

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

▶ 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.lrs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2014 calendar year, or tax year beginning $$	ending J	<u>UN 30, 2015</u>					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
_	Addres	THE PUBLIC EDUCATION FOUNDATION, INC.							
Ē	Name change	Doing business as SOUTH BEND EDUCATION FOUNDA	ATION	35-1	959196				
	Initial		Room/suite	E Telephone numbe					
	Final return/	P.O. BOX 119		(574					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 480,279.					
	Amend return	SOUTH BEND, IN 40024	 	H(a) Is this a group re					
	Applica tion pending	, <u>,</u> ,	D.	for subordinates	? Yes X No				
		SAME AS C ABOVE	(1	H(b) Are all subordinates in					
		mpt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1 '	list. (see instructions)				
		e: > WWW.EDFO.ORG organization: X Corporation Trust Association Other		H(c) Group exemptio					
		organization: X Corporation Trust Association Other Summary	L Year	or tormation: 1995 N	A State of legal domicile: IN				
		Briefly describe the organization's mission or most significant activities: TO El	NH A NCE	FOIICATTONA	I. DROGRAMS				
ဥ		OFFERED BY SO. BEND COM. SCHOOL CORP. BY							
'nar	-	Check this box Inf the organization discontinued its operations or dispose							
Governance	1	Number of voting members of the governing body (Part VI, line 1a)		3	24				
	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	24				
S	5	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	4				
χį	6	otal number of volunteers (estimate if necessary)		6	0				
Activities &	7 a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.				
_	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		DECEN	1 C	Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)	1 1.1	306,025.	388,108.				
Revenue	9 6	Program service revenue (Part VIII, line 2g)	iC		70,874.				
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2015 H	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	-61,232				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c ànd 11e) Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)-			397,750.				
_		Grants and similar amounts paid (Part IX, column (A), lines 13)		147,800.	114,866.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	120	0.	0.				
G	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,674.	114,459.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	. b 1	Total fundraising expenses (Part IX, column (D), line 25)	49.						
ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,428.	49,825.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>297,902.</u>	279,150.				
		Revenue less expenses Subtract line 18 from line 12		9,870.	118,600.				
is or			Be	eginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)	-	1,808,273.	1,875,737.				
Net Assets or	21	Total liabilities (Part X, line 26)	-	0. 1,808,273.	1,875,737.				
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,000,213.	1,0/3,/3/.				
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of wi			,,,,				
1		\							
Sig	an n	Signature of officer	10	Date					
) J He		LARRY THOMPSON, M.D., PRESIDENT	SOUL	mos	_ 270015				
,		Type or print name and title	J. /	7					
)		Print/Type preparer's name Preparer's signature	المدرم ا	Date Check	PTIN				
j Pa		MARGENE ZINK Maugue of July	444	1420/15 self-employ					
٠.	parer	Firm's name KRUGGEL, LAWTON & COMPANY, LAC		Firm's EIN	35-1307701				
ζUs	e Only	Firm's address 317 W. FRANKLIN ST.		Dt 5.77	A 26A 22A7				
ر برز	+b = 15	ELKHART, IN 46516		Phone no. 5 7	4-264-2247 X Ves No				

