2015 Exempt Organization Tax Returns for Public Disclosure Prepared for:

The Public Education Foundation, Inc. P.O. Box 119 South Bend, IN 46624



Department of the Treasury

Return of Organization Exempt From Income Tax

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

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.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 Check if applicable: C Name of organization D Employer identification number THE PUBLIC EDUCATION FOUNDATION, INC. Name change SOUTH BEND EDUCATION FOUNDATION Doing business as 35-1959196 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 119 (574) 283-8039 City or town, state or province, country, and ZIP or foreign postal code 462,376. G Gross receipts \$ Amended return SOUTH BEND, IN 46624 H(a) Is this a group return Applica-F Name and address of principal officer: LARRY THOMPSON, M.D. for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No i Tax-exempt status: X 501(c)(3) ___ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.EDFO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1995 M State of legal domicile: IN Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENHANCE EDUCATIONAL PROGRAMS Activities & Governance OFFERED BY SO. BEND COM. SCHOOL CORP. BY FUNDING (SEE SCHEDULE O) 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 24 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 7 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 388,108. 385,369. Revenue Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,874. 57,239. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -61,232. -116,826. 397,750. 325,782. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 114,459. 126,304. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 49,825 59,104. 279,150. 315,392. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 118,600. 19 Revenue less expenses. Subtract line 18 from line 12 10.390. Beginning of Current Year End of Year 1,796,078. 20 Total assets (Part X, line 16) 1,875,737 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign LARRY THOMPSON, M.D., PRESIDENT Here Type or print name and title PTIN Check Print/Type preparer's name Paid MARGENE ZINK 10/21/16 self-employed P01222961 Firm's name KRUGGEL, LAWTON & COMPAN Preparer Firm's EIN **▶** 35-1307701 Firm's address 317 W. FRANKLIN ST. Use Only Phone no. 574-264-2247 ELKHART, IN 46516 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

THE SBCSC MENTOR PROGRAM, PREVIOUSLY RUN BY SBCSC, IS NOW UNDER THE UMBRELLA OF THE EDUCATION FOUNDATION TO PROVIDE STABILITY FOR THE PROGRAM. IN 2015, THE FOUNDATION ESTABLISHED A MENTOR PROGRAM ENDOWMENT WITH FUNDS BEING HELD AT CFSJC. THE MENTOR PROGRAM'S MISSION IS "TO CONNECT STUDENTS WITH CARING ADULTS TO HELP THEM ACHIEVE SUCCESS IN

4d Other program services (Describe in Schedule O.)

(Expenses \$ 97,786 • including grants of \$

18,340.) (Revenue \$

4e Total program service expenses ▶

209,430.

-			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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			İ
	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			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ĺ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	Ĺ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	L	X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	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	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			v
	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,"			
		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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			17.11
20	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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			v
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		+
36	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	1 30		T-
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) THE PUBLIC EDUCATION FOUNDATION, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
		o l		
	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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		X
b	If "Yes," enter the name of the foreign country: ▶		ľ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		<u> </u>	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ <u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	*		1
а	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	1	X	—
b		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
e		7 6		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	
g	16.1 Line 19.1 L		N/	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	,,,		<u> </u>
8	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintaining donor advised funds. Bid a donor advised fund maintaining donor advised funds.	8		·
9	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A			
10	Section 501(c)(7) organizations. Enter:			1
a	M/A 100	:		
b	O and the first state of the Form COO Port VIII line 40 for public upon of club facilities			
11	Section 501(c)(12) organizations. Enter:	ŀ		
а	N/Λ		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-
а	· · · · · · · · · · · · · · · · · · ·	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the s			
	organization is licensed to issue qualified health plans	\dashv		
	Enter the amount of reserves on hand		 	7.7
	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>14b</u>) (004E)

Page 6

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing		4. 3.							
	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 with any other	ļ.								
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	5 6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
7 4		7a		x						
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 4								
b	and the state of t	7b		x						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		- 23						
8		00	Х							
	The governing body?	8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b		-						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_ A						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	T No.						
40	Did the consequention have been been been been by	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		V						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe 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 conflicts?	12b	X	 						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7,7							
	in Schedule O how this was done	12c	X	 						
13	Did the organization have a written whistleblower policy?	13	X	ļ						
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?									
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 arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	:								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		<u> </u>						
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)	availab	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, an	d finan	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									
	D O BOY 110 215 C CM TOCEDU CM COUMH BEND IN 46624									

orm 990 (2015)	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
--

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.

