2013 Exempt Organization Tax Return for Public Disclosure Prepared for:

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



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

Open to Public

and ending JUN 30, 2014

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning JUL 1, 2013

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.

Check if applicable: C Name of organization D Employer identification number THE PUBLIC EDUCATION FOUNDATION, INC. Name change 35-1959196 SOUTH BEND EDUCATION FOUNDATION Doing Business As Initial retum Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number P.O. BOX 119 Termin-283-8039 (574)City or town, state or province, country, and ZIP or foreign postal code 366,820. G Gross receipts \$ Applica-SOUTH BEND, IN 46624 H(a) Is this a group return pending F Name and address of principal officer: SEYMOUR H. BARKER for subordinates? ..... Yes X No 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 ▶ Year of formation: 1995 M State of legal domicile: IN Part I Summary 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. 29 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... **Prior Year Current Year** 288,539 306,025. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 0. 25,870. 54,311. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <10,148.<52,564.> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 304,261. 307,772. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 123,222. 147,800. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Ο. 99,175.99,674. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 73,279. 50,428. 295,676. 297,902. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,585. 9,870. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 1,614,651. 1,808,273. 20 Total assets (Part X, line 16) Ō. 0. 21 Total liabilities (Part X, line 26) ,614,651. 1,808,273. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SEYMOUR H. BARKER, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 10/22/14 P01222961 Paid MARGENE ZINK self-employed LAWTON & COMPANY Firm's name KRUGGEL, 35-1307701 Preparer Firm's EIN Firm's address 317 W. FRANKLIN ST. Use Only Phone no.574-264-2247 ELKHART, IN 46516 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

#### Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ...... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ..... X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х 19 complete Schedule G, Part III Х

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

20a

Part IV Checklist of Required Schedules (continued)

#### No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I 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 so, X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 Part V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O .....

## 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	1a		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		)		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	•				
	(gambling) winnings to prize winners?		 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			_		
	filed for the calendar year ending with or within the year covered by this return	2a	!	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	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 to					
	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 contribute					
	were not tax deductible?			6b_		
7	Organizations that may receive deductible contributions under section 170(c).				v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			<u>-</u>		Х
_	to file Form 8282?	1 1		7c	********	
d	If "Yes," indicate the number of Forms 8282 filed during the year			-		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	N/	
9	If the organization received a contribution of qualified intellectual property, did the organization file Formation of the Fo			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the cars, airplanes, airplane			7h	14/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			8	************	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any um	ie during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.		N/A	9a	********	*******
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • • • • • • • • • • • • •		30		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		····································			
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		~~~~
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eO		14b		
				Form	990 (	2013)

