Form 8879-TE	***** THIS IS NO IRS e-file S for a l	ot a fileabi ignature Au fax Exempt	thorization	* *	OMB No. 1545-0047
	For calendar year 2022, or fiscal year beginning			. 20 <u>23</u>	2022
Department of the Treasury		to the IRS. Keep for y			Ζυζζ
Internal Revenue Service	Go to www.irs.gov	/Form8879TE for the	latest information.		
Name of filer				EIN or SSN	
	BLIC EDUCATION FOUND			35-19	959196
Name and title of officer or pe	son subject to tax STEVEN FUI EXECUTIVE				
Part I Type of	eturn and Return Information				
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 88 dollars and cents. For all other forms, unt on that line for the return being file nk (do not enter -0-). But, if you entere	enter whole dollars on d with this form was bl	y. If you check the bo ank, then leave line	ox on line 1a, 2a, 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X b Total revenue	, if any (Form 990, Par	VIII, column (A), line	12)	1b <u>389,005.</u>
2a Form 990-EZ che					2b
3a Form 1120-POL		n 1120-POL, line 22)			3b
4a Form 990-PF che		investment income (l			4b
5a Form 8868 check	nere b Balance due (Form 8868, line 3c)			5b
6a Form 990-T chec		n 990-T, Part III, line 4)			6b
7a Form 4720 check		n 4720, Part III, line 1)			7b
8a Form 5227 check	here b FMV of assets	at end of tax year (F	orm 5227, Item D)		8b
9a Form 5330 check	nere b Tax due (Form	5330, Part II, line 19)			9b
10a Form 8038-CP ch		edit payment requeste			10b
	on and Signature Authorizati		-		
Under penalties of perjury,	declare that X I am an officer of the	ne above entity or	I am a person subje	ect to tax with resp	ect to (name
financial institution to debi later than 2 business days payment of taxes to receiv	tion account indicated in the tax prepa the entry to this account. To revoke a prior to the payment (settlement) date. confidential information necessary to per (PIN) as my signature for the electr	payment, I must conta I also authorize the fin answer inquiries and r	ct the U.S. Treasury ancial institutions inv esolve issues related	Financial Agent at olved in the proce to the payment. I	1-888-353-4537 no ssing of the electronic have selected a
PIN: check one box only	JGGEL, LAWTON & COME	ANY LLC		to optor my D	IN 59196
		firm name		to enter my P	Enter five numbers, but
	Eno				do not enter all zeros
with a state age on the return's c	on the tax year 2022 electronically filed cy(ies) regulating charities as part of th sclosure consent screen.	ne IRS Fed/State progr	am, I also authorize tl	he aforementioned	ERO to enter my PIN
return. If I have i	erson subject to tax with respect to th dicated within this return that a copy o ogram, I will enter my PIN on the return	of the return is being fil	ed with a state agend	•	-
Signature of officer or person subject	to tax **** THIS IS NO ion and Authentication	OT A FILEABI	E COPY ***	* Date	
	Ir six-digit electronic filing identification your five-digit self-selected PIN.	1	35119822 Do not enter all		
-	eric entry is my PIN, which is my signa cordance with the requirements of Pu		•		
ERO's signature			Date	01/26/24	
		in This Form	. Inchantlesse		
		in This Form - Se			
	Do Not Submit This Forn		s nequested 10	0 20	Farm 8870 TE (0000)
LHA For Privacy Act and	Paperwork Reduction Act Notice, se	e instructions.			Form 8879-TE (2022)

E (2022)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

E 11					
File a	separate	application	TOR	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instru				Taxpayer identification number (TIN)			
-	THE PUBLIC EDUCATION FOUNDA	TION,	INC.		35-19	959196	
File by the due date for filing your return. See instructions. Ining your return. See instructions. Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTH BEND, IN 46624							
							Enter th
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	90-T (corporation)	07					
 If the If this box 	whone No. ► <u>574-393-6114</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ►	Group Exe and atta	mption Number (GEN) I	f this is fo all memb	r the whole ers the exte	group, check this ension is for.	
tr Þ	 1 I request an automatic 6-month extension of time until <u>MAY 15, 2024</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ or ▶ X tax year beginning <u>JUL 1, 2022</u>, and ending <u>JUN 30, 2023</u>. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 						
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less			0	
_	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0	
	stimated tax payments made. Include any prior year overpa			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your part	•				0	
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.	
Caution instruct	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE an	d Form 887	9-TE for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047					
_	0	ON	Return of Organization Exempt From		0000					
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.										
			-	JUN 30, 2023	Inspection					
В	Check if applicab	C Name o	f organization	D Employer identificat	ion number					
	Addre									
	chang Name		PUBLIC EDUCATION FOUNDATION, INC. usiness as SOUTH BEND EDUCATION FOUNDATION	35-1959196						
F	chang Initial returr	- <u>-</u>	usiness as SOUTH BEND EDUCATION FOUNDATION and street (or P.O. box if mail is not delivered to street address)		,					
F	Final Final		BOX 119	(574) 393-	-6114					
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	682,253.					
	Amer		H BEND, IN 46624	H(a) Is this a group retu	rn					
	Appli tion pend	F Name a	nd address of principal officer: STEVEN FUNK	for subordinates?	···· = =					
		SAME	AS C ABOVE	H(b) Are all subordinates includ						
		empt status:		527 If "No," attach a list						
	Webs		EDFO.ORG X Corporation Trust Association Other I y	H(c) Group exemption n rear of formation: 1995 M S						
	art I		X Corporation Trust Association Other L Y	rear of formation: 1990 M S	tate of legal domicile: 11					
	1		e the organization's mission or most significant activities: TO PROMO		ͲΤΔͲΤVES					
e			CH LEARNING EXPERIENCES FOR THE STUDEN							
Governance	2	Check this bo								
veri	3				18					
Ő	4		lependent voting members of the governing body (Part VI, line 1b)		18					
80 ()	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1					
itie	6		of volunteers (estimate if necessary)		0					
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.					
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
0	8	Contributions	and grants (Part VIII, line 1h)	337,066.	348,847.					
'nu	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.					
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	175,035.	45,895.					
α	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969.	-5,737.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	514,070.	389,005.					
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	210,572.	182,161.					
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.					
se	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	106,356.	115,810.					
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 25,700.	0.	0.					
ăX					05 004					
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	73,578.	85,084.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,564.	383,055.					
	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	<u>5,950.</u> End of Year					
Net Assets or		Total and the "	Port V line 16)	2,636,976.	2,867,228.					
Asse	20	Total assets (I		62,802.	103,119.					
let /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,574,174.	2,764,109.					
P	art II	Signature	Block		<u> </u>					
		-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my kn	owledge and helief it is					
	-		. Declaration of preparer (other than officer) is based on all information of which prep		omougo ana Donoi, it is					
aut	, 00110									

Sign	Signature of officer Date							
Here	STEVEN FUNK, EXECUTIVE DI							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	MARGENE ZINK		01/26	/24 self-employed P01222961				
Preparer	Firm's name KRUGGEL, LAWTON &	COMPANY, LLC		Firm's EIN 35-1307701				
Use Only	Firm's address 210 S. MICHIGAN S	T. SUITE 200						
	SOUTH BEND, IN 46		Phone no. 574 - 289 - 4011					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
232001 12-1	2001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PUBLIC EDUCATION FOUNDATION ADVOCATES, PROMOTES AND FUNDS
	INITIATIVES TO ENRICH LEARNING EXPERIENCES FOR THE STUDENTS AND STAFF
	OF SOUTH BEND COMMUNITY SCHOOL CORPORATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$113,253 • including grants of \$113,253 •) (Revenue \$)
	THE FOUNDATION SUPPORTS THE SOUTH BEND COMMUNITY SCHOOL CORPORATION
	THROUGH GRANT ACTIVITY.
4b	(Code:) (Expenses \$51,860 • including grants of \$51,860 •) (Revenue \$)
	THE FOUNDATION FUNDS TEACHER GRANTS AND PRINCIPAL GRANTS ANNUALLY, FOR
	INNOVATIVE CLASSROOM AND PROFESSIONAL DEVELOPMENT PROJECTS, THROUGH THE
	COMPETITIVE TEACHER AND PRINCIPAL GRANT PROCESS. TEACHERS AND
	PRINCIPALS SUBMIT COMPLETED APPLICATIONS BY THE SPRING DEADLINE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ 81,266 · including grants of \$ 17,048 ·) (Revenue \$)
4e	Total program service expenses 246,379.

Form 990 (2022)				FOUNDATION,	INC
Part IV Checklist of R	equire	d Schedule	es		

			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? See instructions	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		Х
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 Rev. Proc. 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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		х
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		X
	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	
_				

Form 990 (2022)				FOUNDATION,	INC.
Part IV Checklist of	f Require	d Schedule	es (continued)		

			Yes	No
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
	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
05 -	Part V, line 1	34		X X
	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 within the meaning of pactice 512(b)(12)2 (c) was a late 0, but to 0, but	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
07	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 on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959	196	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 1		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	4.5		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country			
52		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<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			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	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			
40	amounts due or received from them.)	16		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10-		
а	•	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
a				
•				
		14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the exercise time of a set in stick time as his state the section 1000 success to an estimate the section 20	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	If "Yes," complete Form 6069.			

THE PUBLIC EDUCATION FOUNDATION, INC.

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 on Schedule O. See instructions.

Section A. Coverning Body and Management Yes Yes No 1a Enter the number of volting methods of the governing body at the end of the taxy yes? 1		Check if Schedule O contains a response or note to any line in this Part VI			X
1a Enter the number of voting members of the governing body, of the exponenting the proventing the proving intermential differences in using rights and members of the governing body, of the proving intermetal differences in the proving intermetal differences in the proventing body, of the proving intermetal differences in the proving intermetal difference interval differences in the proving interval differences in the proving interval differences in the proving interval difference interval difference interval differences in the proving interval difference interval difference interval differences in the proving interval difference in	Sec	tion A. Governing Body and Management			
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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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13a X 14 Did the organization have a written whistleblower policy? 14a X 15 Did the organization have a written document retention and destruction policy? 14a X 15 Did the organization is CEO, Executive Director, or top management official 15a X 16 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 17 List the states with which a copy of this Form 990 is required to be filed IN IN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IA 18 Section 6104 requires an organization to make			11a		X
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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? 17 List the states with which a copy of this Form 990 is required to be filed 17 18 Section C. Disclosure 17 18 Section Biol de requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)/(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX IX Own website IX Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			14	X	
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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filedIN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 STEVEN FUNK - 574-393-6114 			4Ch		
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 X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEVEN FUNK - 574-393-6114 	10		oniy)	avalidi	JIE
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 <u>STEVEN FUNK - 574-393-6114</u> 					
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20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>STEVEN FUNK - 574-393-6114</u>	19		mane	JIdl	
STEVEN FUNK - 574-393-6114	20				
	20				
215 S. ST. JOSEPH ST., SOUTH BEND, IN 46624		215 S. ST. JOSEPH ST., SOUTH BEND, IN 46624			

Form 990 (2022) THE PUBL										35-1959	9196	Page 7
Part VII Compensation of Officers, I Employees, and Independer			tee	s, K	(ey	En	nplo	oyees, Hi	ghest Co	mpensated		
· · · ·			line	. in +	hia T		\ <i>/</i> 11					
Check if Schedule O contains a resp												<u></u>
Section A. Officers, Directors, Trustees, Key	 /									141		
 1a Complete this table for all persons required to List all of the organization's current officer 				•				,	0	0		,
Enter -0- in columns (D), (E), and (F) if no compen	, ,		3 (W	meu		nuiv	luua	is of organiz	Lations), reg	ardiess of amount of	compe	Sation.
• List all of the organization's current key er	nployees, if any	/. Se	e th	e ins	struc	ction	s foi	r definition o	of "key empl	oyee."		
• List the organization's five current highest of												
who received reportable compensation (box 5 of \$100.000 from the organization and any related o		6 of	For	m 1	099.	-MIS	C, a	nd/or box 1	of Form 10	99-NEC) of more thar	ı	
 List all of the organization's former officers 	0	20 21	nd h	iahe	et c	omr	one	ated employ	lees who re	ceived more than \$1(of
eportable compensation from the organization a						,omp					0,000 0	1
• List all of the organization's former director										or or trustee of the o	rganizati	on,
nore than \$10,000 of reportable compensation f See the instructions for the order in which to list	•		n ar	nd ar	ny re	elate	d or	ganizations.				
	•											
Check this box if neither the organization n		orga I	nıza			nper	isate				1	
(A)	(B)			Pos	C) ition	n)	(E)		(F)
Name and title	Average	(do not check more than one box, unless person is both an			Repo	rtable nsation	Reportable compensation		timated			
	hours per week			ss per nd a d					om	from related		other
	(list any	ctor							ne	organizations		pensation
	hours for	or director				eq		organi	zation	(W-2/1099-MISC/		om the
	related	stee o	ustee			ensat		(W-2/109	9-MISC/	1099-NEC)	org	anization
	organizations	al trus	onal tr		loyee	comp		1099	NEC)			d related
	below	ndividual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
1) STEVEN FUNK	line)	Inc	lns	₹	Ke	en Hi	Fo					
EXECUTIVE DIRECTOR	40.00			x				1	8,767.	0.		0.
(2) AVIVA WULFSOHN	1.00								5,707.	0.	•	0.
DIRECTOR	1.00	x							0.	0.		0.
(3) CLAYTON BILL	1.00										·	
DIRECTOR		x							0.	0.		0.
(4) WILBUR BOGGS	1.00											
DIRECTOR		x							0.	0.		0.
(5) GLENDA WILLIAMS	1.00											

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DIRECTOR

SECRETARY

(6) ANTHONY A. BYRD

(8) LORETTA FRANK

(9) LATORYA GREENE

(10) ANNA MILLIGAN

(11) RUDY MONTERROSA

(14) JORY FITZGERALD

(15) NANCY SAUNDERS

(16) ANNE FEFERMAN

(13) JENNIFER WITTENBRINK ORTEGA

(12) RANY ROMPOLA

(7) DR. HOPE SMITH DAVIS

								ION, INC.	35-195	<u>9196</u>	Page 8
Part VII Section A. Officers, Directors, Trus		ploye	ees,			hest	Co	ompensated Employee	s (continued)		
(A)	(B)			(C Posi				(D)	(E)		(F)
Name and title	Average hours per		not c	heck r	nore th			Reportable	Reportable		stimated
	week				son is rector/			compensation from	compensation from related	a	mount of other
	(list any	ctor						the	organizations	con	npensation
	hours for	r direo				eq		organization	(W-2/1099-MISC/		rom the
	related	stee o	rustee			oensat		(W-2/1099-MISC/	1099-NEC)	1	ganization
	organizations below	ıal tru	onal t		oloyee	ee com		1099-NEC)			nd related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizations
(18) MIGUEL SALAZAR	1.00	u.	<u> </u>	ó	Ke	Εu	Ŧ				
PRESIDENT	100	х		x				0.	0		0.
(19) JULIE CURTIS	1.00										
PAST PRESIDENT		х		х				0.	0).	0.
										_	
										_	
1b Subtotal								48,767.	0	•	0.
c Total from continuation sheets to Part VI								0.			0.
<u>d</u> Total (add lines 1b and 1c)								48,767.			0.
2 Total number of individuals (including but n							re				
compensation from the organization					,				•		0
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	, or h	nigł	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion a	and c	oth	er compensation from t	he organization		
and related organizations greater than \$150										. 4	X
5 Did any person listed on line 1a receive or a							ate	d organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fa	or sl	ıch r	perso	n				. 5	X
Section B. Independent Contractors						- 4		- 1	100.000 - (
 Complete this table for your five highest control the organization. Report compensation for the organization. 										Isation fr	om
(A)	ine calendar ye		nui	ig w		WILI	T	(B)		(C)
Name and business	address	NC	ONE	2				Description of s	ervices		ensation
							╈				
							+				
• Tabalaranaka (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	I I										
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	•	JT IIN	nitec	1 (0)	those 0	e liste	a De	above) who received me	bre than		

	<u>n 990</u> rt V	D (2022) THE PUBLIC EDUCA'	TION F	OUNDATION,	INC.	35-1959	196 Page 9
			to onviling	in this Dort VIII			
		Check if Schedule O contains a response or note		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 314 g Noncash contributions included in lines 1a-1f 1g \$ 1g h Total. Add lines 1a-1f Busir a	,830.	348,847.			
		c					
gra Re		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties	d ds	40,760.			40,760.
		a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c	Personal				
Ð	7 :	assets other than inventory 7a 266,507.5 b Less: cost or other basis	Other ,500.				
enne		c Gain or (loss)	921.				
		d Net gain or (loss)		5,135.			5,135.
Other Rev	8	a Gross income from fundraising events (not including \$ 34,830. of contributions reported on line 1c). See Part IV, line 18 8a 18	<u>,895.</u> ,376.				
		c Net income or (loss) from fundraising events		-7,481.			-7,481.
	9 ;	a Gross income from gaming activities. See Part IV, line 199ab Less: direct expenses9b					
	10 (c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 : I		ness Code 0099	1,744.	1,744.		
cell Seve		c					
Mis	'	d All other revenue		1 7 4 4			
	12	e Total. Add lines 11a-11d		1,744. 389,005.	1,744.	0.	38,414.