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	(C) Position (do not check more than of box, unless person is both officer and a director/trust					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P		Highest compensated employee	·	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANNA MILLIGAN	1.00								·	
DIRECTOR		X						0.	0.	0
(2) ANTHONY BYRD	1.00							_		•
DIRECTOR	1 00	X				 -		0.	0.	0_
(3) CRAIG HAENES	1.00	,,						0	0.	0
DIRECTOR	1 00	X				-		0.	0,	0
(4) DR. ALFRED GUILLAUME JR.	1.00	x						0.	0.	0
DIRECTOR	1.00							0.	0.	<u> </u>
(5) DR. GINA SHROPSHIRE	1.00	X						0.	0.	0
DIRECTOR (6) DR. JOHN TOTH	1.00	Δ		-				0.		
(6) DR. JOHN TOTH DIRECTOR	1.00	x			ļ			0.	0.	0
(7) DR. KAREN CLARK	1.00				\vdash			<u> </u>		
DIRECTOR		x						0.	0.	0
(8) ERIC MARSHALL	1.00									
DIRECTOR		X						0.	0.	0
(9) FREDERICK DEAN, M.D.	1.00									
DIRECTOR		X				_		0.	0.	0
(10) MIGUEL SALAZAR	1.00									
DIRECTOR		X						0.	0.	0
(11) JOSEPH BAUER	1.00									
DIRECTOR		X	_		_		_	0.	0.	0
(12) LINDA BROOKSHIRE	1.00									0
DIRECTOR	1 00	X	ļ	 -	ļ		-	0.	0.	0
(13) MAYOR PETE BUTTIGIEG	1.00	٠,						0.	0.	0
DIRECTOR	1 00	X	<u> </u>	-	-	+		0.	0.	0
(14) NAN TULCHINSKY	1.00	X						0.	0.	0
DIRECTOR	1.00			├-		+		0.		
(15) NANCY SAUNDERS	1.00	X						0.	0.	0
DIRECTOR	1.00	+		\vdash	 	\dagger				
(16) R. JEFF BREILER DIRECTOR		$ \mathbf{x} $						0.	0.	0
(17) RICHARD GATES	1.00					1				
DIRECTOR		X	1		1		1	0.	0.	0