	t III Statement of Program Service Accomplishments
rai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PUBLIC EDUCATION FOUNDATION ADVOCATES, PROMOTES AND FUNDS
	INITIATIVES TO ENRICH LEARNING EXPERIENCES FOR THE STUDENTS AND STAFF
	OF SOUTH BEND COMMUNITY SCHOOL CORPORATION.
	OF SOUTH BEND COMMONTH SCHOOL CORPORATION.
	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 23,015. including grants of \$ 23,015.) (Revenue \$)
	THE EDUCATION FOUNDATION'S ANNUAL PROGRAMING GRANTS HAVE PROVIDED
	\$347,000 TO-DATE FOR 300 TEACHER GRANTS SINCE 1995 THAT HAVE IMPACTED
	28,820 STUDENTS. THE FOUNDATION FUNDS \$20,000 IN TEACHER GRANTS AND
	· · · · · · · · · · · · · · · · · · ·
	\$3,000 IN PRINCIPAL GRANTS ANNUALLY, FOR INNOVATIVE CLASSROOM AND
	PROFESSIONAL DEVELOPMENT PROJECTS, THROUGH THE COMPETITIVE TEACHER AND
	PRINCIPAL GRANT PROCESS.
	TEACHERS AND PRINCIPALS SUBMIT COMPLETED GRANT APPLICATIONS BY THE
	ANNUAL SPRING DEADLINE. UPON SELECTION BY THE TEACHER GRANT/PROGRAM
	COMMITTEE, RECIPIENTS ARE REQUIRED TO SIGN THE EDUCATION FOUNDATION
	GRANT AGREEMENT TO USE THE GRANT AS SUBMITTED, COMPLETE THE FINAL GRANT
	REPORT INDICATING PROGRAM RESULTS, A DVD IF REQUESTED, AND BUDGET
4b	(Code) (Expenses \$6,000 . including grants of \$6,000 .) (Revenue \$)
	THE SOUTH BEND EDUCATION FOUNDATION IS COMMITTED TO GIVING CHILDREN
	EVERY OPPORTUNITY TO LEARN THROUGH INNOVATIVE PROGRAMING.
	HISTORICALLY, AS OF JUNE OF 2015, THE TEN-YEAR GOAL OF IMPLEMENTING THE
	RESEARCH-BASED WILSON LANGUAGE READING TRAINING, IN ALL EIGHTEEN
	PRIMARY CENTERS IN SOUTH BEND'S PUBLIC SCHOOLS HAS BEEN COMPLETED.
	OVER 1,195 TEACHERS HAVE BENEFITED FROM THE 2.2 MILLION THAT HAS BEEN
	RAISED OVER TEN YEARS TO MAKE SURE STUDENTS RECEIVE CUTTING-EDGE
	READING INSTRUCTION FROM WELL-TRAINED TEACHERS WITH REQUIRED MATERIALS.
	THIS INTENSIVE AND TARGETED METHOD OF TEACHING READING WILL CONTINUE
	UNDER THE GUIDANCE OF THE SOUTH BEND COMMUNITY SCHOOL CORPORATION.
4-	(Code) (Expenses \$ 66,763 · including grants of \$ 66,763 ·) (Revenue \$)
4c	
	SEVERAL NEW PROGRAMS HAVE BEEN IMPLEMENTED DURING THE 2014-15
	FISCAL-YEAR WITH THE START OF A NEW THREE-YEAR STRATEGIC PLAN. THE
	FOUNDATION HAS TRAINED 231 SBCSC STAFF IN THE CHARACTER EDUCATION
	PROGRAMMING AND 3RD AND 4TH GRADE TEACHERS IN SINGAPORE MATH TRAINING
	FOLLOWING THE RESEARCH WHICH CONTINUES TO PROVE THAT DOLLARS SPENT FOR
	TEACHER TRAINING HAVE THE BIGGEST IMPACT ON STUDENT ACHIEVEMENT.
	TEACHER TRAINING HAVE THE BIGGEST IMPACT ON STODENT ACTUEVEMENT.
	IN ADDITION, THE FOUNDATION NOW INCLUDES THE SBCSC MENTOR PROGRAM UNDER
	THE UMBRELLA OF THE FOUNDATION. AN AGREEMENT HAS BEEN SIGNED BETWEEN
	THE MENTORING PROGRAM AND THE SOUTH BEND EDUCATION FOUNDATION DURING
	THE START OF THE 2014 FISCAL YEAR. THIS EFFORT WILL BRING STABILITY TO
	THE PROGRAM AS WE ACHIEVE THE MENTOR PROGRAM MISSION STATEMENT GOAL "TO
4 : 1	
4d	
	(Expenses \$ 96,806 · including grants of \$ 19,088 ·) (Revenue \$)
<u>4e</u>	Total program service expenses ► 192,584.
	Form 990 (2014)

	1		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		-	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
Ŋ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.10		
C	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	110		
u	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		х
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	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 	_ <u></u>	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
_~	and the state of t		990	(2014)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.55	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		_==	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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?			~~
20	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		11
_	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?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 in Schedule O for Part VI, lines 11b and 19?	<u> </u>		 -
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2014)

Form 990 (2014) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **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? 5a X b 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? 5c 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? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f N/ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/AIf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A 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 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter-N/A a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them \ 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/ASection 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014)

X

13a

14a

N/A

13b

13c

Form 990 (2014) THE PUBL
Part VI Governance, Management THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	-			710 7	espon	3 C			
	Check if Schedule O contains a response or note to any line in this Part VI						\mathbf{x}			
Sec	tion A. Governing Body and Management			<u> </u>			<u> </u>			
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24						
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any othe							
-	officer, director, trustee, or key employee?	P ****	any Othic	•	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	 st sunen	usion						
	of officers, directors, or trustees, or key employees to a management company or other person?	0 400	ж одр от ч		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X			
6										
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	•	6		<u>X</u> _			
,	more members of the governing body?	5 P 0 10	0.10 0.		7a		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders O	 r						
	persons other than the governing body?	, coon	0,00,0,0	•	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv th	e followin	a:						
	The governing body?	ı. by	0 10110 44411	9.	8a	х				
	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 rea	ched :	 at the							
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		at 1110		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		<u> </u>					
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliate	es,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		_	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing t	he form?	11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escrib e							
	ın Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?				14	Х				
15	Did the process for determining compensation of the following persons include a review and approve		ndepend	ent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			•	15a	_X				
b	Other officers or key employees of the organization		-		15b_		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a		1					
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			ion						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's							
	exempt status with respect to such arrangements?			 -	16b					
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed IN		5611	- \(0\)		1-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sect	ion 501 (d	こ)(3)s only)	availab	I O				
	for public inspection. Indicate how you made these available. Check all that apply.	<i>:-</i> ^ :								
	X Own website Another's website X Upon request Other (explain				J 4					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	oi interes	t policy, an	ınan	ciai				
	statements available to the public during the tax year	ales :								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id recorc	is: 🚩						
	SUSAN WARNER - 574-283-8039 P.O. BOX 119, 215 S. ST. JOSEPH ST., SOUTH BEND, I	N	4662	1						
	L.O. DON III. 6II D. DI. UVDEFR DI., DUVIR DENU. I	. TA	- + U U Z							

rm 990 (2014)	THE PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196	Page 7