Form 990 (2013) 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	1a	29	)		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	Enter the number of voting members included in line 1a, above, who are independent	1ь	29	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			7		
_	officer, director, trustee, or key employee?			2	********	X
3	Did the organization delegate control over management duties customarily performed by or under the					
J	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		х
4				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6	Did the organization have members or stockholders?			-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the control			 		х
_	more members of the governing body?			7a		Λ_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			l		v
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а				8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		. 1	
				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 cl			40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	re filing the form?	11a	******	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	*********
			#!-L-O	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40	х	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approve		idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х	
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization	•••••		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		44.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10-		X
	taxable entity during the year?			16a		<u>~</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			406	*********	·
200	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►IN	<del></del>				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availah	le	
10	for public inspection. Indicate how you made these available. Check all that apply.	10001	.c., co ropoja omy)	_,		
	X Own website Another's website X Upon request Other (explain	in Sci	nedule (O)			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	d finan	cial	
19		aniiGt (	o, anterest policy, all	iii iai i	Jidi	
00	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books are	nd roc	ords of the organiza	tion:		
20	State the name, physical address, and telephone number of the person who possesses the books at SUSAN WARNER - 574-283-8039	10 100	ords or the organiza			
	P.O. BOX 119, 215 S. ST. JOSEPH ST., SOUTH BEND, I	N	46624			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average		not c	Posi heck i	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week			d a d				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	88			ated		organization	(W-2/1099-MISC)	from the organization
	related organizations	Individual trustee or director	Institutional trustee		83	nbeu		(W-2/1099-MISC)		and related
	below	dual t	utiona	L.	Key employee	S st Co	 			organizations
	line)	Indivi	Instit	Officer	Keye	Highest compensated employee	Fg			
(1) DR. KAREN CLARK	1.00								•	0
DIRECTOR		Х				ļ	L_	0.	0.	0.
(2) NAN TULCHINSKY	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(3) R. JEFF BREILER	1.00	ا . ا							0.	0.
DIRECTOR	1 00	X						0.	0.	
(4) PETE BUTTIGIEG	1.00							0.	0.	0.
DIRECTOR	1 00	X		_		-		0.	0.	
(5) RICHARD S. GATES	1.00	X						0.	0.	0.
DIRECTOR	1.00	^			<b> </b>		_	0.		
(6) LORETTA FRANK	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	H			-		0.		
(7) JAMAL HENRY	1.00	X						0.	0.	0.
DIRECTOR (8) CRAIG HAENES	1.00	Δ		-	_	-				
(-,	1.00	X						0.	0.	0.
DIRECTOR (9) NANCY KING	1.00	1								
DIRECTOR		X						0.	0.	0.
(10) KATE LEE	1.00		-							
DIRECTOR	:	X						0.	0.	0.
(11) S. ERIC MARSHALL	1.00									
DIRECTOR		X						0.	0.	0.
(12) RICHARD PFEIL	1.00								_	
DIRECTOR		X						0.	0.	0.
(13) NANCY SAUNDERS	1.00						Ì			•
DIRECTOR		X				ļ	<u> </u>	0.	0.	0.
(14) JERRY SCOTT	1.00	ļ								0
DIRECTOR	1 00	X					_	0.	0.	0.
(15) JEFF REA	1.00	.,							0.	0.
DIRECTOR	1 00	X	<u> </u>		ļ.—	_	$\vdash$	0.	0.	<u>.</u>
(16) ROSALIND TUCKER	1.00							0.	0.	0.
DIRECTOR	1 00	X	<del>                                     </del>	<del> </del> —		-	<u> </u>	- 0.	0.	<u> </u>
(17) NOEL YARGER	1.00	X						0.	0.	0.
DIRECTOR	1	Λ			<u> </u>	L	<u> </u>		<u>0.</u>	Form <b>990</b> (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								es (continued)			
(A) (B)								(D)	(E)		(F)
Name and title	Average	_ر ا		Pos				Reportable	Reportable		Estimated
	hours per	kod	, unle	heck ss pe	rson	is bot	th an	1	compensation		amount of
	week		cer ar	id a d	irecto	or/trus	itee)	from	from related	- 1	other
	(list any	director					l	the	organizations		mpensation
	hours for related	5	1 88			ated		organization	(W-2/1099-MISC	·	from the
	organizations	nstee	ag		, Q2	bens		(W-2/1099-MISC)			rganization
	below	nal ta	jonal		ploy	를 다	١.			1	and related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee				0	rganizations
(18) JOHN TOTH	1.00		-	0	포	工品	<u> </u>				
DIRECTOR	1.00	x						0.		o <b>.</b>	0.
(19) DR. FREDERICK DEAN	1.00	<del>                                     </del>	╁	_	_		-	<del>                                     </del>	`	-	
DIRECTOR		X						0.	1	o .	0.
(20) STEVE FUNK	1.00	-	<del> </del>	-		-				-	
	1.00	x						0.		o <b>.</b>	0.
DIRECTOR	1.00	A	-			-		<del></del>		-	<u> </u>
(21) DR. ALFRED GUILLAUME JR.	1.00	X							] ,	0.	0
DIRECTOR	1 00	Α.					_	0.		<del>,                                    </del>	0.
(22) RICHARD HILL	1.00	٠,							,	、 l	0
DIRECTOR	1 00	X		_			<u> </u>	0.	(	<u> </u>	0.
(23) ANNA MILLIGAN	1.00	١							_		•
DIRECTOR	1 00	Х					_	0.	(	9 •	0.
(24) MATT MONEY	1.00	.,							,	.	0
DIRECTOR	1 00	X					<u> </u>	0.	(	).	0.
(25) DR. GINA SHROPSHIRE	1.00	.,					ļ		,		0
DIRECTOR	1 00	Х		-			_	0.	,	) -	0.
(26) SHARON CALAHAN	1.00	.,							,		0
DIRECTOR	L	X					Ļ	0.		).	0.
1b Sub-total										5.	0.
c Total from continuation sheets to Part VI								57,838.			
d Total (add lines 1b and 1c)								57,838.		).	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	no re	eceived more than \$100	,000 of reportable		^
compensation from the organization									<del> </del>		Yes No
											Tes No
3 Did the organization list any former officer,									=		
line 1a? If "Yes," complete Schedule J for si										3	X
4 For any individual listed on line 1a, is the su	-		-					•	· ·		v
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	•				•			· ·			v
rendered to the organization? If "Yes," com	plete Schedul	e <i>J t</i>	or su	ich <u>r</u>	<u>oers</u>	on .				5	X
Section B. Independent Contractors									<u> </u>		
1 Complete this table for your five highest con		-								ensation	1 from
the organization. Report compensation for t	the calendar y	ear e	endi	ng w	ith c	or wi	thin		ear.		·
(A) Name and business	address	NIC	NE	,				<b>(B)</b> Description of s	envices		(C) ensation
14ane and business		11/	)IN E	,			$\dashv$		et vices		
							+				
							-+	· · · · · · · · · · · · · · · · · · ·			
							$\dashv$				
							$\dashv$				
2 Total number of independent contractors (in	acluding but n	ot lin	nitor	1 10 1	thos	o lie	ted	above) who received m	ore than		

