IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1 , 2018, and ending JUN 30

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

GO LO WWW.Irs.gov/Formoo/9EO for	the latest information.	
Name of exempt organization		Employer identification number
PEORIA PUBLIC SCHOOLS FOUNDATION		36-4200821
Name and title of officer		
RUTH BITTNER TREASURER		
Part I Type of Return and Return Information (Whole Dollars C)nlv)	
Check the box for the return for which you are using this Form 8879-EO and enter the	• /	om the return. If you check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, than one line in Part I.	filed with this form was blank, t	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII	. column (A), line 12)	1b 377,605.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, li	ine 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 2		
4a Form 990-PF check here b Tax based on investment income (F		
5a Form 8868 check here ▶		5b
Part II Declaration and Signature Authorization of Officer		
intermediate service provider, transmitter, or electronic return originator (ERO) to sen (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the the date of any refund. If applicable, I authorize the U.S. Treasury and its designated debit) entry to the financial institution account indicated in the tax preparation softwareturn, and the financial institution to debit the entry to this account. To revoke a pay 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date processing of the electronic payment of taxes to receive confidential information necessary payment. I have selected a personal identification number (PIN) as my signature for the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	e reason for any delay in procest Financial Agent to initiate an eare for payment of the organizaryment, I must contact the U.S. and I also authorize the financial incessary to answer inquiries and	ssing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at nstitutions involved in the d resolve issues related to the
X Lauthorize CLIFTONLARSONALLEN LLP	,	to enter my PIN 11307
ERO firm name		Enter five numbers, b
as my signature on the organization's tax year 2018 electronically filed retuis being filed with a state agency(ies) regulating charities as part of the IRS enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the	S Fed/State program, I also aut	horize the aforementioned ERO to
indicated within this return that a copy of the return is being filed with a staprogram, I will enter my PIN on the return's disclosure consent screen.	,	•
Officer's signature	Date	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	37444761603 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 e confirm that I am submitting this return in accordance with the requirements of Pub. <i>e-file</i> Providers for Business Returns.		-
ERO's signature	Date ▶ _ 10/	30/19
	<u> </u>	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

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.

Open to Public Inspection

JUL 1, 2018 and ending JUN 30, A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change PEORIA PUBLIC SCHOOLS FOUNDATION Name change 36-4200821 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 309-713-3608 5901 N PROSPECT ROAD 14Etermin-ated 406,910. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PEORIA, IL 61614 H(a) Is this a group return Applica-F Name and address of principal officer: RUTH BITTNER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ PPSFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT PEORIA PUBLIC SCHOOL Activities & Governance DISTRICT 150 BY PROVIDING GRANTS AND FUNDS USED FOR THE ACTIVITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year **Current Year** 188,179 288,309.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 46,923. 60,360. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 50,942. 42,373. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 377,605. 299,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 116,256. 233,815. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 128,909. 133,377. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 42,777. 51,204. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 418,396. -40,791. 287,942. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,539. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,077,646. 1,109,559. 20 Total assets (Part X, line 16) 121. 8,999. 21 Total liabilities (Part X, line 26) 109,438. 068,647. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RUTH BITTNER, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed STEPHANIE J. PETRI, CPA STEPHANIE J. PETRI, 10/30/19 P01238917 Paid Firm's name CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN ▶ Firm's address 301 SW ADAMS STE 1000 Use Only Phone no. (309) 671-4500PEORIA, IL 61602 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	n 990 (2018) PEORIA PUBLIC SCHOOLS FOUNDATION	36-4200821 Page 2
Pa	rt III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	SUPPORT PEORIA PUBLIC SCHOOL DISTRICT 150 BY PROVIDING (RANTS AND
	FUNDS USED FOR THE ACTIVITIES OF RESEARCH AND PROVIDING	
	EDUCATION.	QUALITI
	EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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 other	
	revenue, if any, for each program service reported.	is, the total expenses, and
4-	005 005	•
4a	(Code:) (Expenses \$ 327,095. including grants of \$ 233,815.) (Revenue AID PEORIA PUBLIC SCHOOL DISTRICT 150 BY PROVIDING GRANT	PC AND FINDS
	USED FOR THE ACTIVITIES OF RESEARCH AND PROVIDING QUALIT	TY EDUCATION.
4b	(Code:) (Expenses \$	e \$)
4c	(Code:) (Expenses \$	e\$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 327,095.	
		Form 990 (2018)