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

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 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 and/or Box 7 of Form 1099-MISC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	(do box		(C) Posi heck r	tion	than	one h an	(D) Reportable compensation from	(E) 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. KAREN CLARK DIRECTOR	1.00	x						0.	0.	0.
(2) NAN TULCHINSKY DIRECTOR	1.00	x						0.	0.	0.
(3) R. JEFF BREILER DIRECTOR	2.00	х						0.	0.	0.
(4) MAYOR PETE BUTTIGIEG DIRECTOR	1.00	х						0.	0.	0.
(5) RICHARD GATES DIRECTOR	2.00	x						0.	0.	0.
(6) JAMAL HENRY DIRECTOR	1.00	x						0.	0.	0.
(7) CRAIG HAENES DIRECTOR	1.00	х						0.	0.	0.
(8) KATE LEE DIRECTOR	1.00	х						0.	0.	0.
(9) ERIC MARSHALL	1.00	x						0.	0.	0.
DIRECTOR (10) NANCY SAUNDERS	2.00	X				-		0.	0.	0.
DIRECTOR (11) JERRY SCOTT DIRECTOR	1.00	X						0.	0.	0.
(12) ROSALIND TUCKER DIRECTOR	1.00	X						0.	0.	0.
(13) NOEL YARGER DIRECTOR	1.00	X	_					0.	0.	_0.
(14) DR. JOHN TOTH DIRECTOR	1.00	x						0.	0.	0.
(15) FREDERICK DEAN, M.D.	1.00	X						0.		0.
DIRECTOR (16) DR. ALFRED GUILLAUME JR.	1.00	X						0.	0.	0.
DIRECTOR (17) RICHARD HILL	1.00	X						0.	0.	0.
DIRECTOR 432007 11-07-14		IA	Ь.	Ь.	_	1	-			Form 990 (2014)

Form 990 (2014)

` (A)	(B)			(0	•			(D)	(E)		(F)	
Name and title	Average	(do	not c	Posi heck r			one	Reportable	Reportable	Estimated		
	hours per week			ss per				compensation	compensation		amount	
	(list any						Ė	from the	from related organizations	١,	othe: ompens:	
	hours for	trustee or director				2			(W-2/1099-MISC)	`	from th	
	related	tee or	nstee			ensate		(W-2/1099-MISC)	,		organiza	ition
	organizations	E E	直		oyee	ğ.					and rela	ted
	below	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	je j			٠ ا	organizat	tions
	line)	Ē	≌	통	, Ke	돌	횬			_		
(18) ANNA MILLIGAN	1.00	 							•			_
DIRECTOR	1 00	X	<u> </u>			-	-	0.	0	•		0.
(19) MATT MONEY	1.00								0			0
DIRECTOR	1 00	X	├ ─			₩		0.	0	- -		0.
(20) DR. GINA SHROPSHIRE	1.00	١							•			^
DIRECTOR	1 00	X	ļ			_		0.	0	•		0.
(21) SHARON CALAHAN	1.00	∤							•			_
DIRECTOR	1 00	X	<u> </u>	\vdash		-	ļ	0.	0	•		0.
(22) ANTHONY BYRD	1.00								•			^
DIRECTOR	4 00	X	-	-		 	ļ	0.	0	•		0.
(23) LINDA BROOKSHIRE	1.00	┨							•			_
DIRECTOR	1 00	X					_	0.	0	•		0.
(24) JOSEPH BAUER	1.00	┨							•			^
DIRECTOR	0.00	X	ļ			 —	<u> </u>	0.	0	+		0.
(25) LARRY THOMPSON, M.D.	2.00	۱							•			^
PRESIDENT		X	<u> </u>	X			ļ	0.	0	•		0.
(26) ANNE FEFERMAN	2.00	┨		_			1		•			^
SECRETARY		X		X	l		<u> </u>	0.	0			<u>0.</u>
1b Sub-total								0.	0	$\overline{}$		0.
c Total from continuation sheets to Part	VII, Section A							57,828.		•		0.
d Total (add lines 1b and 1c)							<u> </u>	57,828				0.
2 Total number of individuals (including but	t not limited to th	nose	liste	ed at	oove	e) wi	no r	eceived more than \$100	,υυυ of reportable			0
compensation from the organization											Yes	
O Dul the assessment as het asset			_ 1					LLA			163	110
3 Did the organization list any former office			е, к	ey en	npic	oyee	, or	nignest compensated er	riployee on		,	v
line 1a? If "Yes," complete Schedule J fo.							ط. استا	h	ha arganization	\vdash	3	X
4 For any individual listed on line 1a, is the	•		•					•	ne organization	ł	4	x
and related organizations greater than \$1									dual for appuage		*	A
5 Did any person listed on line 1a receive o							eiai	led organization or indivi-	dual for services		5	x
rendered to the organization? If "Yes," co	Implete Schedu	e J	101 5	ucn	pers	SUN					<u> </u>	1 22
	componented in	don	onde	ant c	onti	racti	ore f	that received more than	\$100,000 of compe	neati	on from	
1 Complete this table for your five highest the organization. Report compensation for										113411	011 11 0111	
	or the calendary	Cai	GIIG	ii ig vi	VICII	OI W	1111	(B)	car.		(C)	
(A) Name and busine	ss address	N	ON:	F:				Description of s	ervices	Con	npensati	on
							\neg			•		
-			-				\neg		 			-
								<u>-</u>	<u> </u>			
2 Total number of independent contractors	s (ıncludina but ı	not 1	ımite	d to	tho	se li	sted	d above) who received m	ore than			
\$100,000 of compensation from the orga						0		•				