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Form 990 (2022)

THE PUBLIC EDUCATION FOUNDATION, INC. Form 990 (2022) Part IX Statement of Functional Expenses

35-1959196 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,161.	182,161.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	52,837.	26,419.	13,209.	13,209.
6	Compensation not included above to disqualified	- ,			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,013.	34,807.	11,603.	11,603.
8	Pension plan accruals and contributions (include	,		,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	522.		522.	
10	Payroll taxes	4,438.	2,662.	888.	888.
11	Fees for services (nonemployees):		_,		
a	Management				
b	Legal				
	Accounting	34,119.		34,119.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,054.		9,054.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-			
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	20,935.		20,935.	
13	Office expenses	2,203.	330.	1,873.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	644.		644.	
23	Insurance	2,583.		2,583.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	15,402.		15,402.	
a b	MISCELLANEOUS	144.		144.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	383,055.	246,379.	110,976.	25,700.
26	Joint costs. Complete this line only if the organization				,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

THE PUBLIC EDUCATION FOUNDATION, I	NC.
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<u>35-1959196</u> Page **11**

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,648.	1	281,436.
	2	Savings and temporary cash investments			52,802.	2	54,669.
	3	Pledges and grants receivable, net	43,205.	3	23,906.		
	4	Accounts receivable, net			-	4	353.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9				7,876.	9	11,878.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	1,623.			
	b	Less: accumulated depreciation		947.	5,899.	10c	676.
	11	Investments - publicly traded securities			1,650,040.	11	1,765,219.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	682,506.	15	729,091.		
	16	Total assets. Add lines 1 through 15 (must equ			2,636,976.	16	2,867,228.
	17	Accounts payable and accrued expenses		62,802.	17	103,119.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		······		25	
	26	Total liabilities. Add lines 17 through 25			62,802.	26	103,119.
		Organizations that follow FASB ASC 958, che	eck her	e X			
čě		and complete lines 27, 28, 32, and 33.					4
llan	27	Net assets without donor restrictions		····· -	979,467.	27	1,088,288.
B	28	Net assets with donor restrictions	1,594,707.	28	1,675,821.		
nuc		Organizations that do not follow FASB ASC 9	eck here				
Ĕ		and complete lines 29 through 33.	Ļ				
ts o	29	Capital stock or trust principal, or current funds				29	
ese.	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		······ -	2,574,174.	32	2,764,109.
	33	Total liabilities and net assets/fund balances			2,636,976.	33	2,867,228.

Form **990** (2022)

Form 990 (2022) TH Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 389, 005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 4 Lassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Donated services and use of facilities 6 183, 985. 7 Investment expenses 6 183, 985. 8 0 0 0. 10 2, 764, 109. Part XII Financial Statements and Reporting 8 0 0. 2, 764, 109. Column (B) Check if Schedule O contains a response or note to any line in this Part XII X X Yee No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 He consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2a X <		990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC.	35-	<u>1959196</u>	Pa	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 389,005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383,055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5,950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Donated services and use of facilities 6 6 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 2, 764, 109. 2 764, 109. Part XII XI X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Net unrealized gains (losses) on investments 6 7 6 7 183, 985. 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 764, 109. Part XII Financial Statements and Reporting X X Yes 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: Cash X Accrual Other 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 Both consolidated and separate basis 2b X J Accounting method used to pregarate basis Consolidated basis B		Check if Schedule O contains a response or note to any line in this Part XI				
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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 on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. PartXIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 1 1 Yees, 'check a box below to indicate whether the financial statements for	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 2,764,109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 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, consolidated ba	6		6			
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

L

Name of the organization	
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Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nar	ne of t	the organizati	on						Employer	identification number
			THE	PUBLIC EDU	CATION FOUND	ATION	, INC.	•	3	5-1959196
Pa	nrt I	Reason			(All organizations must c					
The	organ				For lines 1 through 12, c					
1	Ŭ				n of churches described			I)(A)(i).		
2					Attach Schedule E (Forn		ι <i>μ</i>			
3	\square				anization described in s		(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
				omplete Part II.)		-				
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10		An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12					vely for the benefit of, to					
					d in section 509(a)(1) o					Check the box on
		-			f supporting organizatior					
а				-	upervised, or controlled	•	-			
					gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		¬ -		complete Part IV, Se						
b				-	or controlled in connect			-		-
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		¬ -		t complete Part IV,						
c			-		g organization operated				ly integrate	d with,
	. —	-). You must complete I					
c			-		orting organization oper				-	
				• •	ation generally must sat			•	an attentiv	reness
		_			nplete Part IV, Sections written determination fro					
e			0		nally integrated supporti			турет, туре	п, туре п	
f	Ente		of supported of							
c				n about the supporte	d organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				I	I					I

Schedule A (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.	
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	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.	
	The portion of total contributions	,			ŕ	,		
	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)						467,779.	
e	Public support. Subtract line 5 from line 4.						1403063.	
	tion B. Total Support						T402002.	
		(a) 0018	(1-) 2010	(=) 2020	(4) 2021	(a) 2022		
	ndar year (or fiscal year beginning in)	(a) 2018 443,086.	(b) 2019 364,270.	(c) 2020 377, 573.	(d) 2021 337,066.	(e) 2022 348,847.	(f) Total 1870842.	
	Amounts from line 4	445,000.	504,270.	577,575.	557,000.	540,047.	10/0042.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	26 026	24 210	20 445	E1 7E1	40 760	102 202	
_	and income from similar sources	36,026.	24,310.	30,445.	51,751.	40,760.	183,292.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	0.010	4	1				
	assets (Explain in Part VI.)	2,213.	1,838.	1,838.	1,969.	1,744.	9,602.	
11	Total support. Add lines 7 through 10						2063736.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,744.	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stor							
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>67.99 %</u>	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>66.90 %</u>	
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is ⁻	10% or	
	more, and if the organization meets th	-						
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio							
		a second a second		,,,				

Schedule A (Form 990) 2022

alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						

THE PUBLIC EDUCATION FOUNDATION,

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

8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Schedule A (Form 990) 2022

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First 5 years. If the Form 990 is for t	4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
check this box and stop here							
Section C. Computation of Publ							
15 Public support percentage for 2022	line 8, column (f), d	livided by line 13, o	column (f))		15	%	

<u>16</u> Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17		
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18		
19a	33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17	is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

%

% %

16

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INC.

Yes

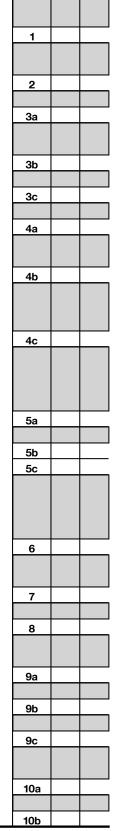
No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)



THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	

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,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

	bonce orga		
Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с] The organization supported a governmental entit	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

1

2

1

Yes No

No Yes

Sche	dule A (Form 990) 2022 THE PUBLIC EDUCATION F			35-1959196 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	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 0.85 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022 (

THE PUBLIC EDUCATION FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	ovide the o, 4c, 5a, 6 Part IV, S	explanations 6, 9a, 9b, 9c Section E, lin	s required , 11a, 11b, es 1c, 2a,	by Part II, line and 11c; Pa 2b, 3a, and 3	e 10; Part art IV, Sec 3b; Part V	II, line 17a or tion B, lines 1 , line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; P	n C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	, Section	E, lines 2, 5,	and 6. Als	o complete t	his part fo	or any additior	nal information.	

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

35-1959196

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ASANTE FOUNDATION	81,280.	40,005
FARMER'S INSURANCE	100,000.	58,725
EVERWISE (TEACHER'S CREDIT UNION)	375,599.	334,324
JAMES WILSON AND NANCY SAUNDERS	76,000.	34,725,
otal Excess Contributions to Schedule A, Part II, Line 5		467,779

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	THE PUBLIC EDUCATION FOUNDATION, INC.	35-1959196
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

(Complete Part II for

No.	Name, address, and ZIP + 4
1	
(a)	(b)
No.	Name, address, and ZIP + 4

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>56,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash

THE PUBLIC EDUCATION FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

35-1959196

(c)

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

|--|

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

35-1959196

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

THE PUBLIC EDUCATION FOUNDATION, INC.

35-1959196

223453 11-15-22

Schedule I	B (Form 990) (2022)			Page 4		
Name of o	organization			Employer identification number		
THE P	UBLIC EDUCATION FOUNDAT:	ION, INC.		35-1959196		
Part III		ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a			ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
·	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		

SCHEDULE D)
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(Form	990)
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 35 1959196

	THE PUBLIC EDUCATION				35-1959196
Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Fun	ds or Aco	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor ad	vised funds	(b	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 v	writing that the asset	s held in donor ac	dvised funds	S
	are the organization's property, subject to the organization's of	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can	be used on	ly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpo	se conferrir	·
Dec	impermissible private benefit?				Yes No
Par				90, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)			rically important land area
	Protection of natural habitat		Preservation	n of a certifi	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribution in the fo	rm of a con F	
	day of the tax year.			ŀ	Held at the End of the Tax Year
-				Г	2a
b		unter the standard to (a)		F	2b
c	Number of conservation easements on a certified historic structure of conservation easements in luded in (a) and the structure of the structur			·····	2c
d	Number of conservation easements included in (c) acquired a	•			
~	historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguisned,	or terminated by	the organiz	ation during the tax
4	year	amont is located			
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		poction bandling	of	
5	violations, and enforcement of the conservation easements it		Jection, nanding		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•		indiradining of frontations	, and enterency e		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enforcina conse	rvation ease	ements during the year
		0	Ũ		0
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents of section 1	70(h)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's financial stat	ements that	t describes the
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical	Freasures, or	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue stateme	nt and balar	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion, or research i	n furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	describes these i	tems.	
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in f	urtherance	of public service,
	provide the following amounts 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 trea			icial gain, pi	rovide
	the following amounts required to be reported under FASB A	•			^
a	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				\$

Schedule D	(Form	990)	2022
Ochedule D		550)	LOLL

Sche	dule D (Form 990) 2022 THE PUB	LIC EDUCATI	ON FOUNDA	<u>FION, IN</u>	С.	0:	35-19	59190	6 P	_{age} 2
Par	t III Organizations Maintaining C							(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	iake sigi	nificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization'	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other s	similar a	issets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other asset	s not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV	, line 10).				
		(a) Current year	(b) Prior year	(c) Two years b	back (d	d) Three y	/ears back	(e) Four	' years	back
1a	Beginning of year balance	2,228,457.	2,691,203.			2,0	48,685.	2	,034,	624.
b	Contributions	35,362.	35,894.	76,3	394.		12,314.	11,489		489.
	Net investment earnings, gains, and losses	246,606.	-367,321.	702,	989.		81,341.	70,123		123.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	126,670.	122,486.	108,3	287.	1	07,270.		67,	551.
f	Administrative expenses	7,600.	8,833.	7,5	939.		7,024.			
	End of year balance	2,376,155.	2,228,457.	2,691,3	203.	2,0	28,046.	2	,048,	685.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	30.5250	%							
	Permanent endowment 69.3164	%	_							
с	Term endowment .1580	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administered	l for the					
	organization by:	5]	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, lii	ne 10.				
	Description of property	(a) Cost or of	her (b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	e
		basis (investm	• •	(other)	depr	reciation		()		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1,623.		94	47.		6	76.
	Other								-	
_	. Add lines 1a through 1e. (Column (d) must ea	oual Form 990 Part S	(column (R) line 1)c)					6	76.
							Sahadula	D /F		

Schedule D (Form 990) 2022

	35-1959196 Page 3
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on 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)	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or	end-of-year market value
(2)	
(3)	
(4)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1) FUNDS FUNCTIONING AS PERMANENT ENDOWMENTS	729,091.
(2)	
(3)	
(4)(5)	
(5)(2)	
(6)(7)	
(7)(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	729,091.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
<u>(6)</u>	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

X

Sche	dule D (Form 990) 2022 THE PUBLIC EDUCATION FOU	NDATION,	INC.	<u>35-</u> :	<u>1959196 Page</u> 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	481,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	183,988.		
b	Donated services and use of facilities	2b	5,600.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	189,588.
3	Subtract line 2e from line 1			3	292,358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,054.		
b	Other (Describe in Part XIII.)	4b	87,593.		
С	Add lines 4a and 4b			4c	96,647.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	389,005.
Pa	et VII Decensification of Expanses par Audited Einensial Stat				
	rt XII Reconciliation of Expenses per Audited Financial Stat	tements with	Expenses per F	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		leturi	
1		e 12a.			n. 292,011.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	9 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a. 			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	5,600.		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			292,011.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5,600. 3.	1 2e	<u>292,011.</u> 5,603.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5,600.	1	292,011.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	5,600.	1 2e	<u>292,011.</u> 5,603.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	5,600. 3. 9,054.	1 2e	<u>292,011.</u> 5,603.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	5,600.	1 2e	292,011. 5,603. 286,408.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3 4c	292,011. 5,603. 286,408. 96,647.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3	292,011. 5,603. 286,408.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE THE ORGANIZATION WITH INCREASING FINANCIAL SUPPORT FOR THE

OPERATING BUDGET, GRANTS AND OTHER ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A CHARITABLE ORGANIZATION

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION

OF THE INDIANA CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME. THE

INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS NOT A

PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A). CONSEQUENTLY, THE

ACCOMPANYING FINANCIAL STATEMENTS GENERALLY DO NOT INCLUDE ANY PROVISION

FOR INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

 Schedule D (Form 990) 2022
 THE PUBLIC EDUCATION FOUNDATION, INC.
 35-1959196 Page 5

 Part XIII
 Supplemental Information (continued)
 POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX

 POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY
 WITH THE PROVISIONS OF ASC 740-10. PENALTIES AND INTEREST ASSESSED BY

 INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED.

 WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND

 STATE INCOME TAX EXAMINATION FOR TAX YEARS BEFORE 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS NETTED IN BOOK VALUE 113,969.

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER

PART XII, LINE 4B - OTHER ADJUSTMENTS:PASS-THROUGH GRANTS NETTED IN BOOK VALUE113,969.FUNDRAISING EXPENSES-26,376.TOTAL TO SCHEDULE D, PART XII, LINE 4B87,593.

Schedule D (Form 990) 2022

-26,376.

87,593.

3.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$1				r 19, o	or if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization					-			dentification number
Part I Fundrais		LIC EDUCATION FOUN					<u>35-195</u>	
	complete this part	Complete if the organization answ t.	ered "Y	'es" or	Form 990, Part IV, I	ine 17	. Form 990-i	=Z filers are not
	•	ed funds through any of the following	•		,			
a Mail solicitat				0	overnment grants			
b Internet and c Phone solici	email solicitations	f Solicita g Specia		•	nment grants			
d In-person so		9 0p0012		loing				
2 a Did the organization	on have a written o	r oral agreement with any individua	l (includ	ding of	ficers, directors, trus	tees, c	or	
		art VII) or entity in connection with p			e e			es 📃 No
	-	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fund	draiser is to	be
compensated at le	ast \$5,000 by the	organization.			ſ			
(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts		mount paid	(VI) Amount paid
or entity (fund		(ii) Activity	have or con	ustody htrol of	from activity	ໍ fu	undraiser	to (or retained by) organization
			_	utions?		liste	ed in col. (i)	
			Yes	No				
			-					
<u>Total</u>			<u></u>					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	kempt from	registration

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

Part II 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 NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	53,725.			53,725
	2	Less: Contributions	34,830.			34,830
	3	Gross income (line 1 minus line 2)	18,895.			18,895
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,905.			5,905
הוובתו דעהבווזבי	7	Food and beverages	7,688.			7,688
	8	Entertainment				11,207
	9	Other direct expenses				1,576
		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	• • • • • • • • • • • • • • • • • • • •			26,376
	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	2	Cash prizes				
έL						
	3	Noncash prizes				
		Noncash prizes				
	4					
	4 5	Rent/facility costs		└── Yes % └── No	└── Yes % └── No	
	4 5 6	Rent/facility costs	Yes %		No	
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes %	No No	□ No	
a	4 5 6 7 8 Ent Is ti	Rent/facility costs Other direct expenses Volunteer labor	Yes% No Dugh 5 in column (d) ne 7 from line 1, column (d) onducts gaming activities: g activities in each of these	No No	<u>No</u>	
ab	4 5 7 8 Ent Is ti If "f	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin ter the state(s) in which the organization co he organization licensed to conduct gamin	Yes% No No Dugh 5 in column (d) ne 7 from line 1, column (d) onducts gaming activities: ng activities in each of these in	States?	□ No	Yes M

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	THE	PUBLIC	EDUCATION	FOUNDATION,	INC. 35	-1959196 Page 3
	Does the organization conduct ga Is the organization a grantor, ben	aming act eficiary oi	tivities with no r trustee of a t	nmembers? rust, or a member o	f a partnership or other	entity formed	Yes No
	to administer charitable gaming? Indicate the percentage of gamina The organization's facility	g activity	conducted in	:			
	• An outside facility						
	Enter the name and address of th						
	Name						
	Address						
15a	a Does the organization have a con	tract with	n a third party	from whom the orga	nization receives gamin	g revenue?	Yes No
	 If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address 	e third pa	irty \$	by the organization	\$	and the amount	
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Err	nployee	Indeper	dent contractor		
17	Mandatory distributions:						
á	a Is the organization required under	r state lav	v to make cha	aritable distributions	from the gaming procee	eds to	
k	retain the state gaming license? Denter the amount of distributions organization's own exempt activit	required	under state la	w to be distributed	o other exempt organization		
Pa	Int IV Supplemental Infor				ed by Part I, line 2b, colu	umns (iii) and (v); and	Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as						

Schedule G	i (Form 990) Supplemental Inforr	THE	PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196	Page 4
Part IV	Supplemental Inform	nation	(continued)					

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Other Assistance to Organizations, is, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.;	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	tion THE PUBLIC EDUCATION	EDUCATIC	뜨	N, INC.				Employer identification number 35–1959196
Part I General Ir	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	ubstantiate the		or assistance, the g	Jrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	ce?		-				X Yes No
ŝ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures tor monitc	oring the use of grant t	unds in the United	States.			
Part II Grants an recipient the	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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nestic Organiz 00. Part II can t	ations and Domestic be duplicated if addition	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	tnization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and at or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTH BEND COMMUNITY CORPORATION - 215 S.	MUNITY SCHOOL 215 S. DR. MARTIN							PRIMARY SCHOOL READING
LUTHER KING JR. BLVD TN 46601	- SOUTH BEND,	35-1076622	501(0)(3)	165 113	C			PROGRAMS, TEACHER GRANTS AND HIGH SCHOOL THTORING
1				• • • • • • • • • • • • • • • • • • • •	,			
SOUTH BEND ALUMNI ASSOCIATION 3545 DOUGLAS RD, SUITE 100 SOUTH BEND, IN 46635		35-1674506	501(C)(3)	15_000.	0			TCU SPONSORSHIP OF THE SOUTH BEND ALUMNI ASSOCIATION HALL OF FAME
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				2.
3 Enter total numb LHA For Paperwork	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructio	table ins for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION,	ATION FOU		INC.		35-1959196 Page 2
l er Assist a uplicated i	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
VISITS TO SCHOOLS, REVIEW OF PERFORMANC	ы	RESULTS RELATED	ΓO	PROGRAMS AND	
COLLECTION OF WRITTEN REPORTS AND RECEI	RECEIPTS	PTS FROM TEACHERS	IERS		
232102 10-31-22					Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number 35-1959196

FORM 990, ITEM C, DOING BUSINESS AS:

SOUTH BEND EDUCATION FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTH BEND COMMUNITY SCHOOL CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

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

ANNUAL FORMAL REVIEWS ARE COMPLETED AND COMPARISONS OF TWO STUDIES ARE

REVIEWED.

FORM 990, PART VI, SECTION C, LINE 18:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

WEBSITE AND BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

Schedule O (Form 990) 2022		Page 2			
Name of the organization					Employer identification number
TH	E PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196

WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE AVAILABLE BOTH ON

THE ORGANIZATION'S WEBSITE AND BY REQUEST.

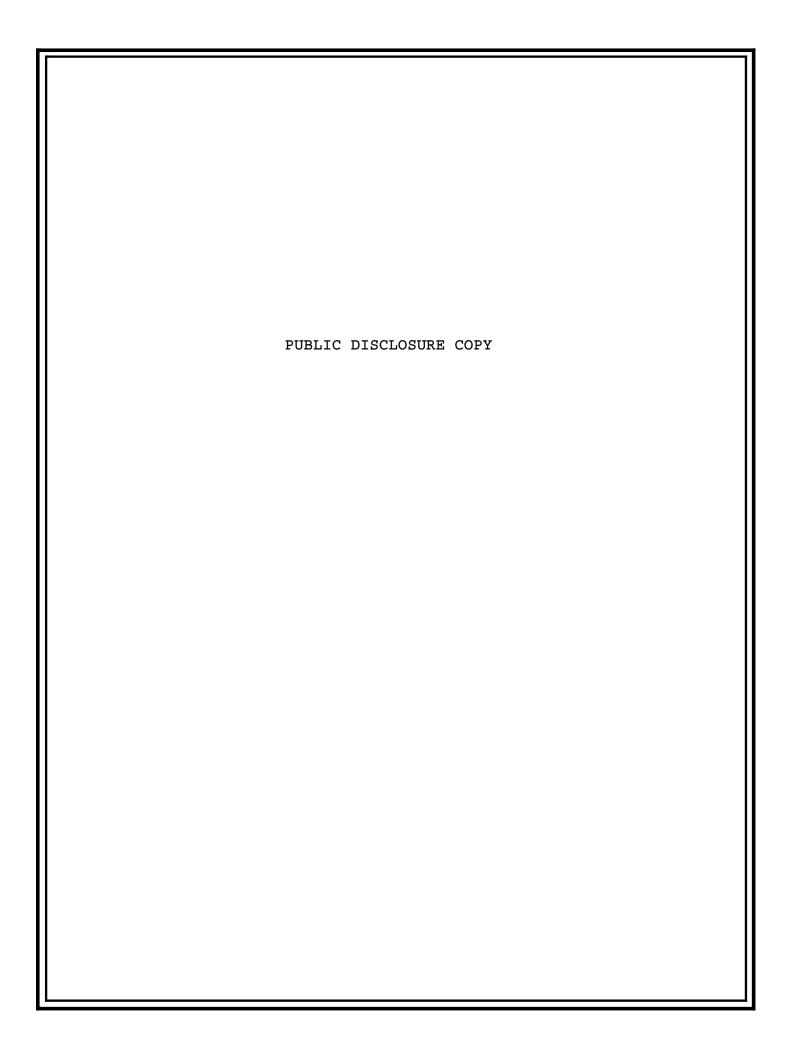
PAGE 12, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE FINACIAL REPORTING

PROCESS AND THE SELECTION OF EXTERNAL ACCOUNTANTS, THIS PROCESS HAS NOT

CHANGED FROM PRIOR YEARS.

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 01/18/2024 12:58:05	
FORM 990	



Form 8879-TE	***** THIS IS NO IRS e-file S for a l	ot a fileabi ignature Au fax Exempt	thorization	* *	OMB No. 1545-0047
	For calendar year 2022, or fiscal year beginning			. 20 <u>23</u>	2022
Department of the Treasury		to the IRS. Keep for y			Ζυζζ
Internal Revenue Service	Go to www.irs.gov	/Form8879TE for the	latest information.		
Name of filer				EIN or SSN	
	BLIC EDUCATION FOUND			35-19	959196
Name and title of officer or pe	son subject to tax STEVEN FUI EXECUTIVE				
Part I Type of	eturn and Return Information				
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 88 dollars and cents. For all other forms, unt on that line for the return being file nk (do not enter -0-). But, if you entere	enter whole dollars on d with this form was bl	y. If you check the bo ank, then leave line	ox on line 1a, 2a, 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X b Total revenue	, if any (Form 990, Par	VIII, column (A), line	12)	1b <u>389,005.</u>
2a Form 990-EZ che					2b
3a Form 1120-POL		n 1120-POL, line 22)			3b
4a Form 990-PF che		investment income (l			4b
5a Form 8868 check	nere b Balance due (Form 8868, line 3c)			5b
6a Form 990-T chec		n 990-T, Part III, line 4)			6b
7a Form 4720 check		n 4720, Part III, line 1)			7b
8a Form 5227 check	here b FMV of assets	at end of tax year (F	orm 5227, Item D)		8b
9a Form 5330 check	nere b Tax due (Form	5330, Part II, line 19)			9b
10a Form 8038-CP ch		edit payment requeste			10b
	on and Signature Authorizati		-		
Under penalties of perjury,	declare that X I am an officer of the	ne above entity or	I am a person subje	ect to tax with resp	ect to (name
financial institution to debi later than 2 business days payment of taxes to receiv	tion account indicated in the tax prepa the entry to this account. To revoke a prior to the payment (settlement) date. confidential information necessary to per (PIN) as my signature for the electr	payment, I must conta I also authorize the fin answer inquiries and r	ct the U.S. Treasury ancial institutions inv esolve issues related	Financial Agent at olved in the proce to the payment. I	1-888-353-4537 no ssing of the electronic have selected a
PIN: check one box only	JGGEL, LAWTON & COME	ANY LLC		to optor my D	IN 59196
		firm name		to enter my P	Enter five numbers, but
	Eno				do not enter all zeros
with a state age on the return's c	on the tax year 2022 electronically filed cy(ies) regulating charities as part of th sclosure consent screen.	ne IRS Fed/State progr	am, I also authorize tl	he aforementioned	ERO to enter my PIN
return. If I have i	erson subject to tax with respect to th dicated within this return that a copy o ogram, I will enter my PIN on the return	of the return is being fil	ed with a state agend	•	-
Signature of officer or person subject	to tax **** THIS IS NO ion and Authentication	OT A FILEABI	E COPY ***	* Date	
	Ir six-digit electronic filing identification your five-digit self-selected PIN.	1	35119822 Do not enter all		
-	eric entry is my PIN, which is my signa cordance with the requirements of Pu		•		
ERO's signature			Date	01/26/24	
		in This Form	. Inchantlesse		
		in This Form - Se			
	Do Not Submit This Forn		s nequested 10	0 20	Faure 8870 TE (0000)
LHA For Privacy Act and	Paperwork Reduction Act Notice, se	e instructions.			Form 8879-TE (2022)

E (2022)

THE PUBLIC EDUCATION FOUNDATION, INC. P.O. BOX 119 SOUTH BEND, IN 46624

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalahdhllaanllladhaadhladhlad

			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
_	0	90	Return of Organization Exempt From		0000
For	m J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection
		enue Service e 2022 calend	-	JUN 30, 2023	mopodian
В	Check if applicab	C Name o	f organization	D Employer identificat	ion number
	Addre				
	chang Name		PUBLIC EDUCATION FOUNDATION, INC. usiness as SOUTH BEND EDUCATION FOUNDATION	35-1959196	
F	chang Initial returr	- <u>-</u>	usiness as SOUTH BEND EDUCATION FOUNDATION and street (or P.O. box if mail is not delivered to street address)		,
F	Final Final		BOX 119	(574) 393-	-6114
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	682,253.
	Amer		H BEND, IN 46624	H(a) Is this a group retu	rn
	Appli tion pend	F Name a	nd address of principal officer: STEVEN FUNK	for subordinates?	···· = =
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:		527 If "No," attach a list	
	Webs		EDFO.ORG X Corporation Trust Association Other I y	H(c) Group exemption n rear of formation: 1995 M S	
	art I		X Corporation Trust Association Other L Y	rear of formation: 1990 M S	tate of legal domicile: 11
	1		e the organization's mission or most significant activities: TO PROMO		ͲΤΔͲΤVES
e			CH LEARNING EXPERIENCES FOR THE STUDEN		
Governance	2	Check this bo			
veri	3			18	
Ő	4		ting members of the governing body (Part VI, line 1a)		18
80 ()	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1
itie	6		of volunteers (estimate if necessary)		0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
0	8	Contributions	and grants (Part VIII, line 1h)	337,066.	348,847.
'nu	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	175,035.	45,895.
α	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969.	-5,737.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	514,070.	389,005.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	210,572.	182,161.
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.
se	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	106,356.	115,810.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 25,700.	0.	0.
ăX					05 004
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	73,578.	85,084.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,564.	383,055.
	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	<u>5,950.</u> End of Year
Net Assets or		Total and the "	Port V line 16)	2,636,976.	2,867,228.
Asse	20	Total assets (I		62,802.	103,119.
let /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,574,174.	2,764,109.
P	art II	Signature	Block		<u> </u>
		-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my kn	owledge and helief it is
	-		. Declaration of preparer (other than officer) is based on all information of which prep		omougo ana bolloi, it is
aut	, 00110				

Sign	Signature of officer			Date	
Here	STEVEN FUNK, EXECUTIVE DI	RECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	MARGENE ZINK		01/26	/24 self-employed P01222961	
Preparer	Firm's name KRUGGEL, LAWTON &	COMPANY, LLC		Firm's EIN 35-1307701	
Use Only	Firm's address 210 S. MICHIGAN S	T. SUITE 200			
	SOUTH BEND, IN 46601			Phone no. 574 - 289 - 4011	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No	
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PUBLIC EDUCATION FOUNDATION ADVOCATES, PROMOTES AND FUNDS
	INITIATIVES TO ENRICH LEARNING EXPERIENCES FOR THE STUDENTS AND STAFF
	OF SOUTH BEND COMMUNITY SCHOOL CORPORATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$113,253 • including grants of \$113,253 •) (Revenue \$)
	THE FOUNDATION SUPPORTS THE SOUTH BEND COMMUNITY SCHOOL CORPORATION
	THROUGH GRANT ACTIVITY.
4b	(Code:) (Expenses \$51,860 • including grants of \$51,860 •) (Revenue \$)
	THE FOUNDATION FUNDS TEACHER GRANTS AND PRINCIPAL GRANTS ANNUALLY, FOR
	INNOVATIVE CLASSROOM AND PROFESSIONAL DEVELOPMENT PROJECTS, THROUGH THE
	COMPETITIVE TEACHER AND PRINCIPAL GRANT PROCESS. TEACHERS AND
	PRINCIPALS SUBMIT COMPLETED APPLICATIONS BY THE SPRING DEADLINE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ 81,266 · including grants of \$ 17,048 ·) (Revenue \$)
4e	Total program service expenses 246,379.