Part IV Checklist of Required Schedules

			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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	37	
	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			x
_	Schedule D, Part III	8		
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?			$ _{\mathbf{x}}$
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	
	domestic government on Fartin, column (A), line 1:11 163, complete ochedule i, 1 arts Fand if	<u> </u>		

Part IV Checklist of Required Schedules (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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			7.7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	65.		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	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	30		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l

832004 12-31-18

Form 990 (2018) PEORIA PUBLIC SCHOOLS FOUNDATION Part 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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
	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 in Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6-		x
h			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
	• • • • • • • • • • • • • • • • • • • •	7d			77
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7f		X
_	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		
Ü			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the an area done as a second seco		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
	, , , , , , , , , , , , , , , , , , , ,	10a			
	, , , , , , , , , , , , , , , , , , , ,	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a		1 Id			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	440			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		100		
b					
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	000	(00:5
			Lorm	990	1.7(14Q)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8			
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 employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b		Х
8	$ \ \text{Did the organization contemporaneously document the meetings held or written actions undertaken during the year } $	by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	pters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b		
11a	$Has the \ organization \ provided \ a \ complete \ copy \ of this \ Form \ 990 \ to \ all \ members \ of its \ governing \ body$	before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe			
	in Schedule O how this was done		12c	Х	
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				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	77
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent 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				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	zation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
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)) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy, and	finan	cial	
••	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's book RUTH BITTNER $-309-713-3608$	s and records			
	5901 N PROSPECT ROAD, NO. 14E, PEORIA, IL 61614				

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

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

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

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

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

	l s				прсі	iout	ed any current officer, o		(F)		
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(list any	tor	ρģ					the	organizations	compensation	
	hours for	direc				p		organization	(W-2/1099-MISC)	from the	
	related	tee or	stee			ensate		(W-2/1099-MISC)	,	organization	
	organizations	l trus	nal tru		oyee	ompe				and related	
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations	
	line)	lpul	lnst	Officer	Key	Hig	For				
(1) RUTH BITTNER	1.00	l		l					•		
TREASURER	0.00	Х		Х				0.	0.	0.	
(2) CATHY WIGGERS	0.50								_	_	
CHAIRPERSON	0.00	Х		Х				0.	0.	0.	
(3) DANIEL MUSISI	0.50							_	_	_	
MEMBER	0.00	Х						0.	0.	0.	
(4) JOSH NEWELL	0.50										
MEMBER	0.00	Х						0.	0.	0.	
(5) MAARTEN DEHAAS	0.50										
MEMBER	0.00	Х						0.	0.	0.	
(6) SCOTT MCCORD	0.50										
MEMBER	0.00	Х						0.	0.	0.	
(7) ANDRE ALLEN	0.50										
MEMBER	0.00	Х						0.	0.	0.	
(8) CHERYL SANFILIP	0.50										
MEMBER		Х						0.	0.	0.	
(9) CINDY MORRIS	40.00										
PRESIDENT AND SECRETARY	0.00	1		Х				50,500.	0.	0.	
		1									
		1									
		1									
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Form 990 (2018)	PEORIA P	UBLIC SO	CHC	001	LS	F	OUI	ND	ATION	36-42	008	21	Page	8 :
Part VII Sectio	n A. Officers, Directors, Trus		ploy	ees			ighe	st C	1					
N	(A) ame and title	(B) Average hours per week	box	not c	Pos check ess pe nd a d	more rson	than	h an	from	(E) Reportable compensation from related		Estir amo ot	F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	99-MISC) fro orga and		ensation n the nization related izations	
			-			<u>×</u>								
									50,500.		0.) .) .
	ontinuation sheets to Part V nes 1b and 1c)							>	50,500.		0.) <u>.</u>
2 Total number	r of individuals (including but r							no r	received more than \$10	0,000 of reportable	•			C
3 Did the organ	nization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	ovee	. or	highest compensated e	emplovee on		Y	es N	0
line 1a? If "Ye	es," complete Schedule J for s	such individual									[3	2	2
•	idual listed on line 1a, is the so organizations greater than \$15	•		-					•	-		4	2	2
• •	on listed on line 1a receive or the organization? If "Yes," com	•				-			_			5	7	ζ
	endent Contractors	ipiete Geriedar	001	01 30	ucn	perc	3011					<u> </u>		_
	s table for your five highest co tion. Report compensation for										ensat	tion fro	m	
	(A) Name and business			ONI		VICI 1	0		(B) Description of		Co	(C)	ation	
	r of independent contractors (compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received r	more than				