Form 990 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196

(A) (B) (C) (D) (E) (F) Reportable compensation compensation compensation from related other week (list any hours for related give hours for related give hours for related give hours from related give hours for granization (W-2/1099-MISC) granization	Form 990 THE PUBL				_					<u>35-195</u>	9196
Name and title Average hours per week (list any hours for related organizations below line) (27) SHARON JONES FREASURER (28) SEYMOUR BARKER PAST PRESIDENT (A) Average hours (C) Position (check all that apply) Positio			mplo	oyee			ligh	est			
week (list any hours for related organizations below line) 27) SHARON JONES REASURER 28) SEYMOUR BARKER 29) SUSAN WARNER 20) SUSAN WARNER	(A)	Average	(cl		Pos	ition		ıly)	Reportable	Reportable	(F) Estimated amount of
X X 0. 0.		week (list any hours for related organizations below line)							the organization	from related organizations	other compensatio from the organization and related organizations
AST PRESIDENT X X 0. 0. 29) SUSAN WARNER 45.00		2.00	x		х				0.	0.	(
29) SUSAN WARNER 45.00	28) SEYMOUR BARKER	2.00	1							_	
		45.00	X		X	-	_	_	0.	0.	(
A 37,820. U.		45.00	1		v				E7 020	_	(
	EXECUTIVE DIRECTOR				Λ				57,020.	0.	
			1								
	-										
			ļ		L			_			
			1								
				-		ļ					-
			-								
			ļ	\vdash			_				
			1								
			<u> </u>		_	ļ				 	
			1								
						<u> </u>					
			1								
				-		<u> </u>	-				
			1								
		ļ	<u> </u>		_	<u> </u>	_	<u> </u>			
			┨			l			•		
		 	├-	_		┢	\vdash	-			
			1					l			
						İ					
			1								
			<u> </u>		_	ļ		_			
			┨								
			├		-	\vdash		-			
			1	1							
			\vdash	\vdash		T	T				
otal to Part VII, Section A, line 1c 57,828.	otal to Part VII, Section A, line 1c								57,828.	<u> </u>	

Form 990 (2014) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 135,438. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 252,670 1f g Noncash contributions included in lines 1a-1f \$ 388,108. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and <u>70,874.</u> <u>70,874.</u> other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ıi) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____135,438. of contributions reported on line 1c). See 21,270 Part IV, line 18 82,529 b Less: direct expenses c Net income or (loss) from fundraising events -61,259. -61,259. 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 27 and allowances 0. b Less: cost of goods sold 27. 27. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a

397,750.

27.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	114,866.	114,866.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	58,873.	35,323.	11,775.	11,775.
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	47,452.	28,472.	9,490.	9,490.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		4 000		
10	Payroll taxes	8,134.	4,880.	1,627.	1,627.
11	Fees for services (non-employees)				
	Management	-			
	Legal	0 110		0 110	
	Accounting	9,118.		9,118.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	0 563	F 730	2 125	700
	column (A) amount, list line 11g expenses on Sch O.)	9,563.	5,738.	3,125.	700.
12	Advertising and promotion	4,132.	1,068.	1,386.	1,678. 9,879.
13	Office expenses	17,073.	1,532.	5,662.	9,019
14	Information technology				
15	Royalties				
16	Occupancy	1 / 5		145.	
17	Travel	145.		143.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,931.		3,931.	
19	Conferences, conventions, and meetings Interest	3,331.		3,331.	
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	1,909.		1,909.	
23 24	Other expenses, Itemize expenses not covered	<u> </u>			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
•	MISCELLANEOUS	1,711.		1,711.	
	DUES AND SUBSCRIPTIONS	1,538.		1,538.	
b	THANK A TEACHER	705.	705.	1,550.	
c d	THERE A TEACHER	,,,,,,	705.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	279,150.	192,584.	51,417.	35,149
26	Joint costs. Complete this line only if the organization	277,130.	102,004.	<u> </u>	55,145
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		,		
			·		- 000

Pai	<u> </u>	Balance Sneet	. <u> </u>			· · · · · · · · · · · · · · · · · · ·
	<u> </u>	Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		19,828.	1	63,687 70,956
	2	Savings and temporary cash investments	_	53,270.	2	70,956
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations				
		Part II of Schedule L	Ĺ		_5	
	6	Loans and other receivables from other disquale	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		İ	
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	_
Assets	7	Notes and loans receivable, net	[7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	1,491,213.	11	1,435,768	
	12	Investments - other securities. See Part IV, line	11 [12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		243,962.	15	305,326
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,808,273.	16	1,875,737
	17	Accounts payable and accrued expenses	<u> </u>		17	
	18	Grants payable		18		
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
တ္တ	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Ĭ		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	1		22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25_	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶			
es		complete lines 27 through 29, and lines 33 ar	nd 34.			
ဋ	27	Unrestricted net assets		300,915.	27	419,158
3ali	28	Temporarily restricted net assets	16,145.	28	20,811	
9	29	Permanently restricted net assets		1,491,213.	29	1,435,768
rund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
ò		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
455	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		1,808,273.	33	1,875,737
	34	Total liabilities and net assets/fund balances		1,808,273.	34	1,875,737