Form 990 (2022)				FOUNDATION,	INC
Part IV Checklist of R	equire	d Schedule	es		

			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? See instructions	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		Х
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 Rev. Proc. 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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		х
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		X
	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	
_				

Form 990 (2022)				FOUNDATION,	INC.
Part IV Checklist of	f Require	d Schedule	es (continued)		

			Yes	No
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
	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
05 -	Part V, line 1	34		X X
	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 within the meaning of pactice 512(b)(12)2 (c) was a late 0, but to 0, but	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
07	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 on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959	196	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 1		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	4.5		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country			
52		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<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			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	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			
40	amounts due or received from them.)	16		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10-		
а	•	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
a				
•				
		14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the exercise time of a set in stick time a chiract to the exertise 1000 surise to use not investment income 0	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	If "Yes," complete Form 6069.			

THE PUBLIC EDUCATION FOUNDATION, INC.

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 on Schedule O. See instructions.

Section A. Coverning Body and Management Yes Yes No 1a Enter the number of volting methods of the governing body at the end of the taxy yes? 1		Check if Schedule O contains a response or note to any line in this Part VI			X
1a Enter the number of voting members of the governing body, of the exponenting the proventing the proving intermential differences in using rights and members of the governing body, of the proving intermetal differences in the proving intermetal differences in the proventing body, of the proving intermetal differences in the proving intermetal difference interval differences in the proving interval differences in the proving interval differences in the proving interval difference interval difference interval differences in the proving interval difference interval difference interval differences in the proving interval difference in	Sec	tion A. Governing Body and Management			
If there are material differences in voting rules among members of the governing body, or if the governing to due to the manufactor in the exacutive committee v similar committee, explain on Schedule 0. 18 18 2 Did any officer, directing, trustee, or key employees have a family relationship or a business relationship with any other direct directs, trustee, or key employees to a management duries outcommany performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duries outcommany performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duries outcommany optimation by assets? 2 X 3 Dud the organization base may significant changes to its governing documents since the prior Form 990 was filed? 4 X 4 Dud the organization have members or stockholders? 5 X 6 Dud the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the ogaverning body? 7 7 X 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the ogaverning body? 8 8 X 8 Did the organization have members, stockholders, or other persons of the organization have members of the organization have members of the organization have independent power to elect on appoint one or more members of the organization near and addresses on Schedulo O 7 X				Yes	No
by delagade fixed autority to an exactive committer or similar committe, option on Schadul 0. 1 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of the direct supervision of the organization become aware during the year of a significant diversion of the organization is assets? 2 X 5 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members and the organization nearement and the governing body? 7 X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Did the organization nearement of the governing body? 8a X 9 Each committee with autionity to act on behalf of the governing body? 8a X 9 Each committee with autionity to act on behalf of the governing body? 8a X <	1a	Enter the number of voting members of the governing body at the end of the tax year 1a18			
b Enter the number of volting members included on line 1s, above, who are independent 10 12 2 Did my officer, director, trustee, or key employee have a family relationship or a business reliationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management durates customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duration of the organization have members, stockholders, or other person? 2 X 3 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing bod? 7 X 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing bod? 7 X 5 X X Did the organization contemporaneously document the meetings held or witten actions undertaken during the year by the following: 8 X 6 It the again governing bod? 8 X 8 X 9 Is three any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization's main address? If 'Ves 'rowide the names and addresses on Schedule D 10 X 9 Is three any contreact, trustee, or key employees listed in Part VII, 'go to lin at		If there are material differences in voting rights among members of the governing body, or if the governing			
2 Did any officer, director, frustee, or key employee have a family relationship or a business relation busine array officer, director, trustee, or key employee let		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
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3 Did the organization delegate control over management duties customally performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization have members or stockholders? 6 X 7 Did the organization have members or stockholders? 6 X 8 Did the organization come members or stockholders? 6 X 9 Did the organization one members or stockholders? 6 X 9 Did the organization come promoves by operation of the organization or mere members or stockholders? 7b X 9 Did the organization contenporaneously dooment the meetings held or written actions undertaken during the year by the following: 8a X 9 Did the organization contenporaneously dooment the meetings held or written actions undertaken during the year by the following: 8a X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization on the organization contenporaneously documents and activenesse any Scheduke O. 9 X 9 Did the organization onave moranization to have wr	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
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4 Did the organization make any significant changes to its governing bocuments since the prior Form 990 was filed? 4 X 5 Did the organization bacome aware during the year of a significant diversion of the organization's assets? 6 X 70 Did the organization have members or stockholders? 6 X 70 Did the organization have members of the governing body? 7 X 8 Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 70 X 8 Did the organization contemporaneously document the meetings held or written actions underaken during the year by the following: 8a X 9 Is there any officer, director, trustee, or key employee listed in Part VI, Saction A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10a X 9 Did the organization have local chapters, branches, or affiliates? 10a X 10 Did the organization nave awnthen policies and procedures governing body before filing the form? 11a X 12 At the organization provided a complete copy of this Form 990. to all members of ts governing body before filing the form? 11a X 13 Did the organization regularizatin have a written contict of	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The subject to approval by members, stockholders, or persons other than the governing body? a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The subject to approximately to a the subject to approval by independent the governing body? b Each committee with authority to act on behalf of the governing body? Bod the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Bod X c Bod the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Bod X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10a X 11a Has the organization nave awritten conflict of interest policy? If 'No, ' go to line 13 12a X 12b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12a X 12b Did the organization ha	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
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Part VII Compensation of Officers, I Employees, and Independer			tee	s, K	(ey	En	nplo	oyees, Hi	ghest Co	mpensated		
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Check if Schedule O contains a resp												<u></u>
Section A. Officers, Directors, Trustees, Key	 /									141		
 1a Complete this table for all persons required to List all of the organization's current officer 				•				,	0	0		,
Enter -0- in columns (D), (E), and (F) if no compen	, ,		3 (W	meu		nuiv	luua	is of organiz	Lations), reg	ardiess of amount of	compe	Sation.
• List all of the organization's current key er	nployees, if any	/. Se	e th	e ins	struc	ction	s foi	r definition o	of "key empl	oyee."		
• List the organization's five current highest of												
who received reportable compensation (box 5 of \$100.000 from the organization and any related o		6 of	For	m 1	099.	-MIS	C, a	nd/or box 1	of Form 10	99-NEC) of more thar	ı	
 List all of the organization's former officers 	0	20 21	nd h	iahe	et c	omr	one	ated employ	lees who re	ceived more than \$1(of
eportable compensation from the organization a						,omp					0,000 0	1
• List all of the organization's former director										or or trustee of the o	rganizati	on,
nore than \$10,000 of reportable compensation f See the instructions for the order in which to list	•		n ar	nd ar	ny re	elate	d or	ganizations.				
	•											
Check this box if neither the organization n		orga I	nıza			nper	isate				1	
(A)	(B)			Pos	C) ition	n)	(E)		(F)
Name and title	Average		not c	heck	more	than o		Repo	rtable nsation	Reportable compensation		timated
	hours per week			ss per nd a d					om	from related		other
	(list any	ctor							ne	organizations		pensation
	hours for	or director				eq		organi	zation	(W-2/1099-MISC/		om the
	related	stee o	ustee			ensat		(W-2/109	9-MISC/	1099-NEC)	org	anization
	organizations	al trus	onal tr		loyee	comp		1099	NEC)			d related
	below	ndividual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
1) STEVEN FUNK	line)	Inc	lns	₹	Ke	en Hi	Fo					
EXECUTIVE DIRECTOR	40.00			x				1	8,767.	0.		0.
(2) AVIVA WULFSOHN	1.00								5,707.	0.	<u> </u>	0.
DIRECTOR	1.00	x							0.	0.		0.
(3) CLAYTON BILL	1.00										·	
DIRECTOR		x							0.	0.		0.
(4) WILBUR BOGGS	1.00											
DIRECTOR		x							0.	0.		0.
(5) GLENDA WILLIAMS	1.00											

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DIRECTOR

SECRETARY

(6) ANTHONY A. BYRD

(8) LORETTA FRANK

(9) LATORYA GREENE

(10) ANNA MILLIGAN

(11) RUDY MONTERROSA

(14) JORY FITZGERALD

(15) NANCY SAUNDERS

(16) ANNE FEFERMAN

(13) JENNIFER WITTENBRINK ORTEGA

(12) RANY ROMPOLA

(7) DR. HOPE SMITH DAVIS

								ION, INC.	35-195	<u>9196</u>	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C Posi				(D)	(E)		(F)
Name and title	Average hours per		not c	heck r	nore th			Reportable	Reportable		stimated
	week				son is rector/			compensation from	compensation from related	a	mount of other
	(list any	ctor						the	organizations	con	npensation
	hours for	r direo				eq		organization	(W-2/1099-MISC/		rom the
	related	stee o	rustee			oensat		(W-2/1099-MISC/	1099-NEC)	1	ganization
	organizations below	ıal tru	onal t		oloyee	ee com		1099-NEC)			nd related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizations
(18) MIGUEL SALAZAR	1.00	u.	<u> </u>	ó	Ke	Εu	Ŧ				
PRESIDENT	100	х		x				0.	0		0.
(19) JULIE CURTIS	1.00										
PAST PRESIDENT		х		х				0.	0).	0.
								-			
										_	
										_	
1b Subtotal								48,767.	0	•	0.
c Total from continuation sheets to Part VI								0.			0.
<u>d</u> Total (add lines 1b and 1c)								48,767.			0.
2 Total number of individuals (including but n							re				
compensation from the organization					,				•		0
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	, or h	nigł	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion a	and c	oth	er compensation from t	he organization		
and related organizations greater than \$150										. 4	X
5 Did any person listed on line 1a receive or a							ate	d organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fa	or sl	ıch r	perso	n				. 5	X
Section B. Independent Contractors						- 4		- 1	100.000 - (
 Complete this table for your five highest control the organization. Report compensation for the organization. 										Isation fr	om
(A)	ine calendar ye		nui	ig w		WILI	T	(B)		(C)
Name and business	address	NC	ONE	2				Description of s	ervices		ensation
							╈				
							+				
• Tabalaranaka (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	I I										
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	•	JT IIN	nitec	1 (0)	those 0	e liste	a De	above) who received me	bre than		

	<u>n 990</u> rt V	D (2022) THE PUBLIC EDUCA'	TION F	OUNDATION,	INC.	35-1959	196 Page 9
			to onviling	in this Dort VIII			
		Check if Schedule O contains a response or note		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 314 g Noncash contributions included in lines 1a-1f 1g \$ 1g h Total. Add lines 1a-1f Busir a	,830.	348,847.			
		c					
gra Re		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties	d ds	40,760.			40,760.
		a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c	Personal				
Ð	7 :	assets other than inventory 7a 266,507.5 b Less: cost or other basis	Other ,500.				
enne		c Gain or (loss)	921.				
		d Net gain or (loss)		5,135.			5,135.
Other Rev	8	a Gross income from fundraising events (not including \$ 34,830. of contributions reported on line 1c). See Part IV, line 18 8a 18	<u>,895.</u> ,376.				
		c Net income or (loss) from fundraising events		-7,481.			-7,481.
	9 ;	a Gross income from gaming activities. See Part IV, line 199ab Less: direct expenses9b					
	10 (c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 : I		ness Code 0099	1,744.	1,744.		
cell Seve		c					
Mis	'	d All other revenue		1 7 4 4			
	12	e Total. Add lines 11a-11d		1,744. 389,005.	1,744.	0.	38,414.

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Form 990 (2022)

THE PUBLIC EDUCATION FOUNDATION, INC. Form 990 (2022) Part IX Statement of Functional Expenses

35-1959196 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,161.	182,161.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	52,837.	26,419.	13,209.	13,209.
6	Compensation not included above to disqualified	- ,			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,013.	34,807.	11,603.	11,603.
8	Pension plan accruals and contributions (include	,		,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	522.		522.	
10	Payroll taxes	4,438.	2,662.	888.	888.
11	Fees for services (nonemployees):		_,		
a	Management				
b	Legal				
	Accounting	34,119.		34,119.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,054.		9,054.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-			
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	20,935.		20,935.	
13	Office expenses	2,203.	330.	1,873.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	644.		644.	
23	Insurance	2,583.		2,583.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	15,402.		15,402.	
a b	MISCELLANEOUS	144.		144.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	383,055.	246,379.	110,976.	25,700.
26	Joint costs. Complete this line only if the organization				,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

THE PUBLIC EDUCATION FOUNDATION, I	NC.
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<u>35-1959196</u> Page **11**

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,648.	1	281,436.
	2	Savings and temporary cash investments	52,802.	2	54,669.		
	3	Pledges and grants receivable, net			43,205.	3	23,906.
	4	Accounts receivable, net			-	4	353.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9				7,876.	9	11,878.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,623.			
	b	Less: accumulated depreciation		947.	5,899.	10c	676.
	11	Investments - publicly traded securities			1,650,040.	11	1,765,219.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			682,506.	15	729,091.
	16	Total assets. Add lines 1 through 15 (must equ			2,636,976.	16	2,867,228.
	17	Accounts payable and accrued expenses			62,802.	17	103,119.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		······		25	
	26	Total liabilities. Add lines 17 through 25			62,802.	26	103,119.
		Organizations that follow FASB ASC 958, che	eck her	e X			
čě		and complete lines 27, 28, 32, and 33.				4	
llan	27	Net assets without donor restrictions	979,467.	27	1,088,288.		
B	28			·····	1,594,707.	28	1,675,821.
nuc		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ĕ		and complete lines 29 through 33.		Ļ			
ts o	29	Capital stock or trust principal, or current funds				29	
ese.	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		······ -	2,574,174.	32	2,764,109.
	33	Total liabilities and net assets/fund balances			2,636,976.	33	2,867,228.

