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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

Department of the Treasury Internal Revenue Service

▶ 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

Form 990 (2015).

AH	or tn	e 2015 calendar year, or tax year beginning UUL 1, 2015 and c	ل ending	<u>UN 30, 2016</u>	
В	Check if upplicab	C Name of organization		D Employer identific	cation number
	Addre	THE PUBLIC EDUCATION FOUNDATION, INC.			
	Name chang	COUNTY DEATH EDUCATION FORTH	MOTTA	35-1	959196
	lnitial return		Room/suite	E Telephone number	
=	Final	DO BOY 119	1100111/30110	(574	
1	returr termıı ated			G Gross receipts \$	462,376.
	Amen	ded COLUMN DENID IN 46624		H(a) Is this a group re	
F	Apple).	for subordinates	
	pend	SAME AS C ABOVE	•	H(b) Are all subordinates in	
<u> </u>	Гах-ех	empt status. X 501(c)(3)	or 527		list. (see instructions)
		te: WWW.EDFO.ORG	<u> , </u>	H(c) Group exemption	,
		forganization: X Corporation Trust Association Other	L Year		State of legal domicile: IN
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: TO E1	NHANCE	EDUCATIONA	L PROGRAMS
Activities & Governance		OFFERED BY SO. BEND COM. SCHOOL CORP. BY			
r a	2	Check this box if the organization discontinued its operations or dispose			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	24
တ္	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	7
įį	6	Total number of volunteers (estimate if necessary)		6	0
:€	1 -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			- 1	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		388,108.	385,369.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	Ü.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,874.	57,239.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	-61,232.	-116,826.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		397,750.	325,782.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		114,866.	129,984.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	114,459.	126,304.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25)	58.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,825.	59,104.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		279,150.	315,392.
	19	Revenue less expenses Subtract line 18 from line 12		118,600.	10,390.
or Ses			Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,875,737.	1,796,078.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,875,737.	1,796,078.
P	art li	Signature Block			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	
		No Village dese		15 NO	U16
Sig	n	Signature of Officer		Date	· · · · · · · · · · · · · · · · · · ·
Hei		LARRY THOMPSON, M.D., PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Propager's signature		Date Check	PTIN
Paid	d	MARGENE ZINK	PA 1	. 0 / 21 / 16 self-employe	d №01222961
Pre	parer	Firm's name KRUGGEL, LAWTON & COMPANY, LLC		Firm's EIN	35-1307701
Use	Only	Firm's address 317 W. FRANKLIN ST.			
		ELKHART, IN 46516		Phone no 57	4-264-2247
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

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X

16

17

18

X

X

16

17

19

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a°	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	ĺ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì]]
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	 		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		<u> </u>	f
_	any tax-exempt bonds?	24c	1	{
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270	 	
Lou	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	200		
J	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	ì	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	250		A
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		Ì]
	complete Schedule L, Part II	06	1	x
07	·	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	(ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		.
00	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		ĺ	
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		₹.
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		l	77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 1	Ì	7,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?] '		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ .	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	} '	j '	

and that is treated as a partnership for federal income tax purposes? *If* "Yes," *complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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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

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>				
•	ı	1	اء		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable ga	aming							
_	(gambling) winnings to prize winners?	ı		1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	-							
_	filed for the calendar year ending with or within the year covered by this return 2a 7									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		}	2b	X					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_		37				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		}	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C		}	<u>3b</u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-	er, a	4-		v				
h	financial account in a foreign country (such as a bank account, securities account, or other financial at	ccount)?	ŀ	<u>4a</u>		X				
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	oounto (FE								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Counts (FE	PAN)	5 0	ļ	X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	ŀ	<u>5a</u> 5b		X				
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	.tion·	ł	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organizat	ion solicit	<u> </u>						
-	any contributions that were not tax deductible as charitable contributions?	organiza.	.5., 555.1	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts								
-	were not tax deductible?	J	}	6b		!				
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	nces provide	ed to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required								
	to file Form 8282?	1		7c		X				
Ģ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			j					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	!	7e		_X_				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	,	7f		<u> </u>				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		· · · · · · · · · · · · · · · · · · ·	7g	<u>N/</u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		r	7h	N/	<u> </u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A	ļ	}					
_	sponsoring organization have excess business holdings at any time during the year?		ļ	_8_						
9	Sponsoring organizations maintaining donor advised funds.		37/3		}					
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a						
. D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
a		10b		Ì						
11	Section 501(c)(12) organizations. Enter:	100			l					
'' a	/ -	11a]					
	Gross income from other sources (Do not net amounts due or paid to other sources against			l	ĺ					
_		11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ					
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			[}					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
	Note. See the instructions for additional information the organization must report on Schedule O		•							
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ	Ī					
		13b		1	}					
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b						