0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (E) (F) (A) (C) (D) (B) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) from the ndividual trustee or director organization (list any (W-2/1099-MISC) organization hours for and related related organizations organizations below Officer line) 1.00 (27) ANTHONY BYRD X 0. 0. 0. DIRECTOR 1.00 (28) LINDA BROOKSHIRE 0. X 0. 0. DIRECTOR 1.00 (29) JOSEPH BAUER 0. 0. X 0. DIRECTOR 1.00 (30) RYAN R. MATTHYS 0. X 0. 0. DIRECTOR 1.00 (31) BRIAN M. KUBICKI 0. 0. 0. X DIRECTOR 1.00 (32) LARRY THOMPSON, M.D. 0. Х 0. 0. PRESIDENT ELECT 2.00 (33) ANNE FEFERMAN 0. 0. 0. X X SECRETARY 2.00 (34) SHARON COOK 0. 0. 0. X X TREASURER 2.00 (35) SEYMOUR BARKER 0. 0. 0. X X PRESIDENT 45.00 (36) SUSAN WARNER 0. 0. 57,838. X EXECUTIVE DIRECTOR 57,838. Total to Part VII, Section A, line 1c

Form 990 (2013) THE PUB
Part VIII Statement of Revenue

			Check if Schedule O conta	ins a response o	r note to any lin	e in this Part VIII	(0)	(0)	(D)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	2000 1	Federated campaigns	1a					
듄	b		Membership dues						
ا تج ت	c		Fundraising events		87,483.				
a ii			Related organizations						
S,E			Government grants (contribution						
2 is			All other contributions, gifts, grant	I I					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abov	e 1f 2	218,542.				
등필	_	-	Noncash contributions included in lines  Total. Add lines 1a-1f		<b>•</b>	306,025.			
<del>-  </del>		<u> </u>	Total. Add lines 1a 11		Business Code	900000000000000000000000000000000000000			
	2 a			f					
€	_ t								
<b>Se</b>		-							
Program Service Revenue	,			į.					
<u>p</u>	`	_							
P.	•	F	All other program service rever	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)		_	54,311.			54,311.
	4		Income from investment of tax						
	5		Royalties						
	•		110/4.1100	(i) Real	(ii) Personal				
	6 :	а	Gross rents						
	ı		Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<b>&gt;</b>				
			Gross amount from sales of	(i) Securities	(ii) Other				
	- '	_	assets other than inventory	-					
		h	Less: cost or other basis						
		_	and sales expenses						
	١.,	c	Gain or (loss)						
	į .		Net gain or (loss)		<b>&gt;</b>				
•	1		Gross income from fundraising						
nue			including \$ 87,4	83. of					
eve			contributions reported on line						
بر			Part IV, line 18		6,445.				
Other Reveni		b	Less: direct expenses		59,048.				ZEO (00)
0			Net income or (loss) from fund		<b></b>	<52,603.	<u>P</u>		<52,603.
			Gross income from gaming ac						
	1		Part IV, line 19			1			
		b	Less: direct expenses	b		_			
	1	С	Net income or (loss) from gam	ning activities	<u></u>				
			Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold				30		
		c	Net income or (loss) from sale			39	39.		
			Miscellaneous Revenu	ie	Business Cod	e			
	11	а							<del> </del>
		b					<del> </del>		+
		C	-				-		<del> </del>
		d	****			<del> </del>			
		е	Total. Add lines 11a-11d			207 772	. 39	. 0	1,708.
	12 09	_	Total revenue. See instructions.	<u></u>	<u></u>	307,772	• 39		Form <b>990</b> (2013)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in to (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	147 000	147 000		
	organizations in the United States. See Part IV, line 21	147,800.	147,800.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	54,495.	32,697.	10,899.	10,899
	trustees, and key employees	31/1551	02703.0		
6	persons (as defined under section 4958(f)(1)) and		:		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,095.	22,857.	7,619.	7,619
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
0	Payroll taxes	7,084.	4,250.	1,417.	1,417
1	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	8,750.		8,750.	
d					
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	3,424. 9,826.	648.		
12	Advertising and promotion	9,826.	1,805.		6,682
13	Office expenses	18,861.	386.		7,594
14	Information technology	99.		99.	
15	Royalties				
16	Occupancy			F02	
17	Travel	523.		523.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.074		2 051	
19	Conferences, conventions, and meetings	2,951.		2,951.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 250		2,258.	
23	Insurance	2,258.		2,250.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1,525.	1,525.		
a	THANK A TEACHER DUES AND SUBSCRIPTIONS	1,364.	1,525.	1,364.	
b		847.		847.	
C	MISCELLANEOUS	047.			
d	All Alexander				
		297,902.	211,968.	51,723.	34,21
25 26	Total functional expenses. Add lines 1 through 24e	2017002		,	
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 figure if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

88.4.3	<u></u>	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O contains a response of flote to diff info if the first t	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	47,088.	1	19,828.
		Savings and temporary cash investments	63,977.	2	53,270.
		Pledges and grants receivable, net		3	
		Accounts receivable, net		4	
ļ	5	Loans and other receivables from current and former officers, directors,			
1	J	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			
- 1	U	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets				7	
SS	7	Notes and loans receivable, net		8	
`	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		10c	
l	b	Less: accumulated depreciation	1,350,118.		1,491,213.
	11	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments · program-related. See Part IV, line 11		14	
	14	Intangible assets	153,468.	15	243,962.
	15	Other assets. See Part IV, line 11	1,614,651.	16	1,808,273.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,014,031.	17	1/000/2/01
	17	Accounts payable and accrued expenses		18	-
	18	Grants payable		19	
	19	Deferred revenue		<del>                                     </del>	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here X and			
S		complete lines 27 through 29, and lines 33 and 34.	202 402		300,915.
Š	27	Unrestricted net assets			16,145.
3ak	28	Temporarily restricted net assets	62,130.		1,491,213.
Þ	29	Permanently restricted net assets	1,350,118.	29	1,491,213.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.		<u> </u>	
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	1 909 272
Ž	33	Total net assets or fund balances			1,808,273.
	1	Total liabilities and net assets/fund balances	1,614,651.	34	1,808,273.