	990 (2014) THE PUBLIC EDUCATION FOUNDATION, INC.	35-1	959196	_Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7!	
2	Total expenses (must equal Part IX, column (A), line 25)	2	279	1,1!	<u>50.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	118	3,60	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,808	3,2	<u>73.</u>
5	Net unrealized gains (losses) on investments	5	51	.,1:	<u>36.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,875	7.	<u>37.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		ļ	
	consolidated basis, or both:			1	
	X Separate basis Consolidated basis Both consolidated and separate basis			i	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1	1	
	Act and OMB Circular A-133?		_3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	9 9 0 (2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		THE	LORPIC EDO	CATION FOUND	ATTON	, INC	• 3	2-1323130
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	e instructions	
he	organ	zation is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box)		
1		A church, convention of ch					YAYi).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organization					-	the hospital's name.
•		city, and state.		.,,		5001.0		
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a no	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C		maga ar armvaranty armia	a or opola	.oo o, a g	overnitionial and describ	
6	\Box	A federal, state, or local gov		nantal unit dasarihad in	aaatiaa d'	70/6//4// 6/		
	\mathbf{x}	An organization that normal						nublic decembed in
•	لها	•	•	intial part of its support	rom a gov	emmentai	unit or nom the general	public described in
_		section 170(b)(1)(A)(vi). (Co	•	(4VAV.:). (Ol-t- D	. 11 \			
8	\vdash	A community trust describe						
9	Ш	An organization that normal						
		activities related to its exem						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	•					
10	님	An organization organized a		•	•			
11		An organization organized a						
		more publicly supported or						Check the box in
	_	lines 11a through 11d that						
а			•	•	•			•
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trustees of the s	supporting
	_	organization You must c	complete Part IV, Se	ections A and B.				
þ			anızatıon supervised	d or controlled in connec	tion with if	ts supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
	_	organization(s). You must complete Part IV, Sections A and C.						
C	L_	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,						
		_ ts supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d	L		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must co n	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information		ed organization(s).				
	(i) Name of supported	(u) EIN	(iii) Type of organization	(iv) is the o	rganization in your		(vi) Amount of
		organization		(described on lines 1-9 above or IRC section		document?	support (see	other support (see
			_	(see instructions))	Yes	No	Instructions)	Instructions)
							_	
			,					
							<u> </u>	
					<u></u>			
			ì	l	1	1 '		I

Schedule A (Form 990 or 990-EZ) 2014 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (e) 2014 (b) 2011 (c) 2012 (d) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 293,123. 410,181. 288,539. 306,025. 388,108. 1 685 976. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 288,539. 306,025. 293,123 410,181. 388.108. 4 Total, Add lines 1 through 3 1,685,976. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 1,685,976. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 293,123. 410,181 288,539 306,025 388,108. 1,685,976. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 21,582. 22,690. 25,870. 54,311. 70,874. 195,327. 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 or loss from the sale of capital 21,270 assets (Explain in Part VI.) 9,150 6,602 6,138 6,445 49,605. 11 Total support. Add lines 7 through 10 1 930 908. 67. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 87.32 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 90.70 15 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **▶** X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support				.··		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
fumished by a governmental unit to	1]			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b		<u> </u>				
8 Public support (Subtract line 7c from line 6)			1	.]	<u> </u>	
Section B. Total Support		T			-1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					ļ	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties				1		
and income from similar sources		·		<u> </u>	-	
b Unrelated business taxable income				1		
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975		\		-		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	s		1			
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital		1				
assets (Explain in Part VI)		<u> </u>	ļ		ļ	<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12		<u> </u>			<u> </u>	<u> </u>
14 First five years. If the Form 990 is t	for the organization	's first, second, thu	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Section C. Computation of Pul					7 :- 1	
15 Public support percentage for 2014			column (f))	•	15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv					47	
17 Investment income percentage for			ne 13, column (1))	•	17	<u>%</u> %
18 Investment income percentage from			on line 14 and "-	o 15 is mars than	18	
19a 33 1/3% support tests - 2014. If the						17 15 1101
more than 33 1/3%, check this box	•	-				and
b 33 1/3% support tests - 2013. If the 18 is not more than 33 1/3%						
line 18 is not more than 33 1/3%, c		•	· ·	· · · · · · · · · · · · · · · · · · ·		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. Ali Supporting Organizatio	A. All Supporting Organization	ons
---------------------------------------	--------------------------------	-----

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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
•		
:	:	
2		
3a		
3b		
3c		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
!		
7		
88		
9a		
9b		
9c		
40-		
10a		
10b		

Sche	edule A (Form 990 or 990-EZ) 2014 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1	<u>95919</u>	6 Pa	age 5
	rt IV Supporting Organizations (continued)		,	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b_	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	}	<u> </u>
Sec	tion B. Type I Supporting Organizations		T	T
_	Distribution in the second sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion of Type it Supporting Organizations		\ V	L N .
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	!		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F	103	-110
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<i>i</i>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how]	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	}	
Sec	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):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	<u>). </u>	,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			[
	how the organization was responsive to those supported organizations, and how the organization determined			•
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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			1
	activities but for the organization's involvement.	2b	<u> </u>	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а				ĺ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L l	i

	dule A (Form 990 or 990 EZ) 2014 THE PUBLIC EDUCATION FO			<u>35-1959196 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See inst r	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	
	instructions for short tax year or assets held for part of year)	-		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functiona	lly-integra	ited Type III supporting or	ganization (see

instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2014 THE PUBLIC ED			5-1959196 Page 7	
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.	<u> </u>			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount		,		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014.				
а					
b			·		
С					
d					
е	From 2013				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years		,		
	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.	111111111111111111111111111111111111111			
4	Distributions for 2014 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions)				
6	Remaining underdistributions for 2014 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b					
c					
	Excess from 2013				
	Excess from 2014				