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

	to mile sa, as, or for below, describe the circumstances, processes, or changes in schedule O. See instructions.			_					
`	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 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 0.								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v					
•	officer, director, trustee, or key employee?	2	 	<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		İ	v					
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4	-	X					
4									
6									
7a		6		X					
, a	more members of the governing body?	7a	}	Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0							
~	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
b		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a		11a		<u>X</u>					
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X						
b		12b	X						
С									
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	_ <u>~</u>	X					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IOU							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	i	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	- 1						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►IN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	SUSAN WARNER - 574-283-8039								
	P.O. BOX 119, 215 S. ST. JOSEPH ST., SOUTH BEND, IN 46624								

THE PUBLIC EDUCATION FOUNDATION, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See 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)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box,	not cl	heck i	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	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) ANNA MILLIGAN DIRECTOR	1.00	x						0.	0.	0.
(2) ANTHONY BYRD	1.00	x						0.	0.	0.
(3) CRAIG HAENES	1.00									
DIRECTOR (4) DR. ALFRED GUILLAUME JR.	1.00	X				-	-	0.	0.	Û.
DIRECTOR (5) DR. GINA SHROPSHIRE	1.00	X						0.	0.	0.
DIRECTOR (6) DR. JOHN TOTH	1.00	Х			-	-		0.	0.	0.
DIRECTOR		х			_	ļ		0.	0.	0.
(7) DR. KAREN CLARK DIRECTOR	1.00	х						0.	0.	0.
(8) ERIC MARSHALL DIRECTOR	1.00	х						0.	0.	0.
(9) FREDERICK DEAN, M.D. DIRECTOR	1.00	x						0.	0.	0.
(10) MIGUEL SALAZAR DIRECTOR	1.00	X						0.	0.	0.
(11) JOSEPH BAUER DIRECTOR	1.00	х						0.	0.	0.
(12) LINDA BROOKSHIRE DIRECTOR	1.00	x						0.	0.	0.
(13) MAYOR PETE BUTTIGIEG DIRECTOR	1.00	х						0.	0.	0.
(14) NAN TULCHINSKY DIRECTOR	1.00	x						0.	0.	0.
(15) NANCY SAUNDERS DIRECTOR	1.00							0.	0.	0.
(16) R. JEFF BREILER	1.00	-						0.	0.	0.
DIRECTOR (17) RICHARD GATES	1.00	X						0.	0.	
DIRECTOR	_1	14	_		Ц	<u> </u>	1	<u> </u>		0 . Form 990 (2015)

