	_						
VT C	OLAS FUND FO	R EDUCAT	TON			45-488763	11
Par	t I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	 Yes" on
	Form 990, Part IV			ОЗТЪ	ore in the engan		
1			maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
				he selection criteria used to award the			Yes X No
2		ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
	United States.				,		
3	(a) Region	he following Part (b) Number of		n be duplicated if additional space is not be duplicated if additional space is not be region		vity listed in (d)	(f) Total
	(a) negion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type (s) in the region	expenditures for and investments in the region
3 a	Subtotal	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.

 $\label{local-loc$ 

Schedule F (Form 990) 2021

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 r	needed.

1 (a) Name of organization	<b>(b)</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)
			G					

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	

3 Enter total number of other organizations or entities

1 Schedule F (Form 990) 2021

	sistance to Individuals Outsid ted if additional space is neede		tes. Complete	f the organization answered "Yes" or	n Form 990, Part	IV, line 16.	
(a) Type of grant or assistand		(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)
				1			
	ı	1	1				

# Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

### 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.

2021
Open to Public Inspection

Name of the organization

NICOLAS FUND FOR EDUCATION

Employer identification number 45-4887611

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR COMMUNITIES OUT OF POVERTY. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, LEARNING WHEN SCHOOLS WERE CLOSED DUE TO THE PANDEMIC RESTRICTIONS. LINE 4D, OTHER PROGRAM SERVICES: FORM 990, PART III, PROVIDED COVID FOOD RELEIF TO FAMILIES OF STUDENTS AND TEACHERS. PROVIDED TABLETS AND LAPTOPS TO ACCOMODATE COVID RESTRICTED LEARNING TECHNIQUES. WHEN PANDEMIC RESTRICTIONS ALLOW MISSION TEAM TRIPS EACH YEAR NFE PROVIDES THREE OPPORTUNITIES FOR INDIVIDUALS, FAMILIES, AND ESPECIALLY EDUCATORS TO PARTICIPATE ON MISSION TEAMS TO GUATEMALA. TWO TEAMS EACH YEAR SHARE EDUCATIONAL ENRICHMENT ACTIVITIES WITH THE JUNIOR AND SENIOR HIGH NFE STUDENTS AND STAFF, AS WELL PRIMARY SCHOOL EDUCATIONAL ENRICHMENT ACTIVITIES IN TWO SMALL VILLAGE PRIMARY SCHOOLS. THE THIRD TEAM OF THE YEAR ATTENDS THE GRADUATION OF THE NICOLAS CHRISTIAN SCHOOL STUDENTS. DURING EACH TRIP THE TEAM ALSO VISITS THE STUDENTS AND THEIR PARENTS IN THEIR COMMUNITIES TO BUILD RELATIONSHIPS, PRAY FOR AND ENCOURAGE THE FAMILIES AS WELL AS ADDRESS ANY QUESTIONS OR CONCERNS THESE TRIPS IMPACT TEAM MEMBERS THROUGH ABOUT THE NFE PROGRAM. RELATIONSHIPS FORMED WITH STUDENTS AND VILLAGE MEMBERS. IN 2020 AND 2021 THERE WAS ONLY ONE TRIP DUE TO COVID RESTRICTIONS. **EXPENSES \$ 22,403.** INCLUDING GRANTS OF \$ 0. REVENUE 0.

132211 11-11-21

Schedule O (Form 990) 2021

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

Schedule O (Form 990) 2021	Page 2
Name of the organization  NICOLAS FUND FOR EDUCATION	Employer identification number 45-4887611
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATIONS EXECUTIVE TEAM REVIEW THE FORM 990 PRIOR	TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE	TREASURER.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO T	HE PUBLIC UPON
REQUEST AND ON GUIDESTAR.	