Part VII Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	es (continued)	. —				
(A)	(B)			(C	;)			(D)	(E)		(F)			
Name and title	Average Position (do not check more than one							Reportable	Reportable	1 -	stimate			
	hours per	box	unles	ss per	son i	is botl	h an	compensation	compensation	a	nount o	of		
	week (list any		Jer all		1000	174145	100)	from	from related organizations	000	other	tion		
	hours for	Individual trustee or director						the organization	(W-2/1099-MISC)					
	related	36 Or (stee			ısate		(W-2/1099-MISC)	(** 27 1000 111100)	organization				
	organizations	trust	Institutional trustee		yee	ш		(**************************************		and related				
	below	idual	tution	-i	Key employee	est co	ē			org	anizatio	วทธ		
	line)	횰	Insti	Officer	Key 6	Highest compensated employee	Боттег							
(18) RICHARD HILL	1.00													
DIRECTOR		X						0.	0.	ļ		0.		
(19) ROSALIND TUCKER	1.00													
DIRECTOR		X					_	0.	0.			0.		
(20) JASON ZOOK	1.00							_	_					
DIRECTOR		X					ļ	0.	0.	ļ		0.		
(21) LORETTA FRANK	1.00							_	_			_		
DIRECTOR		X				<u> </u>		0.	0.	ļ		0.		
(22) CLAYTON BILL	1.00											^		
DIRECTOR		X	ļ			ļ	<u> </u>	0.	0.	ļ		0.		
(23) WILBUR BOGGS	1.00								•			^		
DIRECTOR	1 00	X				-	_	0.	0.	ļ		0.		
(24) DEB CHILDS	1.00								•			0		
DIRECTOR	1 00	X	ļ			-		0.	0.	ļ		0.		
(25) TERRY GREMBOWICZ	1.00								0			٥		
DIRECTOR	1 00	X				-		0.	0.	+		0.		
(26) RANDOLPH ROMPOLA	1.00								^			Λ		
DIRECTOR	l	X	L		<u> </u>	1	Ļ	0.	0.	-		0.		
1b Sub-total									0.			0.		
c Total from continuation sheets to Part V								60,141.	0.			0.		
d Total (add lines 1b and 1c)									L	1				
	iot iimited to tr	1056	i iiSte	eu ai	DOV	e) wi	101	eceived more man proc	,000 of reportable			0		
compensation from the organization											Yes	No		
3 Did the organization list any former officer,	director or tru	ıste	o ka	v er	nnic	ovee	or	highest compensated e	mplovee on			111		
line 1a? If "Yes," complete Schedule J for s										3		Х		
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$15										4		Х		
5 Did any person listed on line 1a receive or												ł		
rendered to the organization? If "Yes," con										5		X		
Section B. Independent Contractors														
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors '	that received more than	\$100,000 of compen	sation	from			
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.					
(A)								(B)			(C)	_		
Name and business	address	N	ON:	E				Description of s	services	Comp	ensatio			
									1					
2 Total number of independent contractors (including but r	not I	imite	ed to	the	se li	iste	d above) who received r	nore than					
\$100,000 of compensation from the organ						0		,						

	LIC EDUCA								35-195	9196
Part VII Section A. Officers, Directors,		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)					(D) Reportable compensation	(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 ECRETARY	1.00	x		х				0.	0.	c
28) LARRY THOMPSON, M.D. RESIDENT	1.00	x		х				0.	0.	C
29) SEYMOUR BARKER AST PRESIDENT	1.00	X		x				0.	0.	(
30) SHARON JONES REASURER	1.00	x		х				0.	0.	(
31) SUSAN WARNER	45.00			х				60,141.	0.	(
		-								
							-			
		-								
		-			-					
		-								
		-								
		-			-					
			-	-		-	-			
		_								
Fotal to Part VII, Section A, line 1c								60,141.		

THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 226,869. 1c c Fundraising events _____ d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 158,500. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$___ 385,369 h Total. Add lines 1a-1f **Business Code** f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 57,239. 57,239. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) .. (i) Securities (ii) 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 \$ 226,869. of contributions reported on line 1c). See 19,768. Part IV, line 18 a b Less: direct expenses b 136,594. -116,826 -116,826. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ... **Business Code** Miscellaneous Revenue 11 a

325,782.

0.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Check if Schedule O contains a respon			(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	100 004	100 004		
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			•	
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,	63 504	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				
persons described in section 4958(c)(3)(B)	53,745.	22 247	10,749.	10,749
7 Other salaries and wages	55,/45.	32,247.	10,/43•	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	0,975.	3,303.	1,155.	±,1,55
11 Fees for services (non-employees):				
a Management				
b Legal	9,000.		9,000.	
c Accounting	9,000.		3,000.	
d Lobbying e Professional fundraising services. See Part IV, line 17				
f Investment management fees		***		
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	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				
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 O.)		·		
a MISCELLANEOUS	4,733.	424.	4,309.	
b DUES AND SUBSCRIPTIONS	2,856.		2,856.	
c THANK A TEACHER	542.	542.		
d				
e 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)				

Par	tΧ	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	<u>45,462.</u>
	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		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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	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	1,435,768.	11	1,340,392.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	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		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	
Ω	22	Loans and other payables to current and former officers, directors, trustees,			
iii Eie		key employees, highest compensated employees, and disqualified persons.	•		
Liabilities		Complete Part II of Schedule L		22	
ت	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			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Š		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	419,158.		426,017.
3ala	28	Temporarily restricted net assets	20,811.		29,669.
ğ	29	Permanently restricted net assets	1,435,768.	29	1,340,392.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here		1 1	
ō	ŀ	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,875,737.		1,796,078.
	34	Total liabilities and net assets/fund balances	1,875,737.	34	1,796,078.