Part VII Section A. Officers, Directors, Tru	(B)	DIOY	ees			gne	St C	[/E\	
(A) Name and title	Average							(D) (E)			ļ _{6.}	(F)	
Name and title	hours per	(do	not c	heck	more	than	one	Reportable compensation	Reportable compensation	,	1	stimate nount	
	week		cer ar					from	from related	. }		other	0.
	(list any	Ecto						the	organizations	,	com	pensa	ition
	hours for	trustee or director	به ا			ted		organization	(W·2/1099-MIS	C)	fı	rom th	е
	related organizations	ste	truste			Suad		(W-2/1099-MISC)				anızat	
	below	불	Jonal		Plo Se	E Sa					l	d relat	
	line)	Indiwidual	Institutional trustee	Jagger Jagger	Key employee	Highest compensated employee	Former				J	anızatı	JI 15
(18) RICHARD HILL	1.00												
DIRECTOR		X						0.		0.	<u> </u>		0.
(19) ROSALIND TUCKER	1.00			l						Í	ĺ		
DIRECTOR		X		L_	<u> </u>	<u> </u>		0.	·	0.			0.
(20) JASON ZOOK	1.00						ļ			}	l		
DIRECTOR		X	<u> </u>	<u> </u>		_	<u> </u>	0.		0.			0.
(21) LORETTA FRANK	1.00										l		
DIRECTOR		X				<u> </u>		0.		0.			0.
(22) CLAYTON BILL	1.00]					ŀ						
DIRECTOR	_	X	_			L	L	0.		0.			0.
(23) WILBUR BOGGS	1.00												
DIRECTOR		X						0.		0.			0.
(24) DEB CHILDS	1.00						1				Í		
DIRECTOR		X		<u> </u>	<u> </u>	L	ļ	0.	- 	0.			_0.
(25) TERRY GREMBOWICZ	1.00									İ	İ		
DIRECTOR		X		_		<u> </u>		0.		0.			0.
(26) RANDOLPH ROMPOLA	1.00	_			ŀ						1		
DIRECTOR		<u> </u>	<u></u>		<u> </u>	<u>L</u> _		0.		0.			0.
1b Sub-total							\triangleright	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						Þ	60,141.		Û.			0.
d Total (add lines 1b and 1c)								60,141.		0.			0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable	;			
compensation from the organization													C
												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual									ļ	3		X
4 For any individual listed on line 1a, is the	sum of reportab	ole c	omp	ensa	atıor	n an	d otl	her compensation from t	the organization	i			
and related organizations greater than \$1	50,000? If "Yes	, " cc	mpl	ete S	Sch	edul	e J f	for such individual		-	4		X
5 Did any person listed on line 1a receive o	r accrue compe	nsat	tion	from	any	y un	relat	ed organization or indivi	dual for services		1	1	
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son					5	L	<u>_X</u>
Section B. Independent Contractors				_					<u> </u>				
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	ract	ors t	that received more than	\$100,000 of comp	pens	ation f	from	
the organization. Report compensation for	or the calendar y	<u>/ear</u>	end	ıng v	vith	or v	<u>/ithir</u>	n the organization's tax y	ear				-
(A)			_					(B)		_	(0		
Name and busines	ss address	_ <u>N</u>	ON:	E				Description of s	ervices		ompe	nsatio	<u> </u>
							\dashv				——		
									}				
			-										
Total number of independent contractors	(including but	 not I	ımıte	ed to	the		ster	d above) who received m	ore than				
\$100,000 of compensation from the orga			_	_	_	0	_				_		

Form 990 THE PUBL	TC EDUCA	7.T.	LOI	<u>1 </u>	<u> ''Ol</u>	ועונ	JA.	LION, INC.	35-195	<u> </u>
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ANNE FEFERMAN SECRETARY	1.00	x		x			ļ 	0.	0.	0
(28) LARRY THOMPSON, M.D. PRESIDENT	1.00	X		x				0.	0.	0
(29) SEYMOUR BARKER PAST PRESIDENT	1.00	x		х				0.	0.	0
(30) SHARON JONES TREASURER	1.00	x		x	-	<u> </u>		0.	0.	0
(31) SUSAN WARNER	45.00	-								
EXECUTIVE DIRECTOR				X		-	-	60,141.	0.	0
					_	-	-		, 	
		_	_	_	-		\vdash			
		-				-	_			
		-	_	_		-	ļ			
		_	<u> </u> 			_				
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		-			-	-				
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.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	_		-	-	-			
		-	-	-	-	-	-			-
		}	-		-		_			
		<u> </u>		<u>L.</u>		L.,				
Total to Part VII, Section A, line 1c								60,141.		