Schedule A	(Form 990 or 990 EZ) 2014 THE P	OBLIC EDUCATION	NOTTAGINUOT K	<u>, INC. 35</u>	-1959196 Page 8
Part VI	Supplemental Information. P	rovide the explanations requ	ired by Part II, line 10; P	art II, line 17a or 17b;	and Part III, line 12.
	Also complete this part for any addition	onal information. (See instruc	tions).	- · · · - · · · · · · · · · · · · · · ·	
<u> </u>					
 _					·
					
					
 .					
		· · · · · · · · · · · · · · · · · · ·			
					- · · · · · · · · · · · · · · · · · · ·
					
					
					
					
			 	· · · · · · · · · · · · · · · · · · ·	
	·				
					· · · · · · · · · · · · · · · · · · ·
				.	
					·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

THE PUBLIC EDUCATION FOUNDATION TNC **Employer identification number** 35-1959196

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6 .	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	, , , , , , , , , , , , , , , , , , , ,	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		LIC EDUCAT						Page 2
Par								
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant us	se of its	collection	ıtems
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizatıon's ex	empt purpos	e in Par	t XIII	
5	During the year, did the organization solicit o				ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arran- reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" te	o Form 990, f	Part IV,	line 9, or	
ıa	Is the organization an agent, trustee, custodi	ian or other intermed	nary for contribution	is or other assets no	nciuaea	Γ	٦٧	□ N.
L	on Form 990, Part X?	and assemblate the fo	llavvina tablav			<u> </u>	_ Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				Amariant	
_	Beginning balance				4-		Amount	
	Additions during the year				1c			
	Distributions during the year				1d			
•	Ending balance				1e 1f			
22	Did the organization include an amount on Fe	orm 990 Part Y line	21 for escrow or or	etodial account hab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				-			
Par								
		(a) Current year	(b) Prior year	(c) Two years back		ars hack	(e) Four V	rears back
1a	Beginning of year balance	1,737,009,	1,505,178.	1,366,508,		7,807.		193,982.
b	Contributions	60,440.	68,611.	51,160,	1	6,058.	ļ -	43,815.
c	Net investment earnings, gains, and losses	19,804.	238,002.	155,382,		4,02 <u>9.</u>	ļ	256 300.
d	Grants or scholarships	13,004,	230,002,	133,382,	<u> </u>	4,023.		230,300,
_	Other expenditures for facilities							
·	and programs	74,052.	74.782.	67,872,	۱ ,	3,328.		67,150,
f	Administrative expenses	74,032.	74,702,	07,072	† <u>×</u>	3,320.		07,130,
g	End of year balance	1,743,201,	1,737,009,	1,505,178,	1 36	6,508.	1 ,	126,947,
2	Provide the estimated percentage of the curr				.,,			
а	Board designated or quasi-endowment	17.64	%	,,				
b	Permanent endowment ► 82.36	%	-					
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organiza	tion		
	by.	· ·			•		<u> </u>	res No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Par	t VI Land, Buildings, and Equipm	ent.	•					
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated		(d) Book	value
		basis (investr	nent) basis	(other) d	epreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements .							
d	Equipment							
<u> e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)				0.

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

35-1959196 Page 3

Schedule D (Form 990) 2014

	Edule D (Horm 990) 2014 THE PUBLIC EDUCATION FOUNDA	ATLON,	INC.	35-I	959196 Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme	nts With F	levenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			[400 140
1	Total revenue, gains, and other support per audited financial statements			1	429,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ما	.51 126		
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b	-51,136.		
C	Recoveries of prior year grants	2c 2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	-51,136.
3	Subtract line 2e from line 1			3	480,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-82,529.		
С	Add lines 4a and 4b			4c	-82 <u>,529</u> .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u>397,750.</u>
,Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	361,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	- 		
c	Other losses	2c	82,529.		
d	Other (Describe in Part XIII.)	2d	04,549.	0-	82,529.
_	Add lines 2a through 2d Subtract line 2e from line 1		-	2e 3	279,150.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1				2/5,150.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b		4b		1	
	Add lines 4a and 4b			4c	0.
5				5	279,150.
_	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line	4, Part X	, line 2; Part XI,
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional and and additional and and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and additional and also complete this part to provide any additional and additional and additional and additional and additional and additional and additional and additional and additional and additional additional and additional ad				
PA.	RT V, LINE 4:				
m0	DROUTER WITH ORGANIZATION WERE THORSE STATE		ar gunnon	m 130	D MILE
<u>10</u>	PROVIDE THE ORGANIZATION WITH INCREASING	FINANCI	AL SUPPOR	T FO	K THE
OD.	EDAMINO DIIDORM CDANMO AND OMUED ACMINIMIE	C OE MU	E ODCANITO	אשד 🔿	NT
OP.	ERATING BUDGET, GRANTS AND OTHER ACTIVITIES	S OF In	E ORGANIZ	ALIU.	<u> </u>
					