Form **990** (2022)

Form 990 (2022) TH Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 389, 005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 4 Lassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Donated services and use of facilities 6 183, 985. 7 Investment expenses 6 183, 985. 8 0 0 0. 10 2, 764, 109. Part XII Financial Statements and Reporting 8 0 0. 2, 764, 109. Column (B) Check if Schedule O contains a response or note to any line in this Part XII X X Yee No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 He consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2a X <		990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC.	35-	<u>1959196</u>	Pa	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 389,005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383,055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5,950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Donated services and use of facilities 6 6 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 2, 764, 109. 2 764, 109. Part XII XI X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H ecosh obio to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <th>Pa</th> <td>rt XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Net unrealized gains (losses) on investments 6 7 6 7 183, 985. 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 764, 109. Part XII Financial Statements and Reporting X X Yes 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: Cash X Accrual Other 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 Both consolidated and separate basis 2b X J Accounting method used to pregarate basis Consolidated basis B		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Net unrealized gains (losses) on investments 6 7 6 7 183, 985. 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 764, 109. Part XII Financial Statements and Reporting X X Yes 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: Cash X Accrual Other 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 Both consolidated and separate basis 2b X J Accounting method used to pregarate basis Consolidated basis B						
3 Revenue less expenses. Subtract line 2 from line 1 3 5,950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Net unrealized gains (losses) on investments 5 183,985. 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Doth consolidated and separate basis. Zb X Zi Zz X Za	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Net unrealized gains (losses) on investments 5 183,985. 6 0 6 7 7 7 8 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 2,764,109. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft "the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 ft "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 1 ft "Yes,' to hice 2 a r 2b, does the organization's financial statements and thependent accountant? 2b X 1	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 7 8 9 9 9 10 10 10 10 10 10 10 10 11 11 11 12 12 13 14 15 15 16 16 17 17 18 19 10 10 12 12 13 14 15 15 15 16 17 17 18 19 10 10 10 11 11 12 12 13 14 14 15 15 16 16 17 17 18 19 10 10 11 12 12 13 14 14 15 15 15 16 16 16	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. PartXIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 1 1 Yees, 'check a box below to indicate whether the financial statements for	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 B 3 Were the organization's financial statements and selection of an independent accountant? 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 B 3 Were the organization statements and	5	Net unrealized gains (losses) on investments	5	18	3,9	85.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 2,764,109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 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, consolidated ba	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Z X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X X Z X Z X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Donsolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X Zb X Zb X Z	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XIII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Z Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Za X Za </th <th>8</th> <td></td> <td>8</td> <td></td> <td></td> <td></td>	8		8			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2,764,109. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b	9		9			0.
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a X 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: 2a X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis 2c X		column (B))	10	2,76	4,1	09.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash in the prepare the form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent		Check if Schedule O contains a response or note to any line in this Part XII				X
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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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 basis, consolidated basis, or both: X Image: Consolidated basis		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis Image:	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
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 on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

L

Name of the organization	
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Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Name of the organization			on						Employer	identification number
			THE	PUBLIC EDU	CATION FOUND	ATION	, INC.	•	3	5-1959196
Pa	nrt I	Reason			(All organizations must c					
The	organ				For lines 1 through 12, c					
1	Ŭ				n of churches described			I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	\square				anization described in s		(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
				omplete Part II.)		-				
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10		An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12					vely for the benefit of, to					
					d in section 509(a)(1) o					Check the box on
		-			f supporting organizatior					
а				-	upervised, or controlled	•	-			
					gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		¬ -		complete Part IV, Se						
b				-	or controlled in connect			-		-
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		¬ -		t complete Part IV,						
C			-		g organization operated				ly integrate	d with,
	. —	-). You must complete I					
c			-		orting organization oper				-	
				• •	ation generally must sat			•	an attentiv	reness
		_			nplete Part IV, Sections written determination fro					
e			0		nally integrated supporti			турет, туре	п, туре п	
f	Ente		of supported of							
c				n about the supporte	d organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				I	I					I

Schedule A (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.
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	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.
	The portion of total contributions	,			ŕ	,	
	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)						467,779.
e	Public support. Subtract line 5 from line 4.						1403063.
	tion B. Total Support						T402002.
		(a) 2018	(1-) 2010	(=) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2018 443,086.	(b) 2019 364,270.	(c) 2020 377, 573.	(d) 2021 337,066.	(e) 2022 348,847.	(f) Total 1870842.
	Amounts from line 4	445,000.	504,270.	577,575.	557,000.	540,047.	10/0042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26 026	24 210	20 445	E1 7E1	40 760	102 202
_	and income from similar sources	36,026.	24,310.	30,445.	51,751.	40,760.	183,292.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.010	4	1			
	assets (Explain in Part VI.)	2,213.	1,838.	1,838.	1,969.	1,744.	9,602.
11	Total support. Add lines 7 through 10						2063736.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,744.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>67.99 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>66.90 %</u>
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	5	
b	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
		a second a second		,,,			

Schedule A (Form 990) 2022

alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						

THE PUBLIC EDUCATION FOUNDATION,

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

8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Schedule A (Form 990) 2022

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,					on,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022	line 8, column (f), d	livided by line 13, o	column (f))		15	%

<u>16</u> Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17		
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18		
19a	33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17	is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

%

% %

16

35-1959196 Page 3

INC.

Yes

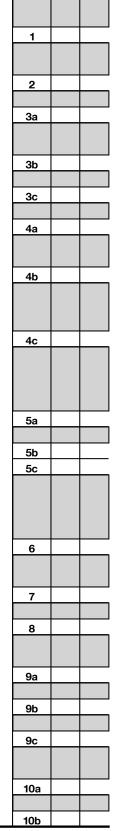
No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)



THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	

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,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

	bonce orga		
Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с] The organization supported a governmental entit	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

1

2

1

Yes No

No Yes

Sche	dule A (Form 990) 2022 THE PUBLIC EDUCATION F			35-1959196 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	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 0.85 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022 (

THE PUBLIC EDUCATION FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	ovide the o, 4c, 5a, 6 Part IV, S	explanations 6, 9a, 9b, 9c Section E, lin	s required , 11a, 11b, es 1c, 2a,	by Part II, line and 11c; Pa 2b, 3a, and 3	e 10; Part art IV, Sec 3b; Part V	II, line 17a or tion B, lines 1 , line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; P	n C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	, Section	E, lines 2, 5,	and 6. Als	o complete t	his part fo	or any additior	nal information.	

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	THE PUBLIC EDUCATION FOUNDATION, INC.	35-1959196
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

(Complete Part II for

No.	Name, address, and ZIP + 4
1	
(a)	(b)
No.	Name, address, and ZIP + 4

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>56,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash

THE PUBLIC EDUCATION FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

35-1959196

(c)

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

|--|

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

35-1959196

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

THE PUBLIC EDUCATION FOUNDATION, INC.

35-1959196

223453 11-15-22

Schedule I	B (Form 990) (2022)			Page 4			
Name of o	organization			Employer identification number			
THE P	UBLIC EDUCATION FOUNDAT:	ION, INC.		35-1959196			
Part III		ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	 For organizations 				
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a			ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of tra	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Relationship of transferor to transferee			

SCHEDULE D)
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(Form	990)
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 35 1959196

	THE PUBLIC EDUCATION				35-1959196	
Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Fun	ds or Aco	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor ad	vised funds	(b	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 v	writing that the asset	s held in donor ac	dvised funds	S	
	are the organization's property, subject to the organization's of	exclusive legal contro	ol?		Yes No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can	be used on	ly	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpo	se conferrir	·	
Dec	impermissible private benefit?				Yes No	
Par				90, Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat	tion or education)			rically important land area	
	Protection of natural habitat		Preservation	n of a certifi	ed historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribution in the fo	rm of a con F		
	day of the tax year.			ŀ	Held at the End of the Tax Year	
-				Г	2a	
b		and the standard to (a)		F	2b	
c	Number of conservation easements on a certified historic structure of conservation easements in luded in (a) and the structure of the structur			·····	2c	
d	Number of conservation easements included in (c) acquired a	•				
~	historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguisned,	or terminated by	the organiz	ation during the tax	
4	year	amont is located				
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		poction bandling	of		
5	violations, and enforcement of the conservation easements it		Jection, nanding		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,					
•		indiradining of frontations	, and enterency e			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enforcina conse	rvation ease	ements during the year	
		0	Ũ		0	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents of section 1	70(h)(4)(B)(i))	
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's financial stat	ements that	t describes the	
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical	Freasures, or	Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue stateme	nt and balar	nce sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	describes these i	tems.		
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in f	urtherance	of public service,	
	provide the following amounts 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 trea			icial gain, pi	rovide	
	the following amounts required to be reported under FASB A	•			^	
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				\$	

Schedule D	(Form	990)	2022
Ochedule D		550)	LULL

Sche	dule D (Form 990) 2022 THE PUB	LIC EDUCATI	ON FOUNDA	TION, INC] .		35-19	5919	6 P	_{age} 2	
Par	t III Organizations Maintaining C							(contir	nued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	exemp	ot purpos	se in Part	XIII.			
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other si	imilar as	ssets					
	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	s" on F	orm 990	, Part IV, I	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets	not ind	cluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII a										
								Amoun	Amount		
с	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					?		Yes		No	
b	If "Yes," explain the arrangement in Part XIII.]	
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV,	line 10						
		(a) Current year	(b) Prior year	(c) Two years b	ack (d	d) Three y	ears back	(e) Fou	r years	back	
1a	Beginning of year balance	2,228,457.	2,691,203.			2,0	48,685.	2	,034,	624.	
b	Contributions	35,362.	35,894.	76,3	94.		12,314.	11,489.		489.	
	Net investment earnings, gains, and losses	246,606.	-367,321.	702,9	89.		81,341.	70,123		123.	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	126,670.	122,486.	108,2	87.	1	07,270.	67,551.		551.	
f	Administrative expenses	7,600.	8,833.	7,9	39.		7,024.				
	End of year balance	2,376,155.	2,228,457.	2,691,2	03.	2,0	28,046.	2,048,68		685.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	30.5250	%								
	Permanent endowment $69.316\overline{4}$	%	_								
с	Term endowment .1580	%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses	•	tion that are held ar	d administered	for the						
	organization by:	Ū.							Yes	No	
	(i) Unrelated organizations							3a(i)	Х		
	(ii) Related organizations							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, lir	ne 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	e	
	basis (investment) basis (other) depreciation						.,				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1,623.		94	47.		6	76.	
	Other										
_	. Add lines 1a through 1e. (Column (d) must ea	oual Form 990 Part >	(column (R) line 1)c.)					6	76.	
-							Sobodulo	D /F	- 000)	0000	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE PUBI	LIC EDUCATION FOU	INDATION, INC.	35-1959196 _{Page} 3
Part VII Investments - Other Securitie			
Complete if the organization answered			
(a) Description of security or category (including name of security of category)		(c) Method of Valuation: Co	ost or end-of-year market value
(1) Financial derivatives(2) Cleasely hold againty intersects			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line			
Part VIII Investments - Program Relat			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
<u>(1)</u>			
<u>(2)</u>			
(3)			
(4) (5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	13.)		
Part IX Other Assets.			
Complete if the organization answered		e 11d. See Form 990, Part X, line ⁻	
	(a) Description		(b) Book value
(1) FUNDS FUNCTIONING AS P	PERMANENT ENDOWME	NTS	729,091.
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15)		729,091.
Part X Other Liabilities.			· · · ·
Complete if the organization answered	I "Yes" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	ζ, line 25.
1. (a) Description of liability	/		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(0)			
(9) Total. (Column (b) must equal Form 990, Part X, col.	(P) (inc. 25.)		

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

X

Sche	dule D (Form 990) 2022 THE PUBLIC EDUCATION FOU	NDATION,	INC.	<u>35-</u> :	1959196 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	481,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	183,988.		
b	Donated services and use of facilities	2b	5,600.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	189,588.
3	Subtract line 2e from line 1			3	292,358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,054.		
b	Other (Describe in Part XIII.)	4b	87,593.		
С	Add lines 4a and 4b			4c	96,647.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	389,005.
Pa	rt XII Deconciliation of Expanses per Audited Einancial Stat				
	rt XII Reconciliation of Expenses per Audited Financial Stat	lements with	Expenses per F	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		teturi	
1		e 12a.			n. 292,011.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	5,600.		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			292,011.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5,600. 3.		292,011.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5,600.	1	292,011.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	5,600.	1 2e	292,011.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	5,600. 3. 9,054.	1 2e	292,011.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	5,600.	1 2e	292,011. 5,603. 286,408.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3 4c	292,011. 5,603. 286,408. 96,647.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3	292,011. 5,603. 286,408.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE THE ORGANIZATION WITH INCREASING FINANCIAL SUPPORT FOR THE

OPERATING BUDGET, GRANTS AND OTHER ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A CHARITABLE ORGANIZATION

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION

OF THE INDIANA CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME. THE

INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS NOT A

PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A). CONSEQUENTLY, THE

ACCOMPANYING FINANCIAL STATEMENTS GENERALLY DO NOT INCLUDE ANY PROVISION

FOR INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

 Schedule D (Form 990) 2022
 THE PUBLIC EDUCATION FOUNDATION, INC.
 35-1959196 Page 5

 Part XIII
 Supplemental Information (continued)
 POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX

 POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY
 WITH THE PROVISIONS OF ASC 740-10. PENALTIES AND INTEREST ASSESSED BY

 INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED.

 WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND

 STATE INCOME TAX EXAMINATION FOR TAX YEARS BEFORE 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS NETTED IN BOOK VALUE 113,969.

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER

PART XII, LINE 4B - OTHER ADJUSTMENTS:PASS-THROUGH GRANTS NETTED IN BOOK VALUE113,969.FUNDRAISING EXPENSES-26,376.TOTAL TO SCHEDULE D, PART XII, LINE 4B87,593.

Schedule D (Form 990) 2022

-26,376.

87,593.

3.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19, c	or if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	uctions	and th	he latest information			Inspection
Name of the organization					-			dentification number
Part I Fundrais		LIC EDUCATION FOUN					35-195	
required to	complete this part	Complete if the organization answ t.	vered "Y	'es" or	h Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
	•	ed funds through any of the followi	•		,			
a Mail solicitat				0	overnment grants			
b Internet and c Phone solici	email solicitations		ation of al fundra	•	nment grants events			
d In-person so				loing	overte			
2 a Did the organization	on have a written o	or oral agreement with any individua	ıl (includ	ding of	ficers, directors, trus	tees, d	or	
		art VII) or entity in connection with			e			'es No
		viduals or entities (fundraisers) purs	uant to	agreer	ments under which th	he fun	draiser is to	be
compensated at le	east \$5,000 by the	organization.			1	1		
(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts		Amount paic r retained by	A I (VI) Amount paid
or entity (fund		(ii) Activity	have or cor	ustody htrol of	from activity	Ìf	undraiser	organization
			_	utions?		liste	ed in col. (i)	
			Yes	No	-			
			-					
			_					
			_					
Total								
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration
or licensing.								