	990 (2015) THE PUBLIC EDUCATION FOUNDATION, INC.	<u>35-195</u>	<u>9196</u>	Pag	_{je} 12
Pai	Tt 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			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
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	1,87		
5	Net unrealized gains (losses) on investments	5		<u>0,0</u>	<u>49.</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			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	1,79	6,0	<u>78.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		······		X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1.0		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>
			Form	990	(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.irs.gov/form990. Inspection

Employer identification number

OMB No. 1545-0047

2015

Open to Public Inspection

THE PUBLIC EDUCATION FOUNDATION 35-1959196 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 5 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (i) Name of supported (iii) Type of organization (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above (see instructions)) instructions) instructions) Yes

Schedule A (Form 990 or 990-EZ) 2015 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) Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	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-		, , ,				
	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.
	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)						8,668.
6	Public support. Subtract line 5 from line 4.						1.769.555.
	ction B. Total Support						<u> </u>
	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.
	Gross income from interest,	110/1011	200,000	30070231	300,2001	- 000,0,0,	1,770,225.
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	22,690.	25,870.	54,311.	70,874.	57,239.	230,984.
۵	Net income from unrelated business	22,030.	23,070.	3 = , 3 = 1 -	70,074	37,233.	230/3010
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain		· · · · · · · · · · · · · · · · · · ·				
10	or loss from the sale of capital						
	· ·	6,602.	6,138.	6,445.	21,270.	19,768.	60,223.
44	assets (Explain in Part VI.)	0,002.	0,130.	0,443.	41,470.	13,700.	
	Gross receipts from related activities,	ete (eee instruction	ana)			12	2,069,430. 67.
	First five years. If the Form 990 is for	·		d fourth or fifth to		·	07.
13	organization, check this box and stor						ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I		<u> </u>	olumn (fl)		14	85.51 %
	Public support percentage from 2014	• • • • • • • • • • • • • • • • • • • •	•			15	87.32 %
	33 1/3% support test - 2015. If the o					L	
100	stop here. The organization qualifies						
h	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual	-					▶ □
172	10% -facts-and-circumstances tes						or more.
174	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
ມ	more, and if the organization meets the						
	organization meets the "facts-and-circ						•
19	Private foundation. If the organization						
10	rrivate roundation. If the organization	in alla flot check a	DON OF HIRE 13, 10	a, 100, 17a, 01 17L	, GIIGON II IIS DOX a	ing see manuchons	· ······

Schedule A (Form 990 or 990-EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ı					
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						
Ū	are not an unrelated trade or bus-						
	iness under section 513	ı					
4	Tax revenues levied for the organ-	·····					
•	ization's benefit and either paid to	1					
	or expended on its behalf	1					
5	The value of services or facilities						
3	furnished by a governmental unit to	1					
	the organization without charge	1					
	Total. Add lines 1 through 5		 				
			 				
78	Amounts included on lines 1, 2, and) 					
L	3 received from disqualified persons			<u> </u>			
ı.) 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						
	Add lines 7a and 7b	·			1.	-	
	Public support. (Subtract line 7c from line 6.)	· .:			<u> </u>		<u> </u>
	ction B. Total Support		1		1	T	(n.T.)
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				 		
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						-
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						<u> </u>
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Ĺ					<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
	ction C. Computation of Publ					<u></u>	
15	Public support percentage for 2015 (ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2014					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20)15 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from:						%
19	a 33 1/3% support tests - 2015. If the	organization did	not c heck the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
1	o 33 1/3% support tests - 2014. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	anization qualifies	as a publicly sup	ported organizatior	Դ ▶∐
20	Private foundation. If the organization						

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	Δ	ΔII	Supporting (Organiza	tions
OCCUOII	Д.	711	Supporting v	Jiyailiza	เมษาเจ

- 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 (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
1		
2		
3a		
	*	
3b		
3с		
4a		
4b		
		4
4c		
70		
5a		
- Ju		
5b		
5c		
1		
6		
7	14,	
8	11.	
8		
9a		
9b		
9c		
1		
10a		
10a		

