

CliftonLarsonAllen LLP CLAconnect.com

PEORIA PUBLIC SCHOOLS FOUNDATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

Form	8879-EO	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2020, or fiscal year beginning $_$ JUL 1 , 2020, and ending $_$ JUN 30 , 2021

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.



Taxpayer identification number

36-4200821

Name	0Ť	exempt	organization	or	person	subje	ect to	tax
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PEORIA	PUBLIC	SCHOOLS	FOUNDATION

Name and title of officer or person subject to tax

ALEX ELGER

TREASURER

(name of organization)

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b	To	tal revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	952,861.		
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b			
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b			
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part VI, line 5)				
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b _			
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b			
	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b			
P	Part II Declaration and Signature Authorization of Officer or Person Subject to Tax						

(EIN)

Under penalties of perjury, I declare that 🚺 I am an officer of the above organization or I am a person subject to tax with respect to

and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize	CLIFTONLARSONALLEN	LLP
		ERO firm name

to enter my PIN	11307
	Enter five numbers, but

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	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.	37366661603
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 that I am submitting this return in accordance with the requirements of Pub. 41 IRS e -file Providers for Business Returns.	
ERO's signature STEPHANIE J. PETRI, CPA	Date 12/14/21
ERO Must Retain This For Do Not Submit This Form to the IRS	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2020)

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			Dotu	EXTENS									OMB No. 1545-0047
For	_ g	90									pt private found		2020
	-			o not enter so					-				Open to Public
Dep: Inter	artment mal Reve	of the Treasury enue Service	•	Go to www.ir	s.gov/Form	<u>n990 for</u>	r instructi	ons and	d the late	əst i	nformation.		Inspection
Α	For th	e 2020 calenda	ar year, or tax y	/ear beginning	JUL	1, 2	2020	and	l ending	JU	UN 30, 20)21	
	Check if applicat	C Name of	organization								D Employer id	entificat	ion number
	Addr chan	ess PEOR	IA PUBLI	с ѕснооі	LS FOU	NDAT	ION						
	Name	ge Doing bu	isiness as						-		36-420	0821	<u> </u>
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite Final 5901 N PROSPECT ROAD 14E								ite	E Telephone no 309-71		0.8		
	returi termi ated	n_	own, state or pro			r foreian	nostal co				G Gross receipts \$		980,433.
	Amer			61614	, and En of	loroign	, pootal oc			ľ	H(a) Is this a gro		
	Appli tion		nd address of pr		ALEX E	LGER	2				for subordi		
	pend		AS C ABO								H(b) Are all subordi		
1	Tax-e>	empt status:	X 501(c)(3)	501(c) () 🖊 (i	insert no.) 494	47(a)(1)	or 5	527	. ,		. See instructions
			JUNDATIO								H(c) Group exe		
κ	Form o	f organization:	X Corporation	Trust	Associat	tion	Other 🕨	•	LYe				tate of legal domicile: IL
P	art I	Summary											
_	1	Briefly describ	e the organization	on's mission or	most signif	ficant ac	tivities:	SUPP	ORT I	PE(ORIA PUBI	JIC S	CHOOL
nce											FOR THE		
rna	2	Check this box	🖌 🕨 if th	e organization	discontinue	d its op	erations c	or dispos	sed of mo	ore t	han 25% of its n	et assets	S.
Governance	3	Number of vot	ing members of	the governing	body (Part '	VI, line 1	la)					3	9
		Number of ind	ependent voting	y members of th	ne governin	g body ((Part VI, lii	ne 1b)				4	9
Activities &	5	Total number of	of individuals en	nployed in cale	ndar year 20	020 (Par	rt V, line 2	a)				5	8
viti	6	Total number of	of volunteers (es	stimate if neces	sary)							6	100
Acti	7a											7a	0.
_	<u>b</u>	Net unrelated	business taxable	e income from	Form 990-T	<u>, Part I,</u>	line 11			<u></u>		7b	0.
											Prior Year		Current Year
e	8		and grants (Part						····· -		390,48		664,374.
Revenue	9	•	ce revenue (Part								20.00	0.	0.
Sev	10		ome (Part VIII, o			-					30,28		223,441.
	11		(Part VIII, colum								33,78		65,046.
	12		add lines 8 thro								454,56		952,861.
	13		nilar amounts pa								185,49	0.	<u>475,631.</u> 0.
	14		o or for membe								162 6		
ses	15	Salaries, other	compensation,	employee bene	efits (Part IX	(, colum	in (A), lines	s 5-10)			163,65	0.	<u> 166,590.</u> 0.
ens	16a	Protessional fL	compensation, indraising fees (ng expenses (Pa	Part IX, column	1 (A), line 11	e)		28 0	0.2			0.	0.
Expenses											48,33	37	44,341.
_	11		s (Part IX, colur s. Add lines 13-1				line (25)				397,50		686,562.
	18		expenses. Subtr								57,05		266,299.
	-	Nevenue less e	expenses. Subli			<u></u>				Rea	inning of Current		End of Year
Net Assets or	20	Total assets (P	art X line 16)							Deg	1,154,57		1,413,483.
ASSE	21		(Part X, line 26)								28,87		21,483.
Net /	22		und balances. S		from line 2						1,125,70		1,392,000.
	art II					<u> </u>					_,,		_,0,2,2,000.
		•		e examined this	return, includ	ling acco	mpanving	schedule	s and state	emer	its, and to the best	t of mv kn	owledge and belief, it is
											nas any knowledge.		
	,								p. opu	2. 1	included		