		Check if Schedule O cont	ains a response	or note to any line				
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
n n	b		1b					[
ا ۾ ي	C	Francisco de la constantina della constantina de	1c	226,869.				
a ii	d		1d		1			
Contributions, Gifts, Grants and Other Similar Amounts	e	0			;			
	f	All other contributions, gifts, gran			'			
돌	•	similar amounts not included abo	1 1	158,500.	i			
들	~			130/3001				
Sel	g	Total. Add lines 1a-1f	s (a-)) \$	•	385,369.			r I
<u> </u>		Total: Add inles 14-11		Business Code	303,303.			
	0 -			Business Code				ļ
Š	2 a		-			 		
že j	b							
₹ a	C			 				
Program Service Revenue	d			-				
	e	All the same and t						
_	7	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	aiviaenas, inte		E7 220			F7 000
1	_	other similar amounts)		. 🟲	57,239.			57,239.
ļ	4	Income from investment of ta	x-exempt bona	proceeds				
	5	Royalties	[T () =				
- 1		_	(ı) Real	(ii) Personal				
	6 a							
	b	•		 				
	c	, ,	Ļ	<u> </u>				
		Net rental income or (loss)		<u> </u>				
}	7 a	Gross amount from sales of	(i) Securities	(II) Other	l			
ļ		assets other than inventory						
- 1	b	Less: cost or other basis						
1		and sales expenses		 	I	(
- [С	Gain or (loss)		<u> </u>				
		Net gain or (loss)						
nue	8 a	Gross income from fundraisin		}				
e u		including \$226, 8	369 • of					
<u>۾</u>		contributions reported on line						
Other Reve		Part IV, line 18		a 19,768.				
₹	b	Less: direct expenses	1	136,594.				
		Net income or (loss) from fund		<u> </u>	<u>-116,826.</u>		<u> </u>	<u>-116,826.</u>
ļ	9 a	Gross income from gaming a	ctivities. See	ļ		ļ		
ľ		Part IV, line 19	;	ai				
ľ	b	Less: direct expenses	1	b				
	C	: Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less cost of goods sold	I	b				
	с	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ne	Business Code				
	11 a							
	b							
İ	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		>	325,782.	0.	0.	-59,587.
53200	9 12-1							Form 990 (2015)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	129,984.	129,984.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			į	
	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,	62 504	20 150	10 717	10 717
_	trustees, and key employees	63,584.	38,150.	12,717.	12,717.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			l	
_	persons described in section 4958(c)(3)(B)	53,745.	32,247.	10,749.	10 740
7	Other salaries and wages	33,743.	34,441.	10,749.	10,749.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,975.	5,385.	1,795.	1,795.
10	Payroll taxes Fees for services (non-employees)	0,913.	<u> </u>	1,793.	1,190.
11	Management				
a b	Legal				
0	Accounting	9,000.		9,000.	
ď		3,000.		5,000.	
e	Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,685.		1,685.	
12	Advertising and promotion	4,260.	571.	2,792.	897.
13	Office expenses	24,133.	2,127.	9,106.	12,900.
14	Information technology				1
15	Royalties				
16	Occupancy				
17	Travel	2,065.		2,065.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,187.		7,187.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,643.		2,643.	
24	Other expenses. Itemize expenses not covered 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.)	į			
а	MEGODE E ANDOHO	4,733.	424.	4,309.	· · · · · · · · · · · · · · · · · · ·
b	DUES AND SUBSCRIPTIONS	2,856.		2,856.	
c	THANK A TEACHER	542.	542.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	315,392.	209,430.	66,904.	39,058.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined]	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

art X.	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	63,687.	1	45,462
2	Savings and temporary cash investments	70,956.	2	41,236
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	,		
	Part II of Schedule L	i	5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1	- 1	
-	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
_	Land, buildings, and equipment: cost or other			
1.00	basis Complete Part VI of Schedule D 10a		- 1	
Ь			10c	
11	Investments - publicly traded securities	1,435,768.	11	1,340,392
12	Investments - other securities. See Part IV, line 11	2713377001	12	2/010/05
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	305,326.	15	368,988
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,875,737.	16	1,796,078
17	Accounts payable and accrued expenses	270737737	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	
	Loans and other payables to current and former officers, directors, trustees,			
]	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	····
25	Other liabilities (including federal income tax, payables to related third			·
	parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here			
,	complete lines 27 through 29, and lines 33 and 34.		- 1	
27 28 29 30 31 32	Unrestricted net assets	419,158.	27	426,017
28	Temporarily restricted net assets	20,811.	28	29,669
29	Permanently restricted net assets	1,435,768.	29	1,340,392
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
32	Total net assets or fund balances	1,875,737.	33	1,796,078
- 33				<u> </u>

	990 (2015) THE PUBLIC EDUCATION FOUNDATION, INC.	<u> 35-</u>	1959196	Pag	ge 12
Pa	t 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		5 <u>,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,879		
5	Net unrealized gains (losses) on investments	5	-90	0,0	49.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,796	5,0	<u>78.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	} }	İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		}	
	consolidated basis, or both.))		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit	İ	
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	int	Ì	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
			Form	9 90 (2	2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

THE PUBLIC EDUCATION FOUNDATION. 35-1959196 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) <u>Total</u>