Pa	rt VI		ling in this Dort VIII			
		Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ice Contributions, Gifts, Grants and Other Similar Amounts	k c c e f	A Federated campaigns D Membership dues C Fundraising events D Related organizations E Government grants (contributions) F All other contributions, gifts, grants, and similar amounts not included above M Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Business Code	288,309.			VIL VII
Program Service Revenue	c e f	d e e f All other program service revenue p Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	24,221.			24,221.
	k	(i) Real (ii) Personal a Gross rents b Less: rental expenses c Rental income or (loss)				
	7 8	d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	,	and sales expenses C Gain or (loss) Net gain or (loss)	22,702.			22,702.
Other Revenue	k	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	<u>. </u>			40.252
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b	42,373.			42,373.
	10 a	A Rest income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b let income or (loss) from calca of inventory				
	11 a	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Cod a b c	le			
	,	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	377,605.	0.	0.	89,296.

Part IX | Statement of Functional Expenses

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

Do i	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(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	100 764	100 764		
_	and domestic governments. See Part IV, line 21	190,764.	190,764.		
2	Grants and other assistance to domestic	42 NE1	42 AE1		
	individuals. See Part IV, line 22	43,051.	43,051.		
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,	50,500.	25,250.	12,625.	12,625
_	trustees, and key employees	30,300.	25,250.	12,023.	12,025
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	73,398.	54,171.	19,227.	
7	Other salaries and wages	13,330.	J#, 1/1·	13,441.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,479.	6,076.	2,437.	966
10	Payroll taxes	9,413.	0,070.	4,451.	900
11	Fees for services (non-employees):				
	Management				
b	Legal	2,700.		2,700.	
	Accounting	2,700.		2,700.	
	Lobbying Professional fundraising convices. See Part IV line 17				
	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	8,378.		8,378.	
40		1,093.		0,570.	1,093
12	Advertising and promotion	6,752.	4,787.	1,791.	174
13	Office expenses	1,429.	4,7074	708.	721
14 15	Information technology	1,40,		700.	721
15 16	Royalties	9,175.		4,588.	4,587
	Occupancy	3,113.		4,500.	4,507
17 18	Payments of travel or entertainment expenses				
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	4,911.	560.	3,792.	559
19 20	. F	-,,,,,,	300.	27.52.	333
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	. · · · · · · · · · · · · · · · · · · ·	570.		570.	
23 24	Other expenses. Itemize expenses not covered	3,0•		3700	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	10,148.	2,436.	3,856.	3,856
a b	FOOD	6,048.	2,150.	2,000.	6,048
C		0,010.			0,010
d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	418,396.	327,095.	60,672.	30,629
25 26	Joint costs. Complete this line only if the organization	,	52.,055	30,0,20	20,025
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ou a out out in pargin and rundraising soliditation.				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	243,681.	1	204,711.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,000.	9	2,000.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	0.60 0.00	11	070 025
	12	Investments - other securities. See Part IV, line 11		12	870,935.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 100 550	15	1 077 6/6
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4.04	16	1,077,646.
	17	Accounts payable and accrued expenses		17	0,333.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E:	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	121.	26	8,999.
		Organizations that follow SFAS 117 (ASC 958), check here and			
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
P B	29	Permanently restricted net assets		29	
臣		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	0.
Z	33	Total net assets or fund balances	1,109,438.	33	1,068,647.
	34	Total liabilities and net assets/fund balances	1,109,559.	34	1,077,646.