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

Part II 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 NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
שמושאבע	1	Gross receipts				53,725
	2	Less: Contributions				34,830
	3	Gross income (line 1 minus line 2)	18,895.			18,895
	4	Cash prizes				
	5	Noncash prizes				
הווברו דעהבווזבז	6	Rent/facility costs				5,905
	7	Food and beverages	7,688.			7,688
	8	Entertainment				11,207 1,576
	9	Other direct expenses				1,576
		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 from	•			26,376
	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
0000	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)			
	8	Net gaming income summary. Subtract lin	e 7 from line 1, column (d)			
	Ent Is tl	er the state(s) in which the organization con he organization licensed to conduct gaming No, " explain:	nducts gaming activities: g activities in each of these :	states?		
b	We	re any of the organization's gaming license	s revoked, suspended, or te	erminated during the tax y	vear?	Yes I

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	THE	PUBLIC	EDUCATION	FOUNDATION,	INC. 35	-1959196 Page:
	Does the organization conduct ga Is the organization a grantor, ben	aming act eficiary oi	tivities with no r trustee of a t	nmembers? rust, or a member o	f a partnership or other	entity formed	Yes No
	to administer charitable gaming? Indicate the percentage of gamina The organization's facility	g activity	conducted in	:			
	• An outside facility						
	Enter the name and address of th						
	Name						
	Address						
15a	a Does the organization have a con	tract with	n a third party	from whom the orga	nization receives gamin	g revenue?	Yes No
	 If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address 	e third pa	irty \$	by the organization	\$	and the amount	
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Err	nployee	Indeper	dent contractor		
17	Mandatory distributions:						
á	a Is the organization required under	r state lav	v to make cha	aritable distributions	from the gaming procee	eds to	
ł	retain the state gaming license? Enter the amount of distributions organization's own exempt activit	required	under state la	w to be distributed	o other exempt organization		
Pa	Int IV Supplemental Infor				ed by Part I, line 2b, colu	umns (iii) and (v); and	Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as						

Schedule G	i (Form 990) Supplemental Inforr	THE	PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196	Page 4
Part IV	Supplemental Inform	nation	(continued)					

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Other Assistance to Organizations, is, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.;	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	tion THE PUBLIC EDUCATION	EDUCATIC	뜨	N, INC.				Employer identification number 35–1959196
Part I General Ir	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	ubstantiate the		or assistance, the g	Jrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	ce?		-				X Yes No
ŝ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures tor monitc	oring the use of grant t	unds in the United	States.			
Part II Grants an recipient the	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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nestic Organiz 00. Part II can t	ations and Domestic be duplicated if addition	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	tnization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and at or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTH BEND COMMUNITY CORPORATION - 215 S.	MUNITY SCHOOL 215 S. DR. MARTIN							PRIMARY SCHOOL READING
LUTHER KING JR. BLVD TN 46601	- SOUTH BEND,	35-1076622	501(0)(3)	165 113	C			PROGRAMS, TEACHER GRANTS AND HIGH SCHOOL THTORING
1				• • • • • • • • • • • • • • • • • • • •	,			
SOUTH BEND ALUMNI ASSOCIATION 3545 DOUGLAS RD, SUITE 100 SOUTH BEND, IN 46635		35-1674506	501(C)(3)	15_000.	0			TCU SPONSORSHIP OF THE SOUTH BEND ALUMNI ASSOCIATION HALL OF FAME
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				2.
3 Enter total numb LHA For Paperwork	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructio	table ins for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION,	ATION FOU		INC.		35-1959196 Page 2
l er Assist a uplicated i	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash 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	ditional information.	
PART I, LINE 2:					
VISITS TO SCHOOLS, REVIEW OF PERFORMANC	ы	RESULTS RELATED	ΓO	PROGRAMS AND	
COLLECTION OF WRITTEN REPORTS AND RECEI	RECEIPTS	PTS FROM TEACHERS	IERS		
232102 10-31-22					Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number 35-1959196

FORM 990, ITEM C, DOING BUSINESS AS:

SOUTH BEND EDUCATION FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTH BEND COMMUNITY SCHOOL CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

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

ANNUAL FORMAL REVIEWS ARE COMPLETED AND COMPARISONS OF TWO STUDIES ARE

REVIEWED.

FORM 990, PART VI, SECTION C, LINE 18:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

WEBSITE AND BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

Schedule O (Form 990) 2022					Page 2
Name of the organization					Employer identification number
TH	E PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196

WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE AVAILABLE BOTH ON

THE ORGANIZATION'S WEBSITE AND BY REQUEST.

PAGE 12, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE FINACIAL REPORTING

PROCESS AND THE SELECTION OF EXTERNAL ACCOUNTANTS, THIS PROCESS HAS NOT

CHANGED FROM PRIOR YEARS.

KRUGGEL, LAWTON & COMPANY, LLC 210 S. MICHIGAN ST. SUITE 200 SOUTH BEND, IN 46601

> THE PUBLIC EDUCATION FOUNDATION, INC. P.O. BOX 119 SOUTH BEND, IN 46624

hluhlluhlunhhluhluhl

CLIENT'S COPY



January 26, 2024

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

Dear Steve:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Margene Zink

Form 8879-TE	***** THIS IS NO IRS e-file S for a l	ot a fileabi ignature Au fax Exempt	thorization	* *	OMB No. 1545-0047
	For calendar year 2022, or fiscal year beginning			. 20 <u>23</u>	2022
Department of the Treasury		to the IRS. Keep for y			Ζυζζ
Internal Revenue Service	Go to www.irs.gov	/Form8879TE for the	latest information.		
Name of filer				EIN or SSN	
	BLIC EDUCATION FOUND			35-19	959196
Name and title of officer or pe	son subject to tax STEVEN FUI EXECUTIVE				
Part I Type of	eturn and Return Information				
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 88 dollars and cents. For all other forms, unt on that line for the return being file nk (do not enter -0-). But, if you entere	enter whole dollars on d with this form was bl	y. If you check the bo ank, then leave line	ox on line 1a, 2a, 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X b Total revenue	, if any (Form 990, Par	VIII, column (A), line	12)	1b <u>389,005.</u>
2a Form 990-EZ che					2b
3a Form 1120-POL		n 1120-POL, line 22)			3b
4a Form 990-PF che		investment income (l			4b
5a Form 8868 check	nere b Balance due (Form 8868, line 3c)			5b
6a Form 990-T chec		n 990-T, Part III, line 4)			6b
7a Form 4720 check		n 4720, Part III, line 1)			7b
8a Form 5227 check	here b FMV of assets	at end of tax year (F	orm 5227, Item D)		8b
9a Form 5330 check	nere b Tax due (Form	5330, Part II, line 19)			9b
10a Form 8038-CP ch		edit payment requeste			10b
	on and Signature Authorizati		-		
Under penalties of perjury,	declare that X I am an officer of the	ne above entity or	I am a person subje	ect to tax with resp	ect to (name
financial institution to debi later than 2 business days payment of taxes to receiv	tion account indicated in the tax prepa the entry to this account. To revoke a prior to the payment (settlement) date. confidential information necessary to per (PIN) as my signature for the electr	payment, I must conta I also authorize the fin answer inquiries and r	ct the U.S. Treasury ancial institutions inv esolve issues related	Financial Agent at olved in the proce to the payment. I	1-888-353-4537 no ssing of the electronic have selected a
PIN: check one box only	JGGEL, LAWTON & COME	ANY LLC		to optor my D	IN 59196
		firm name		to enter my P	Enter five numbers, but
	Eno				do not enter all zeros
with a state age on the return's c	on the tax year 2022 electronically filed cy(ies) regulating charities as part of th sclosure consent screen.	ne IRS Fed/State progr	am, I also authorize tl	he aforementioned	ERO to enter my PIN
return. If I have i	erson subject to tax with respect to th dicated within this return that a copy o ogram, I will enter my PIN on the return	of the return is being fil	ed with a state agend	•	-
Signature of officer or person subject	to tax **** THIS IS NO ion and Authentication	OT A FILEABI	E COPY ***	* Date	
	Ir six-digit electronic filing identification your five-digit self-selected PIN.	1	35119822 Do not enter all		
-	eric entry is my PIN, which is my signa cordance with the requirements of Pu		•		
ERO's signature			Date	01/26/24	
		in This Form	. Inchantlesse		
		in This Form - Se			
	Do Not Submit This Forn		s nequested 10	0 20	Farm 8870 TE (0000)
LHA For Privacy Act and	Paperwork Reduction Act Notice, se	e instructions.			Form 8879-TE (2022)

E (2022)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

E 11					
File a	separate	application	TOR	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instruct	ctions.		Taxpaye	ridentificati	on number (TIN)
-	THE PUBLIC EDUCATION FOUNDA	TION,	INC.		35-19	959196
File by the due date for filing your return. See	P.O. BOX 119					
instruction	s. City, town or post office, state, and ZIP code. For a fo SOUTH BEND, IN 46624	oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	90-T (corporation)	07				
 If the If this box 	whone No. ► <u>574-393-6114</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ►	Group Exe and atta	mption Number (GEN) I	f this is fo all memb	r the whole ers the exte	group, check this ension is for.
tr ►	e organization named above. The extension is for the orga	anization's	d ending <u>JUN 30, 2023</u>	• the exen	·	tion return for
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less			0
_	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0
	stimated tax payments made. Include any prior year overpa			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your part	•				0
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Caution instruct	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE an	d Form 887	9-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047					
_	0	90	Return of Organization Exempt From		0000					
For	m J	JU	except private foundations)							
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection					
		enue Service e 2022 calend	-	JUN 30, 2023	mopodian					
В	Check if applicab	C Name o	f organization	D Employer identificat	ion number					
	Addre									
	chang Name		PUBLIC EDUCATION FOUNDATION, INC. usiness as SOUTH BEND EDUCATION FOUNDATION	35-1959196						
F	chang Initial returr	- <u>-</u>	usiness as SOUTH BEND EDUCATION FOUNDATION and street (or P.O. box if mail is not delivered to street address)		,					
F	Final Final		BOX 119	(574) 393-	-6114					
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	682,253.					
	Amer		H BEND, IN 46624	H(a) Is this a group retu	rn					
	Appli tion pend	F Name a	nd address of principal officer: STEVEN FUNK	for subordinates?	···· = =					
		SAME	AS C ABOVE	H(b) Are all subordinates includ						
		empt status:		527 If "No," attach a list						
	Webs		EDFO.ORG X Corporation Trust Association Other I y	H(c) Group exemption n rear of formation: 1995 M S						
	art I		X Corporation Trust Association Other L Y	rear of formation: 1990 M S	tate of legal domicile: 11					
	1		e the organization's mission or most significant activities: TO PROMO		ͲΤΔͲΤVES					
e			CH LEARNING EXPERIENCES FOR THE STUDEN							
Governance	2	Check this bo								
veri	3				18					
Ő	4									
80 ()	5		<u>18</u> 1							
itie	6		of individuals employed in calendar year 2022 (Part V, line 2a) of volunteers (estimate if necessary)		0					
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.					
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
0	8	Contributions	and grants (Part VIII, line 1h)	337,066.	348,847.					
nue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.					
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	175,035.	45,895.					
α	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969.	-5,737.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	514,070.	389,005.					
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	210,572.	182,161.					
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.					
se	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	106,356.	115,810.					
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 25,700.	0.	0.					
ăX					05 004					
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	73,578.	85,084.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,564.	383,055.					
	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	<u>5,950.</u> End of Year					
Net Assets or		Total and the "	Port V line 16)	2,636,976.	2,867,228.					
Asse	20	Total assets (I		62,802.	103,119.					
let /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,574,174.	2,764,109.					
P	art II	Signature	Block		<u> </u>					
		-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my kn	owledge and helief it is					
	-		. Declaration of preparer (other than officer) is based on all information of which prep		omougo ana Donoi, it is					
aut	, 00110									

Sign	Signature of officer	Date							
Here	STEVEN FUNK, EXECUTIVE DI								
Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MARGENE ZINK		01/26	/24 self-employed P01222961					
Preparer	Firm's name KRUGGEL, LAWTON &	COMPANY, LLC		Firm's EIN 35-1307701					
Use Only	Firm's address 210 S. MICHIGAN S	T. SUITE 200							
	SOUTH BEND, IN 46	601		Phone no. 574 - 289 - 4011					
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PUBLIC EDUCATION FOUNDATION ADVOCATES, PROMOTES AND FUNDS
	INITIATIVES TO ENRICH LEARNING EXPERIENCES FOR THE STUDENTS AND STAFF
	OF SOUTH BEND COMMUNITY SCHOOL CORPORATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$113,253 • including grants of \$113,253 •) (Revenue \$)
	THE FOUNDATION SUPPORTS THE SOUTH BEND COMMUNITY SCHOOL CORPORATION
	THROUGH GRANT ACTIVITY.
4b	(Code:) (Expenses \$51,860 • including grants of \$51,860 •) (Revenue \$)
	THE FOUNDATION FUNDS TEACHER GRANTS AND PRINCIPAL GRANTS ANNUALLY, FOR
	INNOVATIVE CLASSROOM AND PROFESSIONAL DEVELOPMENT PROJECTS, THROUGH THE
	COMPETITIVE TEACHER AND PRINCIPAL GRANT PROCESS. TEACHERS AND
	PRINCIPALS SUBMIT COMPLETED APPLICATIONS BY THE SPRING DEADLINE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ 81,266 · including grants of \$ 17,048 ·) (Revenue \$)
4e	Total program service expenses 246,379.

Form 990 (2022)				FOUNDATION,	INC
Part IV Checklist of R	equire	d Schedule	es		

			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? See instructions	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		Х
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 Rev. Proc. 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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		х
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		X
	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	
_				

Form 990 (2022)				FOUNDATION,	INC.
Part IV Checklist of	f Require	d Schedule	es (continued)		

			Yes	No
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
	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
05 -	Part V, line 1	34		X X
	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 within the meaning of pactice 512(b)(12)2 (c) was a late 0, but to 0, but	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
07	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 on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959	196	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 1		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	4.5		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country			
52		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<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			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	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			
40	amounts due or received from them.)	16		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10-		
а	•	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
a				
•				
		14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the exercise time of a set in stick time a chiract to the exertise 1000 surise to use not investment income 0	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	If "Yes," complete Form 6069.			

THE PUBLIC EDUCATION FOUNDATION, INC.

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 on Schedule O. See instructions.