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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3b

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## **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE PUBLIC EDUCATION FOUNDATION, INC.

**Employer identification number** 35-1959196

P	rt I	Reason	or Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1				s, or association of churc									
2				<b>'0(b)(1)(A)(ii).</b> (Attach Sc									
3		A hospital or	a cooperative hospi	tal service organization o	described i	in <b>section</b>	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter t	he hospita	l's nam	e,
		city, and state										<del></del>	
5		An organization	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental unit	describe	ed in		
		section 170	<b>b)(1)(A)(iv).</b> (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desc	ribed i	n
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							_
9		An organizati	on that normally rec	eives: (1) more than 33 °	I/3% of its	support fi	rom contril	outions, m	nembership	o fees, an	nd gross re	ceipts	from
		activities relat	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
		income and u	nrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June :	30, 197	5.
			<b>509(a)(2).</b> (Complete										
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
				organization and compl	ete iines i	re through	l IIII. intograted		TVO	a III • Non	n-functiona	lly inter	arated
		a L Type i	b	ype ۱۱		nctionally i							
•		By checking	this box, I certify the	at the organization is not	CONTROLLE	d organiza	tione dec	oribed in s	ection 500	(a)(1) or s	section 50	9(a)(2).	••
	_	foundation m	anagers and other t	than one or more publicly	y supporte	st it is a Tu	ne I Tyne	II or Type	a III	(ω)(1) Οι (	55561511 55	- ()(-)	
	f			tten determination from t									
		supporting of	ganization, check to	his boxorganization accepted ar	aift or o	ontribution	from any	of the follo	owing pers	ons?			
(	3	Since August	: 17, 2006, nas the d	directly controls, either al	one or too	ether with	nersons d	escribed i	in (ii) and (i	ii) below.		Yes	No
		(i) A person	n who directly of the s	supported organization?	one or tog	001101 111011	poroune e		(		11g(i)		
		(ii) A family	member of a nereo	n described in (i) above?	••••••	************					11g(ii)		
		(iii) A family	controlled entity of a	a person described in (i)	or (ii) above	e?	•••••						
	<b>.</b>			about the supported or			•••••						
,	n	Piovide the i	Dilowing intermation	about the supported of	9	(-)-							
_			(II) FINI	(iii) Type of organization	(iv) is the o	organization	(v) Did vou	notify the	(vi) Is	the .	(vii) Amoun	t of mo	netarv
(	•	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) li:	sted in your	organizat	ion in col.	organizatio (i) organiz	11 III CUI. I	• •	port	
	uig	amzauon		above or IRC section	governing	document?	(i) of you	support?	U.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
			.,										
											·····		
					ļ								
					ļ	ļ							
						ļ			<del> </del>				
						ļ							
								l					

Schedule A (Form 990 or 990-EZ) 2013 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2

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

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

Sec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	334,247.	293,123.	410,181.	288,539.	306,025.	1,632,115.
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	334,247.	293,123.	410,181.	288,539.	306,025.	1,632,115.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,632,115.
	tion B. Total Support	***************************************					
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	334,247.		410,181.	288,539.	306,025.	1,632,115.
	Gross income from interest,						
Ū	dividends, payments received on	•					
	securities loans, rents, royalties						
	and income from similar sources	23,658.	21,582.	22,690.	25,870.	54,311.	148,111.
۵	Net income from unrelated business						
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						
	assets (Explain in Part IV.)	<9.001.	> 9,150.	6,602.	6,138.	6,445.	19,334.
44	Total support. Add lines 7 through 10			,			1,799,560.
	Gross receipts from related activities	etc (see instructi	ons)			12	40.
12	First five years. If the Form 990 is fo	r the organization's	s first, second, thir			n 501(c)(3)	
13	organization, check this box and stop	here					<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6. column (f) d	ivided by line 11, o	column (f))		14	90.70 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	92.63 %
162	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			►X
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
_	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶∟_
17:	10% -facts-and-circumstances tes	t - 2013. If the ord	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
•••	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
ŀ	10% -facts-and-circumstances tes	t - 2012. If the ord	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
١	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part IV how the	
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	icly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u> l	b, check this box a	and see instruction	s ▶ 🔲
						dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2013 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.)