Pa	Tt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			05.
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	96.
3	Revenue less expenses. Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,10	9,4	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,06	8,6	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
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 in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PEORIA PUBLIC SCHOOLS FOUNDATION **Employer identification number** 36-4200821

Pa	rt I	t I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					ii).	
4	一	A medical research organiz						the hospital's name
		city, and state:	анон ороналов и со-	njanionon mini a nicopina		000		and neephan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J				inege of drilversity owner	a or operar	ica by a g	overnmental and desent	JCG 111
6			section 170(b)(1)(A)(iv). (Complete Part II.)					
6	X		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
_		section 170(b)(1)(A)(vi). (C	. ,					
8	\square	A community trust describe						
9		An agricultural research org				-		-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	ıfety.See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving /
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	•					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	vide the following information	about the supporte	d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
[nt:	al .							

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	105,793.	175,826.	219,262.	188,179.	288,309.	977,369.	
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	105,793.	175,826.	219,262.	188,179.	288,309.	977,369.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						194,280.	
6	Public support. Subtract line 5 from line 4.						783,089.	
	ction B. Total Support						· ·	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	105,793.	175,826.	219,262.	188,179.	288,309.	(f) Total 977,369.	
	Gross income from interest,	-	,			-	<u> </u>	
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	23,090.	12,594.	22,992.	19,249.	24,221.	102,146.	
9	Net income from unrelated business	,	,	<u> </u>		,	<u> </u>	
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						1,079,515.	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
	First five years. If the Form 990 is for	•	,					
	organization, check this box and stop	-			-		▶ □	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,	
	Public support percentage for 2018 (column (f))		14	72.54 %	
15	Public support percentage from 2017					15	70.72 %	
16a	33 1/3% support test - 2018. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X	
b	33 1/3% support test - 2017. If the							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	_						
	organization meets the "facts-and-circ		•					
18	Private foundation. If the organization							

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	A. Public Support	slow, picase com	piete i art ii.)				
	year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	s, grants, contributions, and				, ,		
	nbership fees received. (Do not						
	ide any "unusual grants.")						
	ss receipts from admissions,						
	chandise sold or services per-						
	ned, or facilities furnished in						
	activity that is related to the inization's tax-exempt purpose						
•	ss receipts from activities that						-
	not an unrelated trade or bus-						
	revenues levied for the organ-						
	· ·						
	on's benefit and either paid to						
	xpended on its behalf		+				-
	value of services or facilities						
	ished by a governmental unit to						
	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
	ceived from disqualified persons						
	Ints included on lines 2 and 3 received other than disqualified persons that						
excee	d the greater of \$5,000 or 1% of the						
	nt on line 13 for the year						
	lines 7a and 7b						
8 Pub	lic support. (Subtract line 7c from line 6.)						
	n B. Total Support						1
	year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ounts from line 6						
	ss income from interest,						
	dends, payments received on urities loans, rents, royalties,						
and	income from similar sources						
b Unre	lated business taxable income						
(less	section 511 taxes) from businesses						
acqu	ired after June 30, 1975						
c Add	lines 10a and 10b						
	income from unrelated business						
	vities not included in line 10b,						
	ther or not the business is larly carried on						
-	er income. Do not include gain						
	ss from the sale of capital						
	ets (Explain in Part VI.)						
	t five years. If the Form 990 is for	the organization	e firet second thi	rd fourth or fifth t	av vear as a sect		 zation
		· ·			•		· •
	n C. Computation of Publi						
	lic support percentage for 2018 (li			column (f))		15	9/
	lic support percentage for 2010 (ii					16	9/
	n D. Computation of Inves					10	/
	stment income percentage for 20					17	9
	stment income percentage from 2					18	9
	/3% support tests - 2018. If the						
							I / IS HOL
	e than 33 1/3%, check this box ar						P
	/3% support tests - 2017. If the	•			•	•	
	18 is not more than 33 1/3%, che						
20 Priv	ate foundation. If the organization	n did not check a	. box on line 14, 19	a, or 19b, check t	nıs box and see i	nstructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- ^c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9d		
	9b		
	9с		
	90		
	10a		
	10b		
n 0	90 or 90	10-F7	2018