Section A. Coverning Body and Management Yes Yes No 1a Enter the number of volting methods of the governing body at the end of the taxy yes? 1		Check if Schedule O contains a response or note to any line in this Part VI			X				
1a Enter the number of voting members of the governing body, of the exponenting the proventing the proving intermential differences in using rights and members of the governing body, of the proving intermetal differences in the proving intermetal differences in the proventing body, of the proving intermetal differences in the proving intermetal difference interval differences in the proving interval differences in the proving interval differences in the proving interval difference interval difference interval differences in the proving interval difference interval difference interval differences in the proving interval difference in	Sec	tion A. Governing Body and Management							
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on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 X a The organization's CEO, Executive Director, or top management official 15b X b Other officers or key employees of the organization 15b X 16a X 15b X 16b Isaa X 16a X 16a Isaa Isaa X 16a X 16a Isaa Isaa X 16a X 16a Isaa Isaaa X 16a X			12b	X					
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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? 15 X a The organization's CEO, Executive Director, or top management official 15a X 15b X b Other officers or key employees of the organization 15b X 15b X 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 X 5 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed IN IN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Image: Section 0 Schedule O Image: Section 0 Schedule O I									
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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? 17 List the states with which a copy of this Form 990 is required to be filed 17 18 Section C. Disclosure 17 18 Section Biol da requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)/(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX IX Own website IX Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			14	X					
a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X lf "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b X 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? 16a X Section C. Disclosure 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed IN IN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: X Image: X Image: X Image: X 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Image: X Image: X 20 State the name, address, and telephone number of the person who possesses the organization's bo	15								
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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 16a X exempt status with respect to such arrangements? 16b 1 Section C. Disclosure 16b 1 17 List the states with which a copy of this Form 990 is required to be filed	40								
 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 Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 STEVEN FUNK - 574-393-6114 	16a		10		v				
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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filedIN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 STEVEN FUNK - 574-393-6114 			4Ch						
 17 List the states with which a copy of this Form 990 is required to be filed <u>IN</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 <u>STEVEN FUNK - 574-393-6114</u> 	Sec		160						
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 STEVEN FUNK - 574-393-6114 	-								
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 X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEVEN FUNK - 574-393-6114 	10		oniy)	avalidi	JIE				
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 <u>STEVEN FUNK - 574-393-6114</u> 									
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20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>STEVEN FUNK - 574-393-6114</u>	19		mane	JIdl					
STEVEN FUNK - 574-393-6114	20								
	20								
215 S. ST. JOSEPH ST., SOUTH BEND, IN 46624		215 S. ST. JOSEPH ST., SOUTH BEND, IN 46624							

Form 990 (2022) THE PUBL										35-1959	9196	Page 7
Part VII Compensation of Officers, I Employees, and Independer			tee	s, K	(ey	En	nplo	oyees, Hi	ghest Co	mpensated		
· · · ·			line	. in +	hia T		\ <i>/</i> 11					
Check if Schedule O contains a resp												<u></u>
Section A. Officers, Directors, Trustees, Key	 /									141		
 1a Complete this table for all persons required to List all of the organization's current officer 				•				,	0	0		,
Enter -0- in columns (D), (E), and (F) if no compen	, ,		3 (W	meu		nuiv	luua	is of organiz	Lations), reg	ardiess of amount of	compe	Sation.
• List all of the organization's current key er	nployees, if any	/. Se	e th	e ins	struc	ction	s foi	r definition o	of "key empl	oyee."		
• List the organization's five current highest of												
who received reportable compensation (box 5 of \$100.000 from the organization and any related o		6 of	For	m 1	099.	-MIS	C, a	nd/or box 1	of Form 10	99-NEC) of more thar	ı	
 List all of the organization's former officers 	0	20 21	nd h	iahe	et c	omr	one	ated employ	lees who re	ceived more than \$1(of
eportable compensation from the organization a						,omp					0,000 0	1
• List all of the organization's former director										or or trustee of the o	rganizati	on,
nore than \$10,000 of reportable compensation f See the instructions for the order in which to list	•		n ar	nd ar	ny re	elate	d or	ganizations.				
	•											
Check this box if neither the organization n		orga I	nıza			nper	isate				1	
(A)	(B)			Pos	C) ition	n)	(E)		(F)
Name and title	Average		not c	heck	more	than o		Repo	rtable nsation	Reportable compensation		timated
	hours per week			ss per nd a d					om	from related		other
	(list any	ctor							ne	organizations		pensation
	hours for	or director				eq		organi	zation	(W-2/1099-MISC/		om the
	related	stee o	ustee			ensat		(W-2/109	9-MISC/	1099-NEC)	org	anization
	organizations	al trus	onal tr		loyee	comp		1099	NEC)			d related
	below	ndividual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
1) STEVEN FUNK	line)	Inc	lns	₹	Ke	en Hi	Fo					
EXECUTIVE DIRECTOR	40.00			x				1	8,767.	0.		0.
(2) AVIVA WULFSOHN	1.00								5,707.	0.	<u> </u>	0.
DIRECTOR	1.00	x							0.	0.		0.
(3) CLAYTON BILL	1.00										·	
DIRECTOR		x							0.	0.		0.
(4) WILBUR BOGGS	1.00											
DIRECTOR		x							0.	0.		0.
(5) GLENDA WILLIAMS	1.00											

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DIRECTOR

SECRETARY

(6) ANTHONY A. BYRD

(8) LORETTA FRANK

(9) LATORYA GREENE

(10) ANNA MILLIGAN

(11) RUDY MONTERROSA

(14) JORY FITZGERALD

(15) NANCY SAUNDERS

(16) ANNE FEFERMAN

(13) JENNIFER WITTENBRINK ORTEGA

(12) RANY ROMPOLA

(7) DR. HOPE SMITH DAVIS

								ION, INC.	35-195	<u>9196</u>	Page 8
Part VII Section A. Officers, Directors, Trus		ploye	ees,			hest	Co	ompensated Employee	s (continued)		
(A)								(F)			
Name and title	Average hours per		not c	heck r	ck more than one						stimated
	week				son is rector/			compensation from	compensation from related	a	mount of other
	(list any	ctor						the	organizations	con	npensation
	hours for	r direo				eq		organization	(W-2/1099-MISC/		rom the
	related	stee o	rustee			oensat		(W-2/1099-MISC/	1099-NEC)	1	ganization
	organizations below	ıal tru	onal t		oloyee	ee com		1099-NEC)			nd related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizations
(18) MIGUEL SALAZAR	1.00	u.	<u> </u>	ó	Ke	Εu	Ŧ				
PRESIDENT	100	х		x				0.	0		0.
(19) JULIE CURTIS	1.00										
PAST PRESIDENT		х		х				0.	0).	0.
										_	
										_	
1b Subtotal								48,767.	0	•	0.
c Total from continuation sheets to Part VI								0.			0.
<u>d</u> Total (add lines 1b and 1c)								48,767.			0.
2 Total number of individuals (including but n							re				
compensation from the organization					,				•		0
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	, or h	nigł	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion a	and c	oth	er compensation from t	he organization		
and related organizations greater than \$150										. 4	X
5 Did any person listed on line 1a receive or a							ate	d organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fa	or sl	ıch r	perso	n				. 5	X
Section B. Independent Contractors						- 4		- 1	100.000 - (
 Complete this table for your five highest control the organization. Report compensation for the organization. 										Isation fr	om
(A)	ine calendar ye		nui	ig w		WILI	T	(B)		(C)
Name and business	address	NC	ONE	2				Description of s	ervices		ensation
							╈				
							+				
• Tabalaranaka (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	I I										
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	0	JT IIN	nitec	1 (0)	those 0	e liste	a De	above) who received me	bre than		

	<u>n 990</u> rt V	D (2022) THE PUBLIC EDUCA'	TION F	OUNDATION,	INC.	35-1959	196 Page 9
			to onviling	in this Dort VIII			
		Check if Schedule O contains a response or note		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 314 g Noncash contributions included in lines 1a-1f 1g \$ 1g h Total. Add lines 1a-1f Busir a	,830.	348,847.			
		c					
gra Re		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties	d ds	40,760.			40,760.
		a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c	Personal				
Ð	7 :	assets other than inventory 7a 266,507.5 b Less: cost or other basis	Other ,500.				
enne		c Gain or (loss)	921.				
		d Net gain or (loss)		5,135.			5,135.
Other Rev	8	a Gross income from fundraising events (not including \$ 34,830. of contributions reported on line 1c). See Part IV, line 18 8a 18	<u>,895.</u> ,376.				
		c Net income or (loss) from fundraising events		-7,481.			-7,481.
	9 ;	a Gross income from gaming activities. See Part IV, line 199ab Less: direct expenses9b					
	10 (c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 : I		ness Code 0099	1,744.	1,744.		
cell Seve		c					
Mis	'	d All other revenue		1 7 4 4			
	12	e Total. Add lines 11a-11d		1,744. 389,005.	1,744.	0.	38,414.

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Form 990 (2022)

THE PUBLIC EDUCATION FOUNDATION, INC. Form 990 (2022) Part IX Statement of Functional Expenses

35-1959196 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,161.	182,161.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	52,837.	26,419.	13,209.	13,209.
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,013.	34,807.	11,603.	11,603.
8	Pension plan accruals and contributions (include	,		,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	522.		522.	
10	Payroll taxes	4,438.	2,662.	888.	888.
11	Fees for services (nonemployees):		_,		
a	Management				
b	Legal				
	Accounting	34,119.		34,119.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,054.		9,054.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-			
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	20,935.		20,935.	
13	Office expenses	2,203.	330.	1,873.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	644.		644.	
23	Insurance	2,583.		2,583.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	15,402.		15,402.	
a b	MISCELLANEOUS	144.		144.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	383,055.	246,379.	110,976.	25,700.
26	Joint costs. Complete this line only if the organization				,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

THE PUBLIC EDUCATION FOUNDATION, I	NC.
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<u>35-1959196</u> Page **11**

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,648.	1	281,436.
	2	Savings and temporary cash investments			52,802.	2	54,669.
	3	Pledges and grants receivable, net			43,205.	3	23,906.
	4	Accounts receivable, net			-	4	353.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9				7,876.	9	11,878.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,623.			
	b	Less: accumulated depreciation		947.	5,899.	10c	676.
	11	Investments - publicly traded securities			1,650,040.	11	1,765,219.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			682,506.	15	729,091.
	16	Total assets. Add lines 1 through 15 (must equ			2,636,976.	16	2,867,228.
	17	Accounts payable and accrued expenses			62,802.	17	103,119.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		······		25	
	26	Total liabilities. Add lines 17 through 25			62,802.	26	103,119.
		Organizations that follow FASB ASC 958, che	eck her	e X			
čě		and complete lines 27, 28, 32, and 33.					4
llan	27	Net assets without donor restrictions		····· -	979,467.	27	1,088,288.
B	28			·····	1,594,707.	28	1,675,821.
nuc		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ĕ		and complete lines 29 through 33.		Ļ			
ts o	29	Capital stock or trust principal, or current funds				29	
ese.	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		······ -	2,574,174.	32	2,764,109.
	33	Total liabilities and net assets/fund balances			2,636,976.	33	2,867,228.

Form **990** (2022)

Form 990 (2022) TH Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 389, 005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 4 Lassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Donated services and use of facilities 6 183, 985. 7 Investment expenses 6 183, 985. 8 0 0 0. 10 2, 764, 109. Part XII Financial Statements and Reporting 8 0 0. 2, 764, 109. Column (B) Check if Schedule O contains a response or note to any line in this Part XII X X Yee No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 He consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2a X <		990 (2022) THE PUBLIC EDUCATION FOUNDATION, INC.	35-	<u>1959196</u>	Pa	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 389,005. 2 Total expenses (must equal Part IX, column (A), line 25) 2 383,055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5,950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Donated services and use of facilities 6 6 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 2, 764, 109. 2 764, 109. Part XII XI X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H ecosh obio to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <th>Pa</th> <td>rt XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Net unrealized gains (losses) on investments 6 7 6 7 183, 985. 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 764, 109. Part XII Financial Statements and Reporting X X Yes 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: Cash X Accrual Other 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 Both consolidated and separate basis 2b X J Accounting method used to pregarate basis Consolidated basis B		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 383, 055. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 574, 174. 5 Net unrealized gains (losses) on investments 6 7 6 7 183, 985. 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 764, 109. Part XII Financial Statements and Reporting X X Yes 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: Cash X Accrual Other 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 Both consolidated and separate basis 2b X J Accounting method used to pregarate basis Consolidated basis B						
3 Revenue less expenses. Subtract line 2 from line 1 3 5,950. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Net unrealized gains (losses) on investments 5 183,985. 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Doth consolidated and separate basis. Zb X Zi Zz X Za	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,574,174. 5 Net unrealized gains (losses) on investments 5 183,985. 6 0 6 7 7 7 8 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 2,764,109. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft "the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 ft "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 1 ft "Yes,' to hice 2 a r 2b, does the organization's financial statements and thependent accountant? 2b X 1	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 7 8 9 9 9 10 10 10 10 10 10 10 10 11 11 11 12 12 13 14 15 15 16 16 17 17 18 19 10 10 12 12 13 14 15 15 15 16 17 17 18 19 10 10 10 11 11 12 12 13 14 14 15 15 16 16 17 17 18 19 10 10 11 12 12 13 14 14 15 15 15 16 16 16	3	Revenue less expenses. Subtract line 2 from line 1				
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 on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. PartXIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 1 1 Yees, 'check a box below to indicate whether the financial statements for	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 B 3 Were the organization's financial statements and selection of an independent accountant? 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 B 3 Were the organization statements and	5	Net unrealized gains (losses) on investments	5	18	3,9	85.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 2,764,109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 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, consolidated ba	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Z X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X X Z X Z X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Donsolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X Zb X Zb X Z	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,764,109. Part XIII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Z Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Za X Za </th <th>8</th> <td></td> <td>8</td> <td></td> <td></td> <td></td>	8		8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check allow of 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or oan independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organ	10					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a X 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: 2a X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis 2c X		column (B))	10	2,76	4,1	09.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash in the prepare the form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent in the prepare the prepare the Form 990: Cash intervent		Check if Schedule O contains a response or note to any line in this Part XII				X
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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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis Image:	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 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 on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
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 on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

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Name of the organization	
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		of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nar	ne of t	the organizati	on						Employer	identification number
			THE	PUBLIC EDU	CATION FOUND	ATION	, INC.	•	3	5-1959196
Pa	nrt I	Reason			(All organizations must c					
The	organ				For lines 1 through 12, c					
1	Ŭ				n of churches described			I)(A)(i).		
2					Attach Schedule E (Forn		ι <i>μ</i>			
3	\square				anization described in s		(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
				omplete Part II.)		-				
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10		An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12					vely for the benefit of, to					
					d in section 509(a)(1) o					Check the box on
		-			f supporting organizatior					
а				-	upervised, or controlled	•	-			
					gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		¬ -		complete Part IV, Se						
b				-	or controlled in connect			-		-
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		¬ -		t complete Part IV,						
C			-		g organization operated				ly integrate	d with,
	. —	-). You must complete I					
c			-		orting organization oper				-	
				• •	ation generally must sat			•	an attentiv	reness
		_			nplete Part IV, Sections written determination fro					
e			0		nally integrated supporti			турет, туре	п, туре п	
f	Ente		of supported of							
c				n about the supporte	d organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				I	I					I

Schedule A (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.
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	443,086.	364,270.	377,573.	337,066.	348,847.	1870842.
	The portion of total contributions	,			ŕ	,	
	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)						467,779.
e	Public support. Subtract line 5 from line 4.						1403063.
	tion B. Total Support						T402002.
		(a) 0019	(1-) 2010	(=) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2018 443,086.	(b) 2019 364,270.	(c) 2020 377, 573.	(d) 2021 337,066.	(e) 2022 348,847.	(f) Total 1870842.
	Amounts from line 4	445,000.	504,270.	577,575.	557,000.	540,047.	10/0042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26 026	24 210	20 445	E1 7E1	40 760	102 202
_	and income from similar sources	36,026.	24,310.	30,445.	51,751.	40,760.	183,292.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.010	1	1			
	assets (Explain in Part VI.)	2,213.	1,838.	1,838.	1,969.	1,744.	9,602.
11	Total support. Add lines 7 through 10						2063736.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,744.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>67.99 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>66.90 %</u>
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	5	
b	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
		a second a second		,,,			

Schedule A (Form 990) 2022

alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						

THE PUBLIC EDUCATION FOUNDATION,

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

8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Schedule A (Form 990) 2022

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022	line 8, column (f), d	livided by line 13, o	column (f))		15	%

<u>16</u> Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17		
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18		
19a	33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17	is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

%

% %

16

35-1959196 Page 3

INC.