Sign	Signature of officer		Date							
Here	ALEX ELGER, TREASURER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date	Check PTIN							
Paid	STEPHANIE J. PETRI, CPA STEPHANIE	J. PETRI, 12/14/	21 self-employed P01238917							
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP		Firm's EIN ▶ 41–0746749							
Use Only	Firm's address 🔈 301 S.W. ADAMS STREET, SUI	FE 1000								
	PEORIA, IL 61602		Phone no. (309) 671-4500							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions IX Yes No									
032001 12-2	132001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) PEORIA PUBLIC SCHOOLS FOUNDATION	36-4200821	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	SUPPORT PEORIA PUBLIC SCHOOL DISTRICT 150 BY PROVIDING	GRANTS AND	
	FUNDS USED FOR THE ACTIVITIES OF RESEARCH AND PROVIDIN	IG QUALITY	
	EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the	e	
	prior Form 990 or 990-EZ?	Yes	XNo
	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 servic	ces? Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		4
		others, the total expenses, and	1
	revenue, if any, for each program service reported. (Code:) (Expenses \$586,099. including grants of \$475,631.) (
4a)
	AID PEORIA PUBLIC SCHOOL DISTRICT 150 BY PROVIDING GRA		
	USED FOR THE ACTIVITIES OF RESEARCH AND PROVIDING QUAL	ITY EDUCATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 586,099 .		
		Form 99	0 (2020)
03200	2 12-23-20		,
_00	2		

10301214 131839 001-011307

Form 990 (2				SCHOOLS	FOUNDATION
Part IV	Ch	ecklist of Required So	hedules		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	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		v	
_	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,	_		v
_	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			х
~	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
032003	12-23-20	Form	AAO ((2020)

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032003 12-23-20

Part IV	Checklist	of Required Sc	hedules /	
	Onconist	or negative ou		ontinuea)

			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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	1 30	22	L
	Check if Schedule O contains a response or note to any line in this Part V			
			V	Ne
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2020)

1c

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032004 12-23-20

2020.05010 PEORIA PUBLIC SCHOOLS FOU 001-0111

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Form 990 (2					FOUNDATIO	
Part V	Statements	Regarding C	ther IRS F	ilings and Ta	ax Compliance	(continued)