Pa	t IV Supporting Organizations (continued)			
	(GOTHINGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	0-		
L-	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	21/		
	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? <i>Provide details in Part VI</i> .	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete s	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 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2018

Par	^{₹ V} Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DIANE S MOORE	40,000.	18,410.
JAMES & KATHERINE OWENS	31,730.	10,140.
J & V FLYNN FOUNDATION	96,500.	74,910.
GLEN & POLLY BARTON	102,000.	80,410.
W.W. GRAINGER, INC	32,000.	10,410.
Total Excess Contributions to Schedule A, Part II, Line 5		194,280.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

PEORIA PUBLIC SCHOOLS FOUNDATION 36-4200821

Organization type (check 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				
, ,	tion is covered by the General Rule or a Special Rule. 01(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					
sections 509(any one contr	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 or 990-EZ), 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.				
year, total cor	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.				
year, contribu is checked, er purpose. Don	For an organization described in section 501(c)(7), (8), or (10) filling 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 \$\bigsim \frac{1}{2} \int 1				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

PEORIA PUBLIC SCHOOLS FOUNDATION

36-4200821

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLEN BARTON CHARITABLE TRUST 5823 N. FOREST PARK DR. PEORIA, IL 61614	\$\$	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	J V FLYNN FOUNDATION 1921 W. ALTORFER DR. PEORIA, IL 61615	\$31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DIANE S. MOORE 9192 PICTURE RIDGE PEORIA, IL 61615	\$ 15,000.	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
4	JAMES AND KATHERINE OWENS 5504 N. PROSPECT RD. PEORIA HEIGHTS, IL 61616	\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AT&T FOUNDATION 200 S AKARD 100 DALLAS , TX 75202	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BARTON FAMILY FOUNDATION 242 W DETWEILLER DR. PEORIA, IL 61615	\$12,500.	Person X Payroll

Name of organization

Employer identification number

PEORIA PUBLIC SCHOOLS FOUNDATION

36-4200821

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7	COMMERCE BANK 401 MAIN ST., STE 100 PEORIA, IL 61602	\$7,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	JUNIOR LEAGUE OF PEORIA, INC. 114 STATE ST., STE 2A PEORIA, IL 61602	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	W.W. GRAINGER, INC. 1017 SW JEFFERSON PEORIA, IL 61602	\$32,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	*	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	
NO.	Name, auuress, anu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

PEORIA PUBLIC SCHOOLS FOUNDATION

36-4200821

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	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
9	720 GALLONS OF PAINT	_	
		<u>32,000.</u>	06/30/19
(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
000450 11 00		\$	000 000 F7 av 000 PE\ (0040\

Name of organization **Employer identification number** 36-4200821 PEORIA PUBLIC SCHOOLS FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEORIA PUBLIC SCHOOLS FOUNDATION