on A. Public Support						
ır year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
fts, grants, contributions, and			<del></del>			
embership fees received. (Do not						
clude any "unusual grants.")						
ross receipts from admissions,						
erchandise sold or services per-						
ganization's tax-exempt purpose						
ross receipts from activities that						
e not an unrelated trade or bus-						
ess under section 513						
ax revenues levied for the organ-						
•						
•						
					<u> </u>	
_						
received from disqualified persons						
nounts included on lines 2 and 3 received						
m other than disqualified persons that		,				
	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	1-1					
ross income from interest,						
vidends, payments received on			2.			
ecurities loans, rents, royalties						
				1		
nrelated business taxable income						
nrelated business taxable income ess section 511 taxes) from businesses						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 dd lines 10a and 10b						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b  et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income. Do not include gain loss from the sale of capital						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b  et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income. Do not include gain r loss from the sale of capital essets (Explain in Part IV.)						
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income. Do not include gain r loss from the sale of capital ssets (Explain in Part IV.)  otal support. (Add lines 9, 10c, 11, and 12.)		s first, second thir	d. fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	eation,
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b  et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income. Do not include gain r loss from the sale of capital essets (Explain in Part IV.)  old support. (Add lines 9, 10c, 11, and 12.) eirst five years. If the Form 990 is fo	r the organization'					
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b  et income from unrelated business ctivities not included in line 10b, hether or not the business is equiarly carried on ther income. Do not include gain r loss from the sale of capital essets (Explain in Part IV.)  otal support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is fo	r the organization'					
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b  et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income. Do not include gain r loss from the sale of capital essets (Explain in Part IV.)  irst five years. If the Form 990 is fo neck this box and stop here  on C. Computation of Publ	r the organization	rcentage				
nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b	r the organization'	rcentage livided by line 13, o	column (f))		15	
prelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  and lines 10a and 10b	r the organization' lic Support Pe line 8, column (f) c 2 Schedule A, Part	rcentage livided by line 13, o	column (f))		15	
prelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  and lines 10a and 10b	r the organization' lic Support Pe line 8, column (f) c 2 Schedule A, Part stment Incom	rcentage livided by line 13, o III, line 15	column (f))		15 16	
prelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b	r the organization' lic Support Pe line 8, column (f) of Schedule A, Part stment Incom 013 (line 10c, colu	ercentage livided by line 13, of lill, line 15 ercentage mn (f) divided by line	column (f))		15 16	% %
prelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975  dd lines 10a and 10b	r the organization's lic Support Pe line 8, column (f) c 2 Schedule A, Part stment Incom 013 (line 10c, colum 2012 Schedule A,	ercentage livided by line 13, of lill, line 15 ee Percentage mn (f) divided by line Part III, line 17	column (f))ne 13, column (f))		15 16 17 18	9/ 9/ 9/ 9/
prelated business taxable income ass section 511 taxes) from businesses acquired after June 30, 1975  and lines 10a and 10b  et income from unrelated business activities not included in line 10b, hether or not the business is acquired after June 20 and 10b  ther income. Do not include gain a loss from the sale of capital assets (Explain in Part IV.)  and support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is for the properties of the computation of Public support percentage for 2013 (aubilic support percentage from 2012 from D. Computation of Invertivestment income percentage from 2012 to 13% support tests - 2013. If the	r the organization's lic Support Pe line 8, column (f) of 2 Schedule A, Part stment Incom 013 (line 10c, colum 2012 Schedule A, a organization did a	ircentage livided by line 13, of lill, line 15  In Percentage mn (f) divided by line Part III, line 17  not check the box	column (f)) ne 13, column (f)) on line 14, and lin	e 15 is more than	15 16 17 18 33 1/3%, and line 1	9/ 9/ 9/ 17 is not
prelated business taxable income cass section 511 taxes) from businesses required after June 30, 1975 and lines 10a and 10b and 10b, the income from unrelated business chivities not included in line 10b, thether or not the business is regularly carried on their income. Do not include gain a loss from the sale of capital seets (Explain in Part IV.) that support. (Add lines 9, 10c, 11, and 12.) first five years. If the Form 990 is for the sale of capital support percentage for 2013 (aublic support percentage from 2013 (aublic support tests - 2013. If the fore than 33 1/3%, check this box aublic support tests - 2013. If the fore than 33 1/3%, check this box a	r the organization's lic Support Pe line 8, column (f) of Schedule A, Part stment Incom D13 (line 10c, colum 2012 Schedule A, e organization did s and stop here. The	ircentage livided by line 13, of lill, line 15 ie Percentage mn (f) divided by line Part III, line 17 inot check the box is organization qual	column (f)) ne 13, column (f)) on line 14, and lin	e 15 is more than supported organia	15 16 17 18 33 1/3%, and line 1	9/ 9/ 17 is not