PA	RT X, LINE 2:				
TH:	E ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION	ATION T	HAT IS EX	EMPT	FROM
			-		
IN	COME TAXES UNDER SECTION 501(C)(3) OF THE	INTERNA	L REVENUE	COD	E. THE
IN	TERNAL REVENUE SERVICE HAS DETERMINED THAT	THE OR	GANIZATIO	N IS	NOT A
PR	IVATE FOUNDATION WITHIN THE MEANING OF SEC	TION 50	9(A).		
	m TYGOVE MANDE MODIO OF MYTH DAGE AGG 540 OF	T ADTEST	O MUTE 3 CC		TMC EOD
T.H.	E INCOME TAXES TOPIC OF THE FASB ASC 740 C	TWKTLTF	S THE ACC	OOM.T.	TING LOK
TYNT	CERTAINTY IN INCOME TAXES RECOGNIZED IN AN	ENTER	ਾਜ 2'ਜ2ਾਜ	אמאר	TAT.
43205	4	PH I PIVE	KIDE O FI		ile D (Form 990) 2014
10-01					

Schedule D (Form 990) 2014 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Part XIII Supplemental Information (continued)
STATEMENTS. ASC 740 REQUIRES AN ENTERPRISE TO DISCLOSE THE NATURE OF
UNCERTAIN TAX POSITIONS TAKEN, IF ANY, WHEN FILING ITS INCOME TAX RETURN
UTILIZING A TWO-STEP PROCESS TO RECOGNIZE AND MEASURE ANY UNCERTAIN TAX
POSITIONS TAKEN. THE ENTITY RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE
LIKELY THAN NOT THE POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH
A TAX EXAMINATION BEING PRESUMED TO OCCUR. NO TAX BENEFIT WILL BE
RECORDED ON TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST.
INTEREST AND PENALTIES ACCRUED OR INCURRED, IF ANY, AS A RESULT OF
APPLYING ASC 740 WILL BE RECORDED TO INTEREST EXPENSE AND OTHER EXPENSE,
RESPECTIVELY.
BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS.
THE ORGANIZATION'S EVALUATION WAS PERFORMED FOR ALL FEDERAL AND STATE TAX
PERIODS STILL SUBJECT TO EXAMINATION. THE ORGANIZATION'S 2011 THROUGH 2013
FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS REMAIN SUBJECT TO
EXAMINATION BY THE IRS AND THE STATE TAXING AUTHORITY.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
PAGE 9 DIRECT FUNDRAISING EXPENSES RECORDED ON FUNCTIONAL
EXPENSE IN F/S -82,529.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
PAGE 9 DIRECT FUNDRAISING EXPENSES RECORDED ON FUNCTIONAL
EXPENSE IN F/S 82,529.
SCHEDULE D, PART V, LINE 4:
THE ORGANIZATION HAS ELECTED TO PROVIDE INFORMATION ON ENDOWMENT FUNDS

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Part XIII Supplemental Information (continued)
. WHICH ARE HELD AND MANAGED BY THE ST. JOSEPH COUNTY COMMUNITY FOUNDATION
AND INDIANA TRUST & INVESTMENT MANAGEMENT COMPANY ON THE ORGANIZATION'S
BEHALF. THE ORGANIZATION HAS ELECTED TO PRESENT THIS INFORMATION TO
PROVIDE TRANSPARENCY, A MAJOR GOAL OF THE FORM 990.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Inspection

lame of the organization	sour conecare a (1 orm 550 or 550 EE)	una no	msu u	odona ia at vi vi vi iii o.g	017.0	Employer ide	ntification number
THE PUB	LIC EDUCATION FOUN	DAT	ION	, INC.		35-1959	196
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	ne 11	7. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Place of the paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-govern ising of ling of lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					:		
· · · · · · · · · · · · · · · · · · ·							
					-		
		-					
		<u> </u>					
otal							
3 List all states in which the organization or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d nt is	exempt from re	egistration
				· · · · · · · · · · · · · · · · · · ·			
							·
							·
		,					

Pa	Fundraising Events. Complete if the of fundraising event contributions and growth of fundraising event contributions.				
		(a) Event #1	(b) Event #2 TRUCK PULL	(c) Other events	(d) Total events (add col (a) through
ď.		(event type)	(event type)	(total number)	col (c))
Revenue					
Rev	1 Gross receipts	74,400.	68,493.	11,780.	154,673.
	2 Less: Contributions	55,650.	68,493.	9,260.	133,403.
	3 Gross income (line 1 minus line 2)	18,750.		2,520.	21,270.
	4 Cash prizes				
ý	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	2,565.		·	2,565.
rect E	7 Food and beverages	19,333.			19,333.
۵	8 Entertainment	25,000.			25,000.
	9 Other direct expenses	13,648.	19,739.	259.	33,646.
	10 Direct expense summary. Add lines 4 through	-		>	80,544.
	11 Net income summary. Subtract line 10 from			•	-59,274.
Pa	art III Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a				
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
	1 Gloss revenue		 		
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
		Yes %		Yes %	
	6 Volunteer labor	☐ No	No	☐ No	
	7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)		•	
	8 Net gaming income summary Subtract line	7 from line 1 column (d)		•	
	Wet garring mooms summary subtract into	7 HOM III O 1, COIGHIT (C)			L,
	Enter the state(s) in which the organization cond	-	· · · · · · · · · · · · · · · · · · ·		
	a Is the organization licensed to conduct gaming a b If "No," explain:				Yes No
~	b If "No," explain:				
	a Were any of the organization's gaming licenses in the second of the organization's gaming licenses in the second of the organization's gaming licenses in the second of the organization's gaming licenses in the second of the organization's gaming licenses in the organization's gaming licenses in the organization of the orga	·	-		Yes No
			T-11		