Employer identification number 36-4200821

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		7
2	Aggregate value of contributions to (during year)		9,590.
3	Aggregate value of grants from (during year)		11,549.
4	Aggregate value at end of year		144,158.
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	` <u> </u>	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
р	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year •	- amount in Incested N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer riours devoted to monitoring, inspecting,	rialiding of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conson/a	tion assaments during the year
•	\$\\$\$ \$\$	and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ŭ	include, if applicable, the text of the footnote to the organization		
	conservation easements.	non o mianela etatemente that december	the organization of deceaning for
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	,.
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatments		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (chocks at that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations c Preservation of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	nued)						
a Public exhibition b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part V Except and Understand the Amount of the organization's collection and explain how they further the organization's exempt purpose in Part XIII. I be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant	use of its	collectio	n items						
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization collection?															
c	а	Public exhibition	d	Loan or excl	nange programs										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, line 21, for escribing the part of the line of the part 31 to the state of the second of the	b														
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes* on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10, and 11 to 12 to 15 to	С	c Preservation for future generations													
Does note to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Types	5														
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1	D = 1														
on Form 990, Part X? b f *Yes,* explain the arrangement in Part XIII and complete the following table: C Seginning balance	Pai	reported an amount on Form 990, Part X, line 21.													
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included	<u> </u>	_							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?					L	Yes	└── No						
C Beginning balance 1d	b	b If "Yes," explain the arrangement in Part XIII and complete the following table:													
d Additions during the year								Amount	<u> </u>						
E plstributions during the year f f Ending balance															
Finding balance 11															
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е														
Description Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.															
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_				•		」Yes	∐ No						
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 125,933. 124,400. 111,102. 117,326. 121,318. 121,318. 124,400. 111,102. 117,326. 121,318. 121,318. 124,400. 111,102. 117,326. 121,318. 121,3															
1a Beginning of year balance 125,933. 124,400. 111,102. 117,326. 121,318. b Contributions	Pai	T V Endowment Funds. Complete i													
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships 5,841. 5,841. 5,841. 5,841. 5,823. 5,508. e Other expenditures for facilities and programs f Administrative expenses 1,216. 1,268. 1,180. 1,108. 1,204. g End of year balance 125,463. 125,933. 124,400. 111,102. 117,326. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiiiii) related organizations (iiiii) related organizations (iiii) related organizations (iii) related organiz			· · · · · · · · · · · · · · · · · · ·	`,	, ,	' 		(e) Four							
c Net investment earnings, gains, and losses 6,587. 8,642. 14,478. 707. 2,720. d Grants or scholarships 5,841. 5,841. 5,841. 5,823. 5,508. e Other expenditures for facilities and programs f Administrative expenses 1,216. 1,268. 1,180. 1,108. 1,204. g End of year balance 125,463. 125,933. 124,400. 111,102. 117,326. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		To the state of th	125,933.	124,400.	111,102.		117,326.		121,318.						
d Grants or scholarships 5,841. 5,841. 5,841. 5,823. 5,508. e Other expenditures for facilities and programs f Administrative expenses 1,216. 1,268. 1,180. 1,108. 1,204. g End of year balance 125,463. 125,933. 124,400. 111,102. 117,326. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment															
e Other expenditures for facilities and programs f Administrative expenses 1,216. 1,268. 1,180. 1,108. 1,204. g End of year balance 125,463. 125,933. 124,400. 111,102. 117,326. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b; (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other			-												
and programs f Administrative expenses 1,216. 1,268. 1,180. 1,108. 1,204. g End of year balance 125,463. 125,933. 124,400. 111,102. 117,326. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Г	5,841.	5,841.			5,823.		5,508.						
## Administrative expenses	е	. '													
g End of year balance			1 216	1 260	1 100		1 100		1 204						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶															
a Board designated or quasi-endowment ▶			· · · · ·	•	•		111,102.		117,320.						
b Permanent endowment ▶			ent year end balance		ij) neid as:										
c Temporarily restricted endowment ▶ 100.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment other Other			0/	_90											
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other															
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by: (i) unrelated organizations (ii) related organizations (iii) x 3a(ii) X 3b	20		•	tion that are hold o	nd administered for	the ergen	ization								
(ii) unrelated organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) related orga	Ja		SSION OF THE Organiza	mon mar are neid a	nu auministereu ioi	ine organ	ization	Г	Vos No						
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		-						3a(i)							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other															
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Other (d) Book value (e) Other (e) Other (f)	h														
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_														
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Ė			William Lands.											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Description of property (f) Accumulated depreciation (h) Cost or other basis (other) (h) C				. Part IV. line 11a. S	see Form 990. Part X	(. line 10.									
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	ted	(d) Bool	k value						
b Buildings		,	1 ''		, ,			. ,	-						
b Buildings	1a	Land													
c Leasehold improvements d Equipment e Other															
d Equipment															
e Other															
				X, column (B), line 1	0c.)		. ▶		0.						