Da		<u> </u>	O Pa	age 5
га	rt IV Supporting Organizations (continued)			
44	Use the examplestion percented a gift or contribution from any of the following percent		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly acting indirectly controls gither along or together with persons described in (b) and (c)	,		
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?	110		
h	A family member of a person described in (a) above?	11a 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		
	etion B. Type I Supporting Organizations	I IIC_	<u> </u>	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1.0
	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			
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	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		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	:		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1	İ	
Sec	tion D. All Type III Supporting Organizations		T	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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			L
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s)	
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		
	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	<u> </u>	<u> </u>
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ļ	
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	1		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			35-1959196 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co			
Sec	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):			
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-functional	ly-integra	ted Type III supporting org	anization (see
	instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2015

	t V Type III Non-Functionally Integrated 50			5-1959196 Page 7
	Type in Non-Tanotionally integrated oct	e(a)(3) Supporting Orga	nizations (continued)	
	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
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>	<u>,</u>	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	ine organization is responsive		
9	Distributable amount for 2015 from Section C, line 6			
				
10	Line 8 amount divided by Line 9 amount		(::)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				·
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990 E	Z) 2015 'I'HE	DORPTC	EDUCAT'	<u>LON FOUN</u>	DATION,	INC.	<u>35-1959196</u>	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information lines 1, 2, 3b, 3d tion D, lines 2 an 6, and 8; and Pa	• Provide the c, 4b, 4c, 5a, 6 d 3: Part IV. 9	explanations r 6, 9a, 9b, 9c, 1 Section E. lines	equired by Part 1a, 11b, and 11 1c. 2a. 2b. 3a	II, line 10; Part Ic; Part IV, Sec and 3b: Part V	II, line 17a or tion B, lines 1 line 1: Part V.	17b; Part III, line 12; and 2; Part IV, Section Section B. line 1e: Pa	ı C.
	(See instructions.)								
	· · · · · · · · · · · · · · · · · · ·								
		· · · · · · · · · · · · · · · · · · ·							
									
					·				
								<u></u>	
				- 2-11					

			······································						
					·				
		1.1							
			***		·····				
									
				· · · · · · · · · · · · · · · · · · ·					

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.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number 35-1959196

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
-	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	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			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
-	Amount of average in a week in a section to a set in a	Diamage to Label and a label at	
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	lling of violations, and enforcing conservi	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	to patially the requirements of eastion 17	2/6\/4\/\@\/i\
0		· · · · · · · · · · · · · · · · · · ·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and balance sheet and
Ů	include, if applicable, the text of the footnote to the organization		
	conservation easements.	non s initaliciai statements triat describes	s the organization's accounting to
Pa	rt III Organizations Maintaining Collections of	f Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	-
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		

Pa	rt III Organizations Maintaining C			ATTON, INC.	or S		35~19			ige 2
3	Using the organization's acquisition, accessi									
•	(check all that apply):	on, and other record	s, check any or the	rollowing that are a	signii	ncant	use or its	collection	ı itemi	3
_	Public exhibition		┌ .							
a		d		hange programs						
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o						,	7		7
	to be sold to raise funds rather than to be ma							<u>Yes</u>		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal		te if the organizatio	n answered "Yes" o	n Foi	rm 990), Part IV,	line 9, or		
19	Is the organization an agent, trustee, custodi		iany for contribution	se or other assets no	t inc	ludod				
14	on Form 990, Part X?		-					Yes		No
h	If "Yes," explain the arrangement in Part XIII				· · · · · · ·	• • • • • • • • • • • • • • • • • • • •		l res		1140
b	ii res, explain the analigement in Fart Alli	and complete the for	lowing table.		ſ			Amount		
_	Paginning halance				ŀ			Amount	<u> </u>	
C						1c				
d	• • • • • • • • • • • • • • • • • • • •					1d				
e	J					1e				
f	Ending balance					1f				1
2a	Did the organization include an amount on Fo		•		-			」Yes	L	No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i	Check here if the ex	planation has been	provided on Part XI	10					<u> </u>
ı a	rt V Endowment Funds. Complete i					T1.		, , ,		
	Desiration of wear halons	(a) Current year	(b) Prior year	(c) Two years back	(d)		ears back			
1a	Beginning of year balance	1,743,201.	1,737,009,	1,505,178.		•	66,508.	1,	427,	
b	***************************************	69,583.	60,440.	1			51,160.			058.
	Net investment earnings, gains, and losses	-32,622.	19,804.	238,002,	ļ	1	.55,382.		-14,	029.
	Grants or scholarships				ļ					
е	Other expenditures for facilities	1								
	and programs	69,202.	74,052.	74,782.	ļ		67,872.		63,	328.
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·		<u> </u>					
g	End of year balance	1,710,960.	1,743,201.			1,5	05,178.	1	366,	508.
2	Provide the estimated percentage of the curr	ent year end balance	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%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the c	organiz	zation			
	by:					_			Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the				• • • • • • •	• • • • • • • • • • • • • • • • • • • •			· ·	
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or ot	1			mulate	ed	(d) Bool	k value)
	, , , ,	basis (investm	nent) basis	(other) de	eprec	ciation		` .		
1a	Land							,		
b	Buildings									
_	Leasehold improvements									
	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	Oc.)			•			0.

