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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning July 1 , 2014, and ending June 30 , 20 15

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **Portland Education Foundation Inc**

Doing business as

Number and street (or P O box if mail is not delivered to street address) **PO Box 783** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Portland, ME 04101**

D Employer identification number **22-3179738**

E Telephone number **207-774-4000**

G Gross receipts $ **237 958**

F Name and address of principal officer: **Mary Bennett - President**
PO Box 783 Portland, ME 04101

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: ▶ **N/A**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1992**

M State of legal domicile **ME**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Portland Education Foundation is committed to raising philanthropic support to enhance educational opportunities for present and future students in Portland's Public Schools.

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	175 412	237 958
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175 412	237 958
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	164 925	226 541
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6 464	7 176
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	171 389	233 717
19	Revenue less expenses. Subtract line 18 from line 12	4 023	4 241

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37 761	42 002
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances. Subtract line 21 from line 20	37 761	42 002

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 Mary Bennett Date 10/24/15

Type or print name and title Mary Bennett, President

Paid Preparer Use Only

Print/Type preparer's name: Mary E McVey	Preparer's signature: Mary McVey	Date: 10-19-15	Check ☑ if self-employed	PTIN: PO 1440901
Firm's name ▶ Mary McVey			Firm's EIN ▶	
Firm's address ▶ 41 Warren Ave, Cape Elizabeth, ME 04107			Phone no 207-450-7082	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No