prelated business taxable income ass section 511 taxes) from businesses acquired after June 30, 1975  and lines 10a and 10b  et income from unrelated business activities not included in line 10b, hether or not the business is acquired after June 20 and 10b  ther income. Do not include gain a loss from the sale of capital assets (Explain in Part IV.)  and support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is for the properties of the computation of Public support percentage for 2013 (aubilic support percentage from 2012 from D. Computation of Invertivestment income percentage from 2012 to 13% support tests - 2013. If the	r the organization's lic Support Pe line 8, column (f) of Schedule A, Part stment Incom D13 (line 10c, colum 2012 Schedule A, organization did s organization did s organization did s	ircentage livided by line 13, of lill, line 15  ie Percentage mn (f) divided by line Part III, line 17 not check the box is organization qual mot check a box or	ne 13, column (f)) on line 14, and lin iffes as a publicly line 14 or line 19	e 15 is more than supported organia	15   16   17   18   33 1/3%, and line 1 zation	9/ 9/ 17 is not
	clude any "unusual grants.")  ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in a cativity that is related to the ganization's tax-exempt purpose ross receipts from activities that the not an unrelated trade or busies under section 513  ax revenues levied for the organization's benefit and either paid to expended on its behalf the value of services or facilities rnished by a governmental unit to be organization without charge that. Add lines 1 through 5  mounts included on lines 1, 2, and received from disqualified persons that could be received from disqualified persons that could be received from disqualified persons that could be received from the factories f	clude any "unusual grants.")  ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in any activity that is related to the granization's tax-exempt purpose ross receipts from activities that the notion an unrelated trade or bussess under section 513  ax revenues levied for the organization's benefit and either paid to expended on its behalf the value of services or facilities rhished by a governmental unit to be organization without charge total. Add lines 1 through 5  mounts included on lines 1, 2, and received from disqualified persons that cover the greater of \$5,000 or 1% of the lount on line 13 for the year and 7b  sublic support (Subtract line 7c from line 6)  on B. Total Support  ar year (or fiscal year beginning in)  mounts from line 6  ross income from interest, vidends, payments received on accurities loans, rents, royalties	clude any "unusual grants.")  ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in  ny activity that is related to the  ganization's tax-exempt purpose  ross receipts from activities that  e not an unrelated trade or bus- ess under section 513  ax revenues levied for the organ- ation's benefit and either paid to  expended on its behalf  ne value of services or facilities  rnished by a governmental unit to  e organization without charge  otal. Add lines 1 through 5  mounts included on lines 1, 2, and  received from disqualified persons  nounts included on lines 2 and 3 received  m other than disqualified persons that  ceed the greater of \$5,000 or 1% of the  nount on line 13 for the year  dd lines 7a and 7b   ubblic support (Subtractline 7c from line 6)  on B. Total Support  ar year (or fiscal year beginning in)  ross income from interest,  vidends, payments received on  accurities loans, rents, royalties	clude any "unusual grants.")  ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ly activity that is related to the ganization's tax-exempt purpose loss receipts from activities that le not an unrelated trade or busses under section 513 lox revenues levied for the organization's benefit and either paid to expended on its behalf levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities raished by a governmental unit to levalue of services or facilities rais	clude any "unusual grants.")  coss receipts from admissions, erchandise sold or services permed, or facilities furnished in my activity that is related to the ganization's tax-exempt purpose coss receipts from activities that end an unrelated trade or busess under section 513 ex revenues levied for the organization's benefit and either paid to expended on its behalf evalue of services or facilities mished by a governmental unit to enganization without charge enganization without enganization en enganization enganization enganization enganization enganization en enganization enganization enganization en enganization enganization enganization en en enganization en en en enganization en	clude any "unusual grants.")  cos receipts from admissions, erchandise sold or services per med, or facilities furnished in ly activity that is related to the ganization's tax-exempt purpose cos receipts from activities that e not an unrelated trade or buses under section 513  Exervenues levied for the organization's benefit and either paid to expended on its behalf levalue of services or facilities mished by a governmental unit to e organization without charge lotal. Add lines 1 through 5  mounts included on lines 2, 2, and received from disqualified persons that lead the greater of \$5,000 or 1% of the lount on line 1% for the year lot of the year lot of the support (subratine? totaline 8)  on B. Total Support are received on score from interest, widends, payments received on scorties loans, rents, royalties