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X

(7)(8) (9)

	dule D (Form 990) 2015 THE PUBLIC EDUCATION FOUNI	DATION	INC.	35-1	959196 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1			•••••	1	372,327
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		00 040		
b	Donated services and use of facilities	2a	-90,049.	4 1	
c	Recoveries of prior year grants	20 2c		1	
d	Other (Describe in Part XIII.)	2d		1.	
	Add lines 2a through 2d			2e	-90,049
3	Subtract line 2e from line 1			3	462,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••			102/3/01
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-136,594.	1.	
С	Add lines 4a and 4b			4c	-136,594.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	325,782
Pai	TXII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Return	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •		1	451,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	. 2b			
C	Other losses		455 554		
d	Other (Describe in Part XIII.)		136,594.	-	426 504
	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •		2e	136,594.
3	Subtract line 2e from line 1	•••••		3	315,392.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.) Add lines 4a and 4b			$\frac{1}{2}$	0
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		***************************************	4c 5	315,392.
	t XIII Supplemental Information.			1 3 1	313,394
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b	and 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 add			,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11110 2, 7 G(C/XI)
	<u> </u>				
PAI	T V, LINE 4:				
TO	PROVIDE THE ORGANIZATION WITH INCREASING	FINANC	SIAL SUPPOR	T FOI	R THE
0.00					_
OPE	RATING BUDGET, GRANTS AND OTHER ACTIVITIE	S OF 1	HE ORGANIZ	ATIO	N •
PΔF	T X, LINE 2:				
T 2 7 T	I My DING 2.				
THE	ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZ	'ATTON	THAT IS EX	тчмэт	FROM
			111111 10 111		111011
INC	OME TAXES UNDER SECTION 501(C)(3) OF THE	INTERN	AL REVENUE	CODI	E. THE
INT	ERNAL REVENUE SERVICE HAS DETERMINED THAT	THE C	RGANIZATIO	N IS	NOT A
PRI	VATE FOUNDATION WITHIN THE MEANING OF SEC	TION 5	09(A).		
M1777	TNOONE MAYED MODIO OF MAYE TICE INC.		DA E		
THE	INCOME TAXES TOPIC OF THE FASB ASC 740 C	LARIFI	ES THE ACC	TNUO:	ING FOR
TINIC	ERTAINTY IN INCOME TAXES RECOGNIZED IN AN	ramma j	ים מיים מדסם	እፒአ አፒጣ	Τ λ Τ.
532054		· ENTER	TLY C DCTVI		<u>LAL</u> le D (Form 990) 2015
09-21-	5			ocneaul	ie い (FOITH 990) 2018