Schedule D (Form 990) 2018

Scriedule D (Form 990) 2016 I DORLITI I ODB	TO DOMOODD TO	CIIDIII I CII		TAGE TAGE
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			d-of-year market value
(1) Financial derivatives	(b) Dook value	(c) Wethod of V	valuation. Oost of en	d-or-year market value
(A) Ola a de la della socita di della secta				
(3) Other				
(A) COMMUNITY FOUNDATION				
(B) INVESTMENT	870,935.	END-OF-Y	EAR MARKET	VALUE
(C)	•			
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	870,935.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(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.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u>	
Part X Other Liabilities.	5 000 D 1 1 1 1 1 1 1	44.0 -	000 D 1 V 1' 01	_
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	m 990, Part X, line 25).
		(b) Book value	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
<u>(4)</u> (5)			-	
(6)			-	
(7)			-	
(8)				
(9)				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	ıe per Return.	- rage .
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Ра	rt XII Reconciliation of Expenses per Audited Financial	-	ses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part I		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а				
b	• • • • • • • • • • • • • • • • • • • •			
С	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,			
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , ,			
b	,	· · · · · · · · · · · · · · · · · · ·	40	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lir			
	rt XIII Supplemental Information.	ie 10.)	j J	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV lines 1h and 2h: P	art V line 4: Part X line 2: P	art XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, iii le 4, i art A, iii le 2, i	ait Ai,
	Za ana 45, ana 1 art mi, imos za ana 45.71100 complete tino part to provid	ac any additional imormation.		
PAI	RT V, LINE 4:			
	·			
SUI	PPORT PEORIA PUBLIC SCHOOL DISTRICT 1	50 BY PROVIDING	GRANTS AND FUN	1DS
USI	ED FOR THE ACTIVITIES OF RESEARCH AND	PROVIDING QUALI	TY EDUCATION.	

29-18 Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PEORIA PUBLIC SCHOOLS FOUNDATION

Employer identification number

Schedule G (Form 990 or 990-EZ) 2018

PEORIA	PUBLIC SCHOOLS FOU	NDA	$_{\rm LTO}$	N	36-4200	821					
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a											
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No								
- Total		•	•								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration					
					-						

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

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and ground gr									
			GO:	(a) Event #1		(b) Event #2	2	(0	Other eve NONE	nts	(d) Total events (add col. (a) through col. (c))
<u>s</u>				(event type)		(event type)		(total numbe	er)	COI. (C))
Revenue	1	Gross receipts		71,678.							71,678.
	2	Less: Contributions									
	3	Gross income (line 1 minus line 2)	_	71,678.							71,678.
	4	Cash prizes									
Se	5	Noncash prizes									
xpens	6	Rent/facility costs									
Direct Expenses	7	Food and beverages		3,713.							3,713.
	8	Entertainment		3,500.							3,500.
	9	Other direct expenses		3,500. 22,092.							3,500. 22,092.
	10	Direct expense summary. Add lines 4 throug	jh 9 in	column (d)						🕨	29,305.
	11									<u> </u>	42,373.
Pa	ıπ	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answ	ered "Yes" on Form	1990	, Part IV, line	19, or	repoi	ted more th	an	
		\$15,000 off Form 990-LZ, line da.	1		<i>(</i> Ł) Pull tabs/ins	tant				(d) Total gaming (add
Revenue				(a) Bingo		o/progressive		(c) Other gam	ning	col. (a) through col. (c)
eve											
ч	1	Gross revenue	<u> </u>								
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor		Yes % No		Yes No	%		Yes No	%	
	7	Direct expense summary. Add lines 2 throug	jh 5 in	column (d)						►	
	8	Net gaming income summary. Subtract line 7	7 fron	n line 1, column (d)				<u></u>		▶	
9	Fn	ter the state(s) in which the organization cond	lucts (naming activities:							
		the organization licensed to conduct gaming a	-	_	state	s?					Yes No
		'No," explain:									
100	\\\\	ere any of the organization's gaming licenses r		ad suspended or to	armin	ated during	the tay	vear	7		Yes No
		Yes," explain:		•		_		y c ai	·		IES NO
	_										