Schedule A (Form 990 or 990-EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	410,181.	288,539.	306,025.	388,108.	385,370.	1,778,223.
2	Tax revenues levied for the organ-						<u></u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to]		·			
	the organization without charge						
4	Total. Add lines 1 through 3	410,181.	288,539.	306,025.	388,108.	385,370.	1,778,223,
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			i	İ		
	amount shown on line 11,						
	column (f)	<u>'</u>		'			_8,668.
6	Public support. Subtract line 5 from line 4						1 769 555.
	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	410,181.	288,539.	306,025.	388,108.	385,370.	1,778,223.
8	Gross income from interest,						
_	dividends, payments received on	1					
	securities loans, rents, royalties						
	and income from similar sources	22,690.	_ 25,870.	54,311.	70,874.	57,239.	230,984.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,602.	6,138.	6,445.	21,270.	19,768.	60,223.
11	Total support. Add lines 7 through 10						2,069,430,
	Gross receipts from related activities	etc. (see instruction	ons)			12	67.
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax vear as a section		
	organization, check this box and sto	_	,	, , , , , , , , , , , , , , , , , , , ,	,	(.,,(-,	▶□
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	85.51 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	87.32 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	=					$\triangleright \mathbf{X}$
Ł	33 1/3% support test - 2014. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua	lifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"					J	
t	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-cir				•		
<u>1</u> 8	Private foundation. If the organization		=				s
						dule A (Form 990	

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not		1					
	include any "unusual grants.")			L		[
2	Gross receipts from admissions,							
	merchandise sold or services per-	1				1	,	
	formed, or facilities furnished in any activity that is related to the	,				1		
	organization's tax-exempt purpose				L			l
3	Gross receipts from activities that							
	are not an unrelated trade or bus-		1					ļ
	iness under section 513				<u> </u>			
4	Tax revenues levied for the organ-	ļ						
	ızatıon's benefit and either paid to							1
	or expended on its behalf		L			<u> </u>		
5	The value of services or facilities					ł		
	furnished by a governmental unit to	1	•]	1		
	the organization without charge							<u> </u>
6	Total. Add lines 1 through 5					<u> </u>		
7 a	Amounts included on lines 1, 2, and	ļ	•			İ		
	3 received from disqualified persons	ļ				<u> </u>		
t	Amounts included on lines 2 and 3 received		1			ļ		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year				<u> </u>			
C	Add lines 7a and 7b					ļ		
	Public support. (Subtract line 7c from line 6)			<u> </u>	<u> </u>	<u> </u>		
	ction B. Total Support			, 				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014		e) 2015	(f) Total
_	Amounts from line 6	[<u>-</u>				 -		
10a	Gross income from interest, dividends, payments received on	ļ				ļ		
	securities loans, rents, royalties					1		
	and income from similar sources	ļ				<u> </u>		
Ł	Unrelated business taxable income							
	(less section 511 taxes) from businesses	1				1	ì	
	acquired after June 30, 1975	ļ			 	ļ <u> —</u>		
	Add lines 10a and 10b			 	 			
11	Net income from unrelated business activities not included in line 10b,					Ì		
	whether or not the business is					}	l	
40	regularly carried on Other income Do not include gain	ļ		 	 	 -		
12	or loss from the sale of capital	Ì			1			
40	assets (Explain in Part VI.)			L		-		
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the ergenization's	first second this	d fourth or fifth t	av voar as a soctio	D 501/	/o//3) organiz	ation
14	check this box and stop here	r the organization :	s inst, second, tim	a, lourill, or little	ax year as a section) I OC II	(c)(3) organiz	ation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2015 (column (fl)		15		%
	Public support percentage from 2014	•		Solariir (i))		16		%
	ction D. Computation of Inve					1 10 1		
	Investment income percentage for 20					17		%
	Investment income percentage from			, Joidini (i/)		18		
	a 33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than 3		%, and line 1	
130	more than 33 1/3%, check this box a	-					,	▶ □
,	33 1/3% support tests - 2014. If the	-	_				n 33 1/3% <i>:</i>	and
•	line 18 is not more than 33 1/3%, che	-						▶
20	Private foundation. If the organization						-	
	02 00 22 15			,				or 990-FZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Organizations

- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Ì	9c		
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	10b		
n 9	90 or 99	O-EZ)	2015

Sche	edule A (Form 990 or 990-EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1 rt IV Supporting Organizations (continued)	<u>95919</u>)6 P	age 5
- 41	rt IV Supporting Organizations (continued)			No
11 `	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	[1	
_	below, the governing body of a supported organization?	11a		i i
ь	A family member of a person described in (a) above?	11b	+	
	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>
	tion B. Type I Supporting Organizations		1	1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.63	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	}
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ł	
	controlled the organization's activities. If the organization had more than one supported organization,]	ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	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		l	ļ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	}	1
Sec	tion C. Type II Supporting Organizations		<u></u>	ــــــ
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.50	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			i
	or management of the supporting organization was vested in the same persons that controlled or managed)	}
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			[
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}	1	}
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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		1	
	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 yea(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 installable).	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	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	İ	1 1	
	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	}		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.] }	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	
	^ · · · · · ·			

	dule A (Form 990 or 990 EZ) 2015 THE PUBLIC EDUCATION FO			35-1959196 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	<u> </u>		
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	į		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		<u> </u>
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions)	-		

	dule A (Form 990 or 990-EZ) 2015 THE PUBLIC ED			35-1959196 Page 7
	Type in item I directionary integrated oce	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		<u> </u>	
3	Administrative expenses paid to accomplish exempt purposit	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.			<u> </u>
_7 _	Total annual distributions. Add lines 1 through 6.	ho arganization is recommend		
8	Distributions to attentive supported organizations to which to	ne organization is responsive	•	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(:)	(::)	(:::)
		(i)	(ii) Underdistributions	(iii) Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
_	Distributable amount for 2015 from Section C, line 6			
_1_2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015:			
3	Excess distributions carryover, if any, to 2013.			
<u>a</u> b				
<u>D</u>				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)		 	
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.			
•	line 7. \$			
a	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 THE	PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	I Information Innes 1, 2, 3b, 3 Stion D, lines 2 at 6, and 8; and P	I. Provide the c, 4b, 4c, 5a, (explanations require 6, 9a, 9b, 9c, 11a, 1 Section E. lines 1c. 2	ed by Part II, line 10; Pa 1b, and 11c; Part IV, Se 2a, 2b, 3a and 3b, Part \ Also complete this part	rt II, line 17a or ection B, lines 1 V, line 1: Part V.	17b, Part III, line 12, and 2, Part IV, Section Section B. line 1e. Par	. C.
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Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Par	t I Organizations Maintaining Donor Advis		or Acco	35-1959196
T a			OI ACCO	uiits.Complete if the
	organization answered "Yes" on Form 990, Part IV, Ir		/E.\ F	
		(a) Donor advised funds	(b) Ful	nds 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)	<u> </u>		
4	Aggregate value at end of year	<u></u>		
5	Did the organization inform all donors and donor advisors in		d funds	
	are the organization's property, subject to the organization's	_		Yes L No
6	Did the organization inform all grantees, donors, and donor		-	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of	onferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Pa	art IV, line 7	7
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply)		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histor	ncally impo	rtant land area
	Protection of natural habitat	Preservation of a certifi	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of	f a co <u>nserv</u>	vation 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	
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	e	
	listed in the National Register		2d	L
3	Number of conservation easements modified, transferred, in	ėlėasėd, extinguishea, or terminatea by the o	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		└─ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation eas	sements during the year
	—			
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservation	on easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h	ı)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense s	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organiza	ition's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections		her Simi	lar Assets.
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and bal	lance sheet works of art,
	historical treasures, or other similar assets held for public ex		ce of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publ	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$ \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		•	\$