Yes

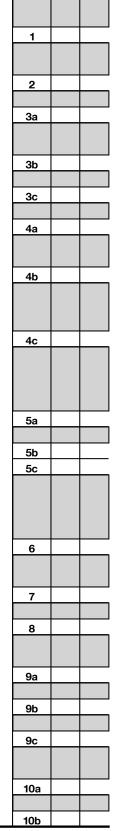
No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)



THE PUBLIC EDUCATION FOUNDATION, INC. 35-1959196 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	

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,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

	bonce orga		
Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с] The organization supported a governmental entit	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

1

2

1

Yes No

No Yes

Sche	dule A (Form 990) 2022 THE PUBLIC EDUCATION F			35-1959196 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	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 0.85 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022 (

THE PUBLIC EDUCATION FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	ovide the o, 4c, 5a, 6 Part IV, S	explanations 6, 9a, 9b, 9c Section E, lin	s required , 11a, 11b, es 1c, 2a,	by Part II, line and 11c; Pa 2b, 3a, and 3	e 10; Part art IV, Sec 3b; Part V	II, line 17a or tion B, lines 1 , line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; P	n C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	, Section	E, lines 2, 5,	and 6. Als	o complete t	his part fo	or any additior	nal information.	

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

35-1959196

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ASANTE FOUNDATION	81,280.	40,005
FARMER'S INSURANCE	100,000.	58,725
EVERWISE (TEACHER'S CREDIT UNION)	375,599.	334,324
JAMES WILSON AND NANCY SAUNDERS	76,000.	34,725,
otal Excess Contributions to Schedule A, Part II, Line 5		467,779

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	THE PUBLIC EDUCATION FOUNDATION, INC.	35-1959196
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

(Complete Part II for

No.	Name, address, and ZIP + 4
1	
(a)	(b)
No.	Name, address, and ZIP + 4

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>56,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash

THE PUBLIC EDUCATION FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

35-1959196

(c)

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

|--|

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

35-1959196

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

THE PUBLIC EDUCATION FOUNDATION, INC.

35-1959196

223453 11-15-22

Schedule I	B (Form 990) (2022)			Page 4		
Name of o	organization			Employer identification number		
THE P	UBLIC EDUCATION FOUNDAT:	ION, INC.		35-1959196		
Part III		ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a			ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift	•			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		

SCHEDULE D)
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(Form	990)
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 35 1959196

	THE PUBLIC EDUCATION				35-1959196
Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	er Similar Fune	ds or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor ad	vised 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 v	-			
	are the organization's property, subject to the organization's of				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpo	se conferring	
Par	impermissible private benefit?				Yes No
				iu, Part IV, IIn	le 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)			ally important land area
	Protection of natural habitat			1 of a certifie	d historic structure
0	Preservation of open space	ind concernation con	tribution in the fea	m of a cana	nuction accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	leu conservation con			Held at the End of the Tax Year
а					2a
b					2b
c	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included in (c) acquired a			····· F	
-	historic structure listed in the National Register	•			2d
3	Number of conservation easements modified, transferred, rele				
	year	, 5 ,	,	5	3
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the per		pection, handling	of	
	violations, and enforcement of the conservation easements it	holds?	-		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing c	onservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enforcing conse	rvation easer	nents during the year
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation		-		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's financial state	ements that o	describes the
Par	t III Organizations Maintaining Collections of	Art Historical	Freasures or	Other Sim	nilar Assets
	Complete if the organization answered "Yes" on Form	-			
10	If the organization elected, as permitted under FASB ASC 956		revenue statemer	t and balanc	se sheet works
ia	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95				neet works of
-	art, historical treasures, or other similar assets held for public				
	provide the following amounts 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 trea				··· ·
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-			\$
b	Assets included in Form 990, Part X				\$

Schedule D	(Form	990)	2022
Ochedule D		550)	LOLL

Sche	dule D (Form 990) 2022 THE PUB	LIC EDUCATI	ON FOUNDA	<u>FION, IN</u>	С.	0:	35-19	59190	0 P	_{age} 2
Par	t III Organizations Maintaining C							(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	iake sigi	nificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization'	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other s	similar a	issets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other asset	s not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV	, line 10).				
		(a) Current year	(b) Prior year	(c) Two years b	back (d	d) Three y	/ears back	(e) Four	' years	back
1a	Beginning of year balance	2,228,457.	2,691,203.			2,0	48,685.	2	,034,	624.
b	Contributions 35,362. 35,894. 76,394. 12,314. 11,4								489.	
	Net investment earnings, gains, and losses	246,606.	-367,321.	702,	989.		81,341.		70,	123.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	126,670.	122,486.	108,3	287.	1	07,270.		67,	551.
f	Administrative expenses	7,600.	8,833.	7,5	939.		7,024.			
	End of year balance	2,376,155.	2,228,457.	2,691,2	203.	2,0	28,046.	2	,048,	685.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	30.5250	%							
	Permanent endowment 69.3164	%	_							
с	Term endowment .1580	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administered	l for the					
	organization by:	5]	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, lii	ne 10.				
	Description of property	(a) Cost or of	her (b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	e
		basis (investm	• •	(other)	depr	reciation		()		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1,623.		94	47.		6	76.
	Other								-	
_	. Add lines 1a through 1e. (Column (d) must ea	oual Form 990 Part S	(column (R) line 1)c)					6	76.
							Sahadula	D /F		

Schedule D (Form 990) 2022

	35-1959196 Page 3
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on 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)	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or	end-of-year market value
(2)	
(3)	
(4)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1) FUNDS FUNCTIONING AS PERMANENT ENDOWMENTS	729,091.
(2)	
(3)	
(4)(5)	
(5)(2)	
(6)(7)	
(7)(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	729,091.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
<u>(6)</u>	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

X

Sche	dule D (Form 990) 2022 THE PUBLIC EDUCATION FOU	NDATION,	INC.	<u>35-</u> :	<u>1959196 Page</u> 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	481,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	183,988.		
b	Donated services and use of facilities	2b	5,600.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	189,588.
3	Subtract line 2e from line 1			3	292,358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,054.		
b	Other (Describe in Part XIII.)	4b	87,593.		
С	Add lines 4a and 4b			4c	96,647.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	389,005.
Pa	et VII Decensification of Expanses par Audited Einensial Stat				
	rt XII Reconciliation of Expenses per Audited Financial Stat	tements with	Expenses per F	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		leturi	
1		e 12a.			n. 292,011.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	9 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a. 			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	5,600.		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			292,011.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5,600. 3.	1 2e	<u>292,011.</u> 5,603.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5,600.	1	292,011.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	5,600.	1 2e	<u>292,011.</u> 5,603.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	5,600. 3. 9,054.	1 2e	<u>292,011.</u> 5,603.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	5,600.	1 2e	292,011. 5,603. 286,408.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3 4c	292,011. 5,603. 286,408. 96,647.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	5,600. 3. 9,054. 87,593.	1 2e 3	292,011. 5,603. 286,408.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE THE ORGANIZATION WITH INCREASING FINANCIAL SUPPORT FOR THE

OPERATING BUDGET, GRANTS AND OTHER ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A CHARITABLE ORGANIZATION

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION

OF THE INDIANA CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME. THE

INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS NOT A

PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A). CONSEQUENTLY, THE

ACCOMPANYING FINANCIAL STATEMENTS GENERALLY DO NOT INCLUDE ANY PROVISION

FOR INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

 Schedule D (Form 990) 2022
 THE PUBLIC EDUCATION FOUNDATION, INC.
 35-1959196 Page 5

 Part XIII
 Supplemental Information (continued)
 POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX

 POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY
 WITH THE PROVISIONS OF ASC 740-10. PENALTIES AND INTEREST ASSESSED BY

 INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED.

 WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND

 STATE INCOME TAX EXAMINATION FOR TAX YEARS BEFORE 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS NETTED IN BOOK VALUE 113,969.

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER

PART XII, LINE 4B - OTHER ADJUSTMENTS:PASS-THROUGH GRANTS NETTED IN BOOK VALUE113,969.FUNDRAISING EXPENSES-26,376.TOTAL TO SCHEDULE D, PART XII, LINE 4B87,593.

Schedule D (Form 990) 2022

-26,376.

87,593.

3.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$1				r 19, a	or if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization					-			dentification number
Part I Fundrais		LIC EDUCATION FOUN					<u>35-195</u>	
	complete this part	Complete if the organization answ t.	ered "Y	'es" or	Form 990, Part IV, I	ine 17	. Form 990-i	=Z filers are not
	•	ed funds through any of the following	•		,			
a Mail solicitat				0	overnment grants			
b Internet and c Phone solici	email solicitations	f Solicita g Specia		•	nment grants			
d In-person so		9 0p0012		loing				
2 a Did the organization	on have a written o	r oral agreement with any individua	l (includ	ding of	ficers, directors, trus	tees, c	or	
		art VII) or entity in connection with p			e e			es 📃 No
	-	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fund	draiser is to	be
compensated at le	ast \$5,000 by the	organization.			ſ			
(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts		mount paid	(VI) Amount paid
or entity (fund		(ii) Activity	have or con	ustody htrol of	from activity	ໍ fu	undraiser	to (or retained by) organization
			_	utions?		liste	ed in col. (i)	
			Yes	No				
			-					
<u>Total</u>			<u></u>					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	kempt from	registration

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

Part II 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 NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	53,725.			53,725
	2	Less: Contributions	34,830.			34,830
	3	Gross income (line 1 minus line 2)	18,895.			18,895
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,905.			5,905
הוובתו דעהבווזבי	7	Food and beverages	7,688.			7,688
	8	Entertainment				11,207
	9	Other direct expenses				1,576
		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	• • • • • • • • • • • • • • • • • • • •			26,376
	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	2	Cash prizes				
έL						
	3	Noncash prizes				
		Noncash prizes				
	4					
	4 5	Rent/facility costs		└── Yes % └── No	└── Yes % └── No	
	4 5 6	Rent/facility costs	Yes %		No	
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes %	No No	□ No	
a	4 5 6 7 8 Ent Is ti	Rent/facility costs Other direct expenses Volunteer labor	Yes% No Dugh 5 in column (d) ne 7 from line 1, column (d) onducts gaming activities: g activities in each of these in	No No	<u>No</u>	
ab	4 5 7 8 Ent Is ti If "f	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin ter the state(s) in which the organization co he organization licensed to conduct gamin	Yes% No No Dugh 5 in column (d) ne 7 from line 1, column (d) onducts gaming activities: ng activities in each of these in	States?	□ No	Yes M

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Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	THE	PUBLIC	EDUCATION	FOUNDATION,	INC. 35	-1959196 Page 3
	Does the organization conduct ga Is the organization a grantor, ben	aming act eficiary oi	tivities with no r trustee of a t	nmembers? rust, or a member o	f a partnership or other	entity formed	Yes No
	to administer charitable gaming? Indicate the percentage of gamina The organization's facility	g activity	conducted in	:			
	• An outside facility						
	Enter the name and address of th						
	Name						
	Address						
15a	a Does the organization have a con	tract with	n a third party	from whom the orga	nization receives gamin	g revenue?	Yes No
	 If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address 	e third pa	irty \$	by the organization	\$	and the amount	
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Err	nployee	Indeper	dent contractor		
17	Mandatory distributions:						
á	a Is the organization required under	r state lav	v to make cha	aritable distributions	from the gaming procee	eds to	
k	retain the state gaming license? Denter the amount of distributions organization's own exempt activit	required	under state la	w to be distributed	o other exempt organization		
Pa	Int IV Supplemental Infor				ed by Part I, line 2b, colu	umns (iii) and (v); and	Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as						

Schedule G	G (Form 990) Supplemental Infor	THE	PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196	Page 4
Part IV	Supplemental Infor	mation	(continued)					

SCHEDULE I (Form 990)			Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Other Assistance to Organizations, is, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	izations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	ion THE PUBLIC EDUCATION	EDUCATIC	뜨	N, INC.				Employer identification number 35-1959196
Part I General Ir	General Information on Grants and Assistance	ssistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	bstantiate the		r assistance, the g	Irantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	se?						X Yes No
ŝ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures tor monitc	ring the use of grant tu	unds in the United	States.			
Part II Grants an recipient the	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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	iestic Organiz 00. Part II can t	ations and Domestic	omestic Governments. Con if additional space is needed.	omplete if the org <i>a</i> . d.	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTH BEND COMMUNITY CORPORATION - 215 S.	MUNITY SCHOOL 215 S. DR. MARTIN							PRIMARY SCHOOL READING
LUTHER KING JR. BLVD TN 46601	- SOUTH BEND,	35-1076622	501(C)(3)	165 113	C			PROGRAMS, TEACHER GRANTS AND HIGH SCHOOL THTORING
	,	1		• • • • • • • • • • • • • • • • • • • •	,			
SOUTH BEND ALUMNI ASSOCIATION 3545 DOUGLAS RD, SUITE 100 SOUTH BEND, IN 46635		35-1674506	501(C)(3)	15,000.	0			TCU SPONSORSHIP OF THE SOUTH BEND ALUMNI ASSOCIATION HALL OF FAME
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				2.
3 Enter total numb LHA For Paperwork	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ed in the line 1 the Instructio	table ns for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 THE PUBLIC EDUCATION FOUNDATION,	ATION FOU		INC.		35-1959196 Page 2
l er Assist a uplicated i	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
VISITS TO SCHOOLS, REVIEW OF PERFORMANC	ы	RESULTS RELATED	IO	PROGRAMS AND	
COLLECTION OF WRITTEN REPORTS AND RECEI	RECEIPTS	PTS FROM TEACHERS	IERS		
232102 10-31-22					Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

THE PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number 35 - 1959196

FORM 990, ITEM C, DOING BUSINESS AS:

SOUTH BEND EDUCATION FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTH BEND COMMUNITY SCHOOL CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

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

ANNUAL FORMAL REVIEWS ARE COMPLETED AND COMPARISONS OF TWO STUDIES ARE

REVIEWED.

FORM 990, PART VI, SECTION C, LINE 18:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

WEBSITE AND BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL POLICIES AND PROCEDURES ARE AVAILABLE BOTH ON THE ORGANIZATION'S

Schedule O (Form 990) 2022					Page 2
Name of the organization					Employer identification number
TH	E PUBLIC	EDUCATION	FOUNDATION,	INC.	35-1959196

WEBSITE AND BY REQUEST. ANNUAL FINANCIAL STATMENTS ARE AVAILABLE BOTH ON

THE ORGANIZATION'S WEBSITE AND BY REQUEST.

PAGE 12, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE FINACIAL REPORTING

PROCESS AND THE SELECTION OF EXTERNAL ACCOUNTANTS, THIS PROCESS HAS NOT

CHANGED FROM PRIOR YEARS.