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

THE PUB	LIC EDUCATION FOUN	DAT	ION	, INC.	35-1959	196
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 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 ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of ion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2 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 GFS TRUCK PULL col. (c)) (event type) (event type) (total number) 21,042. 88,709. Gross receipts 135,482. 245,233. 2 Less: Contributions <u> 15,597</u> 88,709. 121,159. 225,465. 3 Gross income (line 1 minus line 2) 5,445. 14,323. 19,768. 4 Cash prizes 5 Noncash prizes Expenses 4,508. 1,089. 5,597. Rent/facility costs Direct Food and beverages 5,445. 16,887. 22,332. 10,000. 64,857. 74,857. 8 Entertainment 6,519. 19,980. 2,161. 28,660. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) <u>131,446.</u> 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 3								
	Does the organization conduct gaming activities with nonmembers? Yes No								
	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?								
12	Indicate the percentage of gaming activity conducted in:								
	The organization's facility 98								
	An outside facility								
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address >								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No								
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount								
	of gaming revenue retained by the third party >\$								
c	If "Yes," enter name and address of the third party:								
Ĭ	The foot state and address of the tring party.								
	Name								
	Address ▶								
16	Gaming manager information:								
	Name >								
	Gaming manager compensation > \$								
	<u> </u>								
	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								
٥	V ₂ N ₂								
	0 0								
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
_	organization's own exempt activities during the tax year > \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,								
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).								

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	THE PUBLIC	EDUCATION	FOUNDATION,	INC.	<u>35-1959196</u>	Page 4
Part IV	Supplemental Info	rmation (continued)					
······································						· · · · · · · · · · · · · · · · · · ·	
···							
		·					
					,		
					<u></u>		
	 						
							-
							
							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2015	Open to Public Inspection

OMB No. 1545-0047

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

ŝ Employer identification number 35-1959196 PROGRAMS, TEACHER GRANTS AND HIGH SCHOOL TUTORING PRIMARY SCHOOL READING (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0.CASH VALUE (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 129,984 INC cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE PUBLIC EDUCATION FOUNDATION, (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 35-1076622 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CORPORATION - 215 S. ST. JOSEPH SOUTH BEND COMMUNITY SCHOOL ST. - SOUTH BEND, IN 46601 or government Name of the organization Part I Part II

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

Schedule I (Form 990) (2015)

Page 2

35-1959196

Schedule | (Form 990) (2015) THE PUBLIC EDUCATION FOUNDATION, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

ssistance										
(f) Description of non-cash assistance										
escription o										
(e) Method of valuation (book, FMV, appraisal, other)										
ethod of v MV, appra			Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		RESULTS RELATED TO PROGRAMS AND					
(e) M (book, F			dditional i		OGRAM		:			
(d) Amount of non- cash assistance			ny other a		TO PR					
(d) Amou cash as			(b), and a		ATED	HERS				
(c) Amount of cash grant			III, column		'S REL	COLLECTION OF WRITTEN REPORTS AND RECEIPTS FROM TEACHERS				
(c) Am cash			e 2, Part		ESULT	FROM				
(b) Number of recipients			n Part I, lir		NCE R	EIPTS				
N (d)			equired i		ORMA	REC				
			ormation r		REVIEW OF PERFORMANCE	'S AND				
nce			de the inf		EW OF	EPORT				
or assista			ion. Prov			TEN R				
(a) Type of grant or assistance			Informat	2:	OOLS,	WRIT				
(a) Typ			olementa	I, LINE	VISITS TO SCHOOLS,	JO NC				
					TS T	ECTI(
			Part IV	PART	VISI	COLL				

Schedule I (Form 990) (2015)

532102 10-28-15

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 25 1050106

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 MISSION:
REGULAR EDUCATION INITIATIVES NOT ADEQUATELY SUPPORTED BY THE REGULAR
FUNDING PROCESS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RECEIPTS TOTALING THE GRANTED AMOUNT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOOL AND REACH THEIR DREAMS." TO DATE THE FOUNDATION HAS 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 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) (2015)	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	GANIZATION'S
WEBSITE AND BY REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANY POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORG	GANIZATION'S
WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE A	AVAILABLE BOTH ON
THE ORGANIZATION'S WEBSITE AND BY REQUEST.	
PAGE 12, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE FINACI	IAL REPORTING
PROCESS AND THE SELECTION OF EXTERNAL ACCOUNTANTS, THIS E	PROCESS HAS NOT
CHANGED FROM PRIOR YEARS.	