Schedule G (Form 990 or 990-EZ) 2014 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2

		<u> 1959196</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	∟ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party:		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa —	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	ines 9, 9b, 1	0b, 15b,
_			

Schedule G	i (Form 990 or 990-EZ)	THE	PUBLIC	EDUCATION	FOUNDATION.	INC.	35-1959196	Page 4
Part IV	(Eorm 990 or 990-EZ) Supplemental Info	rmation	(continued)					
			1:			_		
								
			_					
				·		·		
			•		· · · · · · · · · · · · · · · · · · ·			
	 -							
	•						• • •	
								
								
						•	· · <u>-</u> -	
-								
								
	·							
								
	* * * * *			•		•		
				-	-			
								•
				 				
	<u></u>							

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

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

► Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

9	
Ō	
0	
E	
õ	
3	
~ 5	
ಕ	
્છ	
-=	
>	
~	
3	
≥	
-	
7	
**	
S	
Ø	
ë	
~	
.≃	
7	
<u> </u>	
₽	
-	
· ·	
ë	
.=	
en	
**	
-	
70	
2	
pue	
and	
)) and	֡
90) and	֡
90) and	
990) and	
n 990) and	
bne (066 m.	
orm 990) and	
orm	
(Form 990) and	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	
orm	

Name of	Name of the organization THE PUBLIC EDUCATION FOUNDATION, INC.	Employer identification number 35-1959196
Part	Part I General Information on Grants and Assistance	
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•
ćŢ	ontena used to award the grants or assistance?	X Yes No

The second secon	s and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any		(f) Method of
ted States	Complete if th	eded.	
funds in the Uni	Governments.	plicated if additional space is needed.	, , , , , , , , , , , , , , , , , , , ,
toring the use of grant funds in the United States	zations and Domestic	be duplicated if additi	
cedures for monr	Omestic Organi	5,000 Part II can	1
2 Describe in Part IV the organization's procedures for monitoring the	Part II Grants and Other Assistance to Domestic Organizations	recipient that received more than \$5,000 Part II can be duplic	
2 Desc	Part II		

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	\$5,000 Part II can	be duplicated if additi	ional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BEND COMMUNITY SCHOOL CORPORATION - 215 S. ST. JOSEPH ST SOUTH BEND, IN 46601	35-1076622	501(C)(3)	114,866,	0.			PRIMARY SCHOOL READING PROGRAMS, TEACHER GRANTS AND HIGH SCHOOL TUTORING
					:		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				•

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 Enter total number of other organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

432102 10-15-14

Page 2

35-1959196

THE PUBLIC EDUCATION FOUNDATION,

Schedule I (Form 990) (2014)

Part III

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number 35-1959196

FORM 990, PART I, DOING BUSINESS AS:
SOUTH BEND EDUCATION FOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGULAR EDUCATION INITIATIVES NOT ADEQUATELY SUPPORTED BY THE REGULAR
FUNDING PROCESS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RECEIPTS TOTALING THE GRANTED AMOUNT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONNECT STUDENTS WITH CARING ADULTS TO HELP THEM ACHIEVE SUCCESS IN
SCHOOL AND REACH THEIR DREAMS." THE INITIAL BENCHMARK IS TO DOUBLE THE
NUMBER OF ACTIVE MENTORS IN 1ST THROUGH 3RD GRADE.
FORM 990, PART VI, SECTION B, LINE 11:
BOARD MEMBERS REVIEW A VERSION OF THE FORM 990 THAT IS COMPLETE EXCEPT FOR
SCHEDULE B, SCHEDULE OF CONTRIBUTORS. THAT SCHEDULE IS REVIEWED ONLY BY THE
GOVERNANCE COMMITTEE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
AT THE START OF HIRE OR BOARD ELECTION, AND ONCE EVERY CALENDAR YEAR AFTER
THAT, THE PERSONS NEED TO REVIEW THE CONFLICT OF INTEREST POLICY AND AGREE
TO BE BOUND BY IT.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization THE PUBLIC EDUCATION FOUNDATION, INC.	Employer identification number 35-1959196
ANNUAL FORMAL REVIEWS ARE COMPLETED AND COMPARISONS OF TW	O STUDIES ARE
REVIEWED.	
FORM 990, PART VI, SECTION C, LINE 18:	
ANY POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORG	ANIZATION'S
WEBSITE AND BY REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANY POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORG	anization's
WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE A	VAILABLE BOTH ON
THE ORGANIZATION'S WEBSITE AND BY REQUEST.	
432212 08-27-14 Sche	edule O (Form 990 or 990-EZ) (2014)