	t III Organizations Maintaining C	Collections of A				JJ-13			1 9 0 ∠
3	Using the organization's acquisition, accessi					•			
٠.	(check all that apply):	on, and other record	s, check any or the	iollowing triat are a	Sigrillicarii	use or its	COHECTION	HILEHI	5
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e		nange programs					
c	Preservation for future generations	-	C Other						
4	Provide a description of the organization's co	ollections and evolui	a how thoy further th	ho organization's av	omot nurn	oco in Dor	• VIII		
5	During the year, did the organization solicit of		· · · · · · · · · · · · · · · · · · ·	=		iose iii raii	L VIII.		
•	to be sold to raise funds rather than to be m				ai assets		Yes		No
Pai	t IV Escrow and Custodial Arran				n Form 99	n Part IV			<u> </u>
<u></u>	reported an amount on Form 990, Pa		no ii tiio organizatio	manawored res e	0 50	O, 1 Littiv,			
	Is the organization an agent, trustee, custod		liary for contribution	s or other assets no	nt included				
,	on Form 990, Part X?		mary for continuation	io di otiloi doccio ne	,		Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Ilowina table				1 163		1110
_			g table			1	Amount		
c	Beginning balance				1c		7 4110 411		
	Additions during the year	•	•		1d				
	Distributions during the year				1e				
f	Ending balance				1f	 			
	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab			Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Pai									
		(a) Current year	(b) Prior year	(c) Two years back	T'	years back	(e) Four	years	back
1a	Beginning of year balance	1,743,201,	1,737,009.	1,505,178.	1	366,508,		427	
b	Contributions	69,583.	60,440.	68,611,		51,160.			058.
С	Net investment earnings, gains, and losses	-32,622,	19,804,	238,002		155,382.		-14,	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	69,202.	74.052.	74,782,		67.872.		63	328.
f	Administrative expenses								
g	End of year balance	1,710,960.	1,743,201,	1,737,009.	1,	505,178,	1	366	508.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	21.66	_%						
b	Permanent endowment ► 78.34	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	-		
	by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a S	See Form 990, Part >	K, line 10.	_ _			
	Description of property	(a) Cost or o	1 , ,	' '	Accumulat	l l	(d) Book	< value)
		basis (investr	nent) basis	(other) de	epreciation	1			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment					$-\!$			
е	Other								
Take	LAdd lines to through to (Column (d) must s	vaual Earn 000 Dart	Y column (D) line 1	1/10 1					

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	35-1959196	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	neturn.	
1 * Total revenue, gains, and other support per audited financial statements	1 372,	227
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 372,	341.
	'	
_		
	-	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	- 00	040
3 Subtract line 2e from line 1	$\begin{array}{ c c c c c } \hline 2e & -90, \\ \hline 3 & 462, \\ \hline \end{array}$	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	3 402,	3/0.
406 504		
 	7 1 1 1 1 1 1 1 1	E Q 1
c Add lines 4a and 4b	4c -136, 5 325,	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		104.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	a riotarii.	
1 Total expenses and losses per audited financial statements	1 451,	086
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 451,	200.
, , , , , , , , , , , , , , , , , , ,		
	-	
b Prior year adjustments 2b	-	
c Other losses d Other (Describe in Part XIII.) 2d 136,594	-	
		E O 4
e Add lines 2a through 2d	2e 136,	
3 Subtract line 2e from line 1	3 315,	<u> 392.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	-	
b Other (Describe in Part XIII)	→	_
c Add lines 4a and 4b	40	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 315,	<u> 392.</u>
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, lines 1b and 4b, Par	9 4, Paπ X, line 2, Paπ XI,	,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		
PART V, LINE 4:		
TO PROVIDE THE ORGANIZATION WITH INCREASING FINANCIAL SUPPORT	RT FOR THE	
OPERATING BUDGET, GRANTS AND OTHER ACTIVITIES OF THE ORGANIS	ZATION.	
PART X, LINE 2:		
THE OPERATOR TO A NOT FOR PROFIT OPERATOR WILLIAM TO BE	VENDO EDON	
THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EX	XEMPT FROM	
THOOME MAYER INTER RECUTON FOI/O//2/ OF MUE THERMAL DEVENT	E CODE MILE	
INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	E CODE. THE	
INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION	א דפ אוריים א	
INTERNAL REVENUE SERVICE MAS DETERMINED THAT THE ORGANIZATION	ON 15 NOI A	
PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A).		
FRIVALE TOURDATION WITHIN THE MEANING OF SECTION 305/A/.		
THE INCOME TAXES TOPIC OF THE FASB ASC 740 CLARIFIES THE ACC	COUNTING FOR	
THE THOUSE THE TOTAL OF THE THESE USE 140 CHARTELING THE RC		
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S F	INANCIAL	
532054 60-21-15	Schedule D (Form 990	0) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2015

Name of the organization						Employer ide	ntification number
THE PUB	LIC EDUCATION FOUN	DAT	ION	, INC.		35-1959	196
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing ding o lonal t	overnment grants nment grants events fficers, directors, true fundraising services?	,	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody 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				
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	▶	s or has been notified	t it is	exempt from re	egistration
or licensing.							
				 			