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 8 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 8 c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 3b D if the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b D if the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If 'Nes, 'retak the man of the freegin country 'securities account, or other financial account? 4a X 3b If 'Nes, 'retak the man of the freegin country 'securities a protile to a schart the transaction and the ary line during the tax year? 3b X 5b Was the organization far Point 9000 BBK as the financial Accounts (PBAP). 5a X 5c Cost the organization approxing the massen? 5b X 6c If 'Nes, 'retak declutible as chartable contributions? 5b X 7 Organizations Batt was or is a party to a problematic as the declutible as chartable contribution organization face dana schece provided?						Yes	No				
b If a last one is reported on line ² a, diff the organization field any planet any be required to <i>e</i> -fig (see instructions) 25 X Mote if the sum of lines 1 and 2a is greater than 250, you may be required to <i>e</i> -fig (see instructions) 3a X Mote if the sum of lines 1 and 2a is greater than 250, you may be required to <i>n</i> -fig (see instructions) 3a X Mote if the sum of lines 1 and 2a is greater than 250, you may be required for my be required to any sum or the sum of lines 1, or a significant or other sum of lines 1. 3a X Mote if the sum of lines 1 and 2a is greater than 250, you may be required for other sum or other sum of lines 1. 3a X Mote if the sum of lines 1 and 2a is greater than 250, you may be required to for eign and the tax year? 3a X Mote in the sum of lines 1 or on point bet at xear of the sum of lines 200, you may be required to for eign and the tax year? 5a X Mote in the same of bits of the organization fine from 9806-17 5a X 5a X Mote in the same of bits of the organization in the sum or the value of the gord of ording the tax year? 5a X Mote organization have annual grease nearbits of the organization field with every solicitation are express statement that such contributions or gifts were not tax deductible? 5a X Mote organization hav	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: If the sum of lines 1 and 2 is ignater than 250, you may be required to e_fig (see instructions) Image: Section 2000 Image: Section 2		filed for the calendar year ending with or within the year covered by this return	2a	8							
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b f*res, 'has it field a Form 900-T for this year? If "No' to <i>line 3b, provide an axplanation on Schedule O</i> 3b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		X				
b If Yes, * has it field a form 990-T for this year? If Yes * to fine abs provide an explanation on Schedule 0 30 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is controlly schedule as that account, schedule as the organization and party to a prohibited tax shelfer transaction accounts? 4a X 55 Was the organization in a party to a prohibited tax shelfer transaction accounts? 5a X 54 Did any taxabut programization in a form 888.7? 5a X 56 Did any taxabut and gross receipts that are normally greater than \$100,000, and did the organization solid were nor tax deductible on thousand party to a prohibited tax shelfer transaction? 5a X 57 Organizations that may receive deductible contributions and any time during the property off which it was required to the form 8282? 5a X 6 Did the organization notify the doar of the value of the gods of services provided? 7a X 7 Organizations endive approprime in excess \$15 made party as a contribution and party for gods and services provided? 7a X 10 If organization seleve approprime in excess \$15 made party as a contribution or againzation file form 8282? 7a X		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account); a foreign as hank account; services account, or other financial account); 4.a X b If "Yes," enter the name of the foreign country ▶ 5.a X c Bit any taxable party notify the organization that it was or is a party to a prohibit of tax shelter transaction? 5.a X b If any taxable party notify the organization that it was or is a party to a prohibit of tax shelter transaction? 5.a X c If "Yes" is the fast or 5.d, did the organization flor Fom 88867? 5.a X c Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen or tax deductible form 88867? 5.a X b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5.a X b If "Yes," idid the organization only the donor of the value of the organization noly the donor only the donor of the value of the sodo do services provided to the pary of the value of the value of the value of the organization noly the donor of the value of the sodo do services provided to the pary of the value of the organization necelve a payment in excess of \$75 male party as a continution and partify for goots and services provided to the pary of the organizat					3a		X				
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(22) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a X 14b Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization an educational information subject to the section 4968 excise tax on net investment income?											
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a 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. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b		12b		-						
Note: See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans											
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organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 16 X											
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	~										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			•	•	140		x				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?											
excess parachute payment(s) during the year?											
If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					15		x				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?											
	16		t inco	me?	16		Х				

Form **990** (2020)

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Form	990	(2020)
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PEORIA PUBLIC SCHOOLS FOUNDATION

36-4200821 Page 6

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

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

			. –		Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9					
	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 on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9					
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?		L	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	L	5		X		
6	Did the organization have members or stockholders?		L	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or						
	more members of the governing body?		L	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or						
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?			8a	Х			
	Each committee with authority to act on behalf of the governing body?			8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		E F					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-							
					Yes	N		
0a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		···· -					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	.	10b				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	jj	·· F					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$		····· -	120				
Ŭ	in Schedule O how this was done \dots	,		12c	х			
3	Did the organization have a written whistleblower policy?		····· –	13		Σ		
3 4	Did the organization have a written document retention and destruction policy?		····· ⊢	14		X		
5	-		····· -	14		- 1		
5	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?	by independent						
-				45.0	Х			
	The organization's CEO, Executive Director, or top management official			15a 455	-11	2		
D	Other officers or key employees of the organization		F	15b		2		
^ -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					X		
	taxable entity during the year?		····· -	16a		-		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed NONE							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 501	(c)(3)s (only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest polic	y, and f	inanc	ial			
	statements available to the public during the tax year.							
0	State the name, address, and telephone number of the person who possesses the organization's books and records							
	ALEX ELGER - 309-713-3608							
	5901 N PROSPECT ROAD, NO. 14E, PEORIA, IL 61614							
2006				-	990	(20		

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		66	npens		(W-2/1099-MISC)		organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CINDY MORRIS	40.00		_				-			
PRESIDENT AND SECRETARY	0.00			х				59,731.	0.	0.
(2) RUTH BITTNER	0.50									
TREASURER (THRU 1/13/21) MEMBER (BEG	0.00	Х						0.	0.	0.
(3) CATHY WIGGERS	0.50									
CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(4) DANIEL MUSISI	0.50									
MEMBER	0.00	Х						0.	0.	0.
(5) SOLIVIAN DISMUKE	0.50									
MEMBER	0.00	Х						0.	0.	0.
(6) MAARTEN DEHAAS	0.50									
MEMBER	0.00	Х						0.	0.	0.
(7) ALEX EGLER	0.50									
TREASURER (BEG 1/13/21)	0.00	Х		Х				0.	0.	0.
(8) ANDRE ALLEN	0.50									
MEMBER	0.00	Х						0.	0.	0.
(9) CHERYL SANFILIP	0.50									
MEMBER	0.00	Х						0.	0.	0.
(10) DAN ADLER	0.50									
MEMBER	0.00	Х						0.	0.	0.
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032007 12-23-20