Part IV	(Form 990 or 990-EZ) 2013 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 4  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information. (See instructions).
	, and define the part of the p
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· · · · · · · · · · · · · · · · · · ·	
· · · · ·	
<u> </u>	

## **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

149111	THE PUBLIC EDUCATION FOUNDATION, INC.	35–1959196
Pa	Rtil Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line 6.	•
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 advised fun	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified hi	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	[]
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	he year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
S******	conservation easements.  TO III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Olifiliai Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are	nd halance sheet works of art
18		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in rait XIII,
	the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art historical
D		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	i vice, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	. ▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	
^	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	· · · · · · · · · · · · · · · · · · ·
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	p. 0
_	D. J. J. J. Fry. 000 Book Will Book	. ▶ \$
a h	Assets included in Form 990. Part X	<b>&gt;</b> \$

Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	signit	ficant use	of its	collectio	n item	s
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs						
b	Scholarly research	е	Other			_				
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's e	kempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or other simi	lar ass	sets		-		_
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes	L_	<u>No</u>
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	to For	m 990, Pa	rt IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other assets n	ot inc	luded				
	on Form 990, Part X?						$\Box$	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
-	ii (36, 67,p.d.) and an angeline in the case and							Amoun	t	
С	Beginning balance				أ	1c		•		
	Additions during the year					1d				
e						1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
	t V Endowment Funds. Complete it									
.0	·····	(a) Current year	(b) Prior year	(c) Two years back		Three years	back	(e) Fou	r years	back
1a	Beginning of year balance	1,505,178.	1,366,508.			1,193,			,082	
b		68,611.	51,160.			43	815.		17	246.
c	Net investment earnings, gains, and losses	238,002.	155,382.				300.			870.
d	<u> </u>	222,332.								
	Other expenditures for facilities									
·	and programs	74,782.	67,872.	63,328		67	150.		62	860.
	Administrative expenses	,						-		
	End of year balance	1,737,009.	1,505,178.	1,366,508	_	1,426,	947.	1	,193	982.
9 2	Provide the estimated percentage of the curr									
ے a		14.15	%	yy nora as.						
b		%	_^*							
	Temporarily restricted endowment	<sup>70</sup>								
C	The percentages in lines 2a, 2b, and 2c shou									
2-	Are there endowment funds not in the posse		tion that are held a	nd administered fo	r the c	roanizatio	'n			
Sa		ssion of the organiza	tion that are note a	na aaniiniotoroa 10	1110	n gannzane	•••		Yes	No
	by: (i) unrelated organizations							3a(i)	X	
	(ii) related organizations									X
h	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the					• • • • • • • • • • • • • • • • • • • •	••••••	4		
	VI Land, Buildings, and Equipm		William Idiliaa	A-18-77						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990, Part	K, line	10.				
	Description of property	(a) Cost or ot				mulated		(d) Boo	k valu	——- В
	position of property	basis (investm			lepred	iation		• •		
12	Land	·  ····		-						
b	Buildings									
C	Leasehold improvements									
d	Equipment	[ ]				· · · · · ·				
	Other					<del></del>				
	Addings to through to (Column (d) must o		V sakuma (D) lina 1	0(0) )		-				0.

Schedule D (Form 990) 2013 THE PUBLIC	EDUCATION	FOUNDATION, INC.	35-1959196 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11b. See Form 990, Part X, line 12	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			<u> </u>
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		•	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.	. =	" 44 1 0 F 000 D 1 V " 4F	
Complete if the organization answered "Yes"	<del></del>	, line 11d. See Form 990, Part X, line 15.	(b) Book value
	Description	WMENIC	243,962
(1) FUNDS FUNCTIONING AS PERM	ANENT ENDO	WMEN 15	243,302
(2)			
(3)			
(4)			
(5)			<del></del>
(6)			
(7) (8)			
(9)			
(e)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		▶ 243,962
Part X Other Liabilities.			
Complete if the organization answered "Yes"  (a) Description of liability	to Form 990, Part IV,	line 11e or 11t. See Form 990, Part X, II  (b) Book value	ne ∠ɔ.
		(a) DOOK VAIDO	
(1) Federal income taxes			
(2)			
(3)			
(4)		<del></del>	

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

THE INCOME TAXES TOPIC OF THE FASB ASC 740 CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL

PAGE 9 DIRECT FUNDRAISING EXPENSES RECORDED ON FUNCTIONAL

EXPENSE IN F/S 59,048.

SCHEDULE D, PART V, LINE 4:

EXPLANATION: THE ORGANIZATION HAS ELECTED TO PROVIDE INFORMATION ON

Schedule D (Form 990) 2013 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5  Part XIII Supplemental Information (continued)
Supplemental Information (continued)
ENDOWMENT FUNDS WHICH ARE HELD AND MANAGED BY THE ST. JOSEPH COUNTY
COMMUNITY FOUNDATION AND INDIANA TRUST & INVESTMENT MANAGEMENT COMPANY ON
THE ORGANIZATION'S BEHALF. THE ORGANIZATION HAS ELECTED TO PRESENT THIS
INFORMATION TO PROVIDE TRANSPARENCY, A MAJOR GOAL OF THE FORM 990.
· · · · · · · · · · · · · · · · · · ·

### **SCHEDULE G** (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization  THE PUB	LIC EDUCATION FOUN	IDAT	ION	, INC.	35-1959	196
	Complete if the organization answer				<u> </u>	
<ul> <li>Indicate whether the organization raise</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with p  ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor contrib	Did raiser ustody itrol of utions?	(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			
			-			
	·	<del> </del>				
		1				
List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	or has been notified	d it is exempt from re	legistration
or noorong.						
		•	<u> </u>			
		<del></del>				

Fundraising Events. Complete if the organization answered "Yes" to 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 NONE (add col. (a) through LUNCHEON TRUCK PULL col. (c)) (total number) (event type) (event type) Revenue 91,334. 72,993. 18,341. Gross receipts 84,889. 11,896. 72,993. 2 Less: Contributions 6,445. 6,445. Gross income (line 1 minus line 2) ......... 4 Cash prizes Noncash prizes \_\_\_\_\_ Direct Expenses 1,925. 1,925. Rent/facility costs 6,816. 6,816. Food and beverages ..... 5,398. 5,398. Entertainment ..... 27,741. 5,236. 22,505. 9 Other direct expenses 41,880. 10 Direct expense summary. Add lines 4 through 9 in column (d) <35,435.> 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to 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 3 Noncash prizes Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes \_l No Volunteer labor 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 operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: \_ **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013 THE PUBLIC EDUCATION FOUNDATION, INC.