							<u> </u>
							
				-			
							

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through TRUCK PULL GFS col (c)) (event type) (total number) (event type) 21,042. 88,709. 135,482. 1 Gross receipts 245,233. 15,597. 88,709. 2 Less: Contributions 121,159 225,465. 5,445 3 Gross income (line 1 minus line 2) 14,323 19,768. 4 Cash prizes 5 Noncash prizes Rent/facility costs 1,089. 4,508. 5,597. 5,445. 16,887. 22,332. 7 Food and beverages 10,000. 64,857 74,857. 8 Entertainment 28,660. 6,519. 19,980 2,161 Other direct expenses 131,446. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) -111,678. Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes % 6 Volunteer labor No Nο No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? __ Yes b if "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? __ Yes b If "Yes," explain:

Schedule G (Form 990 or 990 EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC.

35-1959196 Page 2

Sch		1959196	5 Page 3
11	gamenta and a same gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen gamen g	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:		
а	The organization's facility	13a	%
b	An outside facility .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party > \$ If "Yes," enter name and address of the third party:		
С	if Yes, enter name and address or the third party.		
	Name >		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	December of convece provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ŭ	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
J	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
			
			
	83 09-14-15 Schedule G (For	m 000 001	E7\0045
3320	83 09-14-15 Schedule G (For	III SOU OF SU	-EZIZU15

Schedule G	(Form 990 or 990-F7)	THE P	UBLIC	EDUCATION	FOUNDATION.	INC.	<u> 35-1959196</u>	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (co	ontinued)		100110111			1 4 4 4
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

■ Attach to Form 990.

Open to Public

OMB No 1545-0047

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

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number Inspection

35-1959196

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X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Part

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	onal space is need	Jed			
1 (a) Name and address of organization or government	(p) 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)	129,984,	0	CASH VALUE	N/A	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 3. Enter total number of other organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				1

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

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Schedule I (Form 990) (2015)

532101 10-28-15

Page 2 (f) Description of non-cash assistance 35-1959196 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. REVIEW OF PERFORMANCE RESULTS RELATED TO PROGRAMS AND Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance COLLECTION OF WRITTEN REPORTS AND RECEIPTS FROM TEACHERS THE PUBLIC EDUCATION FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance VISITS TO SCHOOLS, PART I, LINE 2: Schedule I (Form 990) (2015) Part III

Schedule I (Form 990) (2015)

532102 10-28-15

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE PUBLIC EDUCATION FOUNDATION, INC.	35-1959196
FORM 990, PART I, DOING BUSINESS AS:	
SOUTH BEND EDUCATION FOUNDATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
REGULAR EDUCATION INITIATIVES NOT ADEQUATELY SUPPORTED BY	THE REGULAR
FUNDING PROCESS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
RECEIPTS TOTALING THE GRANTED AMOUNT.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
SCHOOL AND REACH THEIR DREAMS." TO DATE THE FOUNDATION HA	AS INCREASED
THE NUMBER OF MENTORS BY 40% AND IS CONTINUING TO INCREASE	THE NUMBER
OF VOLUNTEER MENTORS AND STUDENTS BEING SERVED.	
FORM 990, PART VI, SECTION B, LINE 11:	
BOARD MEMBERS REVIEW A VERSION OF THE FORM 990 THAT IS COM	MPLETE EXCEPT FOR
SCHEDULE B, SCHEDULE OF CONTRIBUTORS. THAT SCHEDULE IS REV	VIEWED 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 CAI	LENDAR YEAR AFTER
THAT, THE PERSONS NEED TO REVIEW THE CONFLICT OF INTEREST	POLICY AND AGREE
TO BE BOUND BY IT.	

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

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization THE PUBLIC EDUCATION FOUNDATION, INC.	Employer identification number 35–1959196
	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.	
PAGE 12, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE FINACIA	AL REPORTING
PROCESS AND THE SELECTION OF EXTERNAL ACCOUNTANTS, THIS P	ROCESS HAS NOT
CHANGED FROM PRIOR YEARS.	
	