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990 EZ) 2018 PEORIA PUBLIC SCHOOLS FOUNDATION 36-	4200821	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name ▶ _		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	PEORIA PUBLIC	SCHOOLS	FOUNDATION	36-4200821	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
	• •	,				
				<u> </u>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PEORIA PU	Employer identification number 36-4200821						
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?					sistance, and the selec	
Part II Grants and Other Assistance to	-				ganization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 3 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEORIA PUBLIC SCHOOLS DISTRICT 150 3202 N. WISCONSIN AVENUE PEORIA, IL 61603	37-6001759	501(C)(3)	3,168.	0.	FMV	CLASSROOM TECHNOLOGY ITEMS	ASSIST PEORIA PUBLIC SCHOOLS WITH PURCHASING TECHNOLOGY EQUIPMENT FOR THEIR CLASSROOMS.
PEORIA PUBLIC SCHOOLS DISTRICT 150 3202 N. WISCONSIN AVENUE PEORIA, IL 61603	37-6001759	501(C)(3)	187,596.	0.	FMV	CLASSROOM SUPPLY ITEMS	ASSIST PEORIA PUBLIC SCHOOLS WITH PURCHASING VARIOUS SUPPLIES FOR THEIR CLASSROOMS.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization. 			he line 1 table				1.

PEORIA PUBLIC SCHOOLS FOUNDATION 36-4200821 Schedule I (Form 990) (2018) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance STUDENT SCHOLARSHIPS 68 43,051 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

PEORIA PUBLIC SCHOOLS FOUNDATION

Employer identification number 36-4200821

Par	τι	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	_		
			арріюавіс		Form 990, Part VIII, line 1g	Tioricasii continoa	ition amo	unto	
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Воо	ks and publications							
5	Clot	hing and household goods							
6	Cars	and other vehicles							
7	Boa	ts and planes							
8	Inte	lectual property							
9	Sec	urities - Publicly traded							
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trus	t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14		lified conservation contribution - Other							
15		l estate - Residential							
16		l estate - Commercial							
17		l estate - Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24		neological artifacts	X	1	22 000	 FAIR MARKET	777 T T	TT7	
25		\rightarrow (720 GAL PAINT)			32,000.	FAIR MARKEI	VALC) <u>Ci</u>	
26 07		er ()							
27	Oth	er ()							—
28 29		ber of Forms 8283 received by the organiz	zation during	the tay year for e	ontributions				
23		which the organization completed Form 828	-	-					
	101 4	when the organization completed form oze	50,1 4111,1	Solice Heldlowica	Jonient 23		V	es	No
30a	Duri	ng the year, did the organization receive by	/ contributio	on any property rer	oorted in Part I lines 1 throu	gh 28 that it			110
004		t hold for at least three years from the date							
		mpt purposes for the entire holding period?		•			30a	Т	Х
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	utions?	31		X
		s the organization hire or use third parties of	-	='	•			\top	
	con	tributions?					32a		X
b	If "Y	es," describe in Part II.							
33	If th	e organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	des	cribe in Part II.							

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

Schedule M (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PEORIA PUBLIC SCHOOLS FOUNDATION

Employer identification number 36-4200821

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

OF RESEARCH AND PROVIDING QUALITY EDUCATION.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

THEY DO NOT KEEP MINUTES AT THEIR MEETINGS. ALL DECISIONS MADE BY THE

COMMITTEES ARE BROUGHT TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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

THE FORM 990 IS REVIEWED BY THE TREASURER OF THE ORGANIZATION PRIOR TO

FILING. IT IS ALSO AVAILABLE FOR THE BOARD OF DIRECTORS TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION IS VERY SMALL IN SIZE AND BOARD MEMBERS ARE AWARE OF WHAT EACH OTHER DO PROFESSIONALLY. NO CONFLICTS OF INTEREST HAVE EVER EXISTED.

THE ORGANIZATION REQUIRES THE BOARD MEMBERS TO SIGN A CONFLICT OF

INTEREST STATEMENT.

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

THE BOARD CHAIRMAN REVIEW'S THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/SECRETARY ANNUALLY AND DISCUSSES HIS FINDINGS WITH THE ENTIRE BOARD OF DIRECTORS. THE COMPENSATION IS BASED ON PERFORMANCE OBJECTIVES

THAT ARE ESTABLISHED EACH YEAR.

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

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)