35-1959196 Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1			Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	<u> </u>	%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	e If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_		
	retain the state gaming license?		Yes	L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D.	organization's own exempt activities during the tax year > \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), an	nes 9.	9b. 10	 )b. 15b.
<u> </u>	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
				<u></u>
_				

SCHEDULE I (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Attach to Political Solution Schedule | (Form 990) and its instructions is at www.irs.gov/form990.

545-0047	13	
CMB No.	20	

Open to Public Inspection

Employer identification number

**2** 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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) ö (e) Amount of assistance non-cash 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. 147,800 (d) Amount of 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 35-1076622 501(C)(3) Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? ....... General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization CORPORATION - 215 S. ST. JOSEPH SOUTH BEND COMMUNITY SCHOOL ST. - SOUTH BEND, IN 46601 or government Parti Partil

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

Schedule I (Form 990) (2013)

35-1959196 Schedule | (Form 990) (2013) THE PUBLIC EDUCATION FOUNDATION, INC.

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

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	Iditional information.	
PART I, LINE 2:					
EXPLANATION: VISITS TO SCHOOLS, RE	REVIEW OF	PERFORMANCE	RESULTS	RELATED TO	
THE READING PROGRAM AND COLLECTION OF	OF WRITTEN	TEN REPORTS	S AND RECEIPTS	IPTS FROM	
TEACHERS					

### **SCHEDULE O** (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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE PUBLIC EDUCATION FOUNDATION, INC.

**Employer identification number** 35-1959196

FORM 990, PART I, DOING BUSINESS AS:
SOUTH BEND EDUCATION FOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGULAR EDUCATION INITIATIVES NOT ADEQUATELY SUPPORTED BY THE REGULAR
FUNDING PROCESS.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
EXPLANATION: DURING THE FISCAL YEAR, THE FOUNDATION COMMITTED TO
ABSORBING THE MENTORING PROGRAM. AN AGREEMENT HAS BEEN SIGNED BETWEEN
THE MENTORING PROGRAM AND THE SOUTH BEND EDUCATION FOUNDATION. THIS
EFFORT WILL BRING STABILITY TO THE PROGRAM AS WE ACHIEVE THE MENTOR
PROGRAM MISSION STATEMENT GOAL "TO CONNECT STUDENTS WITH CARING ADULTS
TO HELP THEM ACHIEVE SUCCESS IN SCHOOL AND REACH THEIR DREAMS." THE
INITIAL BENCHMARK IS TO DOUBLE THE NUMBER OF ACTIVE MENTORS IN GRADES
<u>K-3.</u>
THE FOUNDATION IS ALSO BEGINNING TO PILOT CHARACTER EDUCATION AND
SINGAPORE MATH TRAINING FOLLOWING THE RESEARCH WHICH CONTINUES TO PROVE
THAT DOLLARS SPENT FOR TEACHER TRAINING HAVE THE BIGGEST IMPACT ON
STUDENT ACHIEVEMENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM RESULTS, DVD OF GRANT IF REQUESTED, AND BUDGET RECEIPTS
TOTALING THE GRANTED AMOUNT.

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THE PUBLIC EDUCATION FOUNDATION, INC.	35-1959196
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
THE BIGGEST IMPACT ON STUDENT ACHIEVEMENT.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: BOARD MEMBERS REVIEW A VERSION OF THE FORM 9	90 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:	
EXPLANATION: 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.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: ANNUAL FORMAL REVIEWS ARE COMPLETED AND COMP	ARISONS OF TWO
STUDIES ARE REVIEWED.	
FORM 990, PART VI, SECTION C, LINE 18:	
EXPLANATION:	
ANY POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORG	ANIZATION'S
WEBSITE AND BY REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION:	
ANY POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORG	ANIZATION'S
WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE A	VAILABLE BOTH ON
THE ORGANIZATION'S WEBSITE AND BY REQUEST.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE PUBLIC EDUCATION FOUNDATION, INC.	Employer identification number 35–1959196
FORM 990, PART IX, LINE 13:	0.000
EXPLANATION: MANAGEMENT AND GENERAL EXPENSES INCLUDE THE	PURCHASE OF A
FILE CABINET, BOOKCASE, AND TWO COMPUTERS TO ASSIST WITH	NEEDS OF THE
MENTORING PROGRAM, A NEW PROGRAM ABSORBED BY THE ORGANIZA	TION DURING
THE FISCAL YEAR. THESE EXPENSES ARE NOT EXPECTED TO RECU	R ANNUALLY.
FORM 990, PART IV, LINE 12A:	
EXPLANATION: THE ORGANIZATION OBTAINS AN INDEPENDENT AUDI	T CONDUCTED ON
THE CASH BASIS OF ACCOUNTING WHICH IS A COMPREHENSIVE BAS	IS OF
ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACC	EPTED IN THE
UNITED STATES OF AMERICA.	