Form 990 (2020)

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		UBLIC SC	CHC	OL	ıS	FO	UN	DA	TION	36-42	<u>:008</u>	321	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box offi	not c , unles	(C Pos heck i ss per	C) ition more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensatior from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate nizatio	e ion ed
											\square			
											-+			
											-+			
											-			
			-											
											\neg			
1b	Subtotal								59,731.		0.			0.
	Total from continuation sheets to Part \								0.		0.			0.
d	Total (add lines 1b and 1c)								59,731.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			-	•	-		Ŭ	• • •			3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	sum of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		4		х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," co.	mplete Schedule	e J f	or sı	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest c the organization. Report compensation for										ensat	ion fro	m	
	(A) Name and busines	s address	N	ONE	2				(B) Description of s	ervices	С	(C omper		า
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nitec	to	thos (ted	above) who received mo	ore than				
												Form	9 90 (2	2020)

032008 12-23-20

Check If Schedule O contains a response or note to any line in the Pert III. (A) Total revenue I a Federated campaigns (b) I a Federated campaigns (b) (C) Check If Schedule O contains a revenue (C) (C)

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9

PEORIA PUBLIC SCHOOLS FOUNDATION 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).

Check if Schedule O contains a Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1 Grants and other assistance to domestic organi				
and domestic governments. See Part IV, line 21	441,121.	441,121.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22		34,510.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and f	-			
individuals. See Part IV, lines 15 and 16 $_{\rm .}$				
4 Benefits paid to or for members				
5 Compensation of current officers, director		20.965	14 022	14 022
trustees, and key employees		29,865.	14,933.	14,933.
6 Compensation not included above to disqualifie				
persons (as defined under section $4958(f)(1)$) a				
persons described in section 4958(c)(3)(B)		65,390.	29,631.	
7 Other salaries and wages		05,550.	<u> </u>	
8 Pension plan accruals and contributions (includ				
section 401(k) and 403(b) employer contribution 9 Other employee benefits				
		7,287.	3,409.	1,142.
10 Payroll taxes11 Fees for services (nonemployees):		7,207•	5, 2000	<u> </u>
a Management				
b Legal				
c Accounting			3,087.	
d Lobbying				
e Professional fundraising services. See Part IV, I				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line				
column (A) amount, list line 11g expenses on S	0 0 0		9,583.	
12 Advertising and promotion	· · · · · · · · · · · · · · · · · · ·			
13 Office expenses		7,055.	4,503.	178.
14 Information technology			450.	<u>178</u> . 450.
15 Royalties				
16 Occupancy			4,270.	4,270.
17 Travel				
18 Payments of travel or entertainment exper	nses			
for any federal, state, or local public officia				
19 Conferences, conventions, and meetings	1,305.	184.	937.	184.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	570.		570.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e line 24e amount exceeds 10% of line 25, colum amount, list line 24e expenses on Schedule 0.)				
a FOOD	5,757.			5,757.
b SUPPLIES	2,863.	687.	1,088.	1,088.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through	686,562.	586,099.	72,461.	28,002.
26 Joint costs. Complete this line only if the organ	ization			
reported in column (B) joint costs from a comb	ined			
educational campaign and fundraising solicitati	on.			
Check here if following SOP 98-2 (ASC 958-	720)			Form 990 (2020

10

032010 12-23-20

Form 990 (2020)

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PEORIA	PUBLIC	SCHOOLS	FOUNDATION
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36-4200821 Page 11

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		291,515.	1	360,209.
	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 any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1	863,057.	12	1,053,274.
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa			16	1,413,483.
	17	Accounts payable and accrued expenses		372.	17	0.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
abilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abi		controlled entity or family member of any of thes	e persons		22	
ב	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		<u>28,499.</u> 28,871.	25	21,483.
	26	Total liabilities. Add lines 17 through 25		28,871.	26	21,483.
		Organizations that follow FASB ASC 958, che	ck here 🕨			
ces		and complete lines 27, 28, 32, and 33.				
llan	27				27	
Ba	28	Net assets with donor restrictions			28	
nna		Organizations that do not follow FASB ASC 9	58, check here 🕨 🔀			
r F		and complete lines 29 through 33.				
ts C	29	Capital stock or trust principal, or current funds		•	29	0.
SSe	30	Paid-in or capital surplus, or land, building, or eq		<u> </u>	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31	0.
	32	Total net assets or fund balances		1,125,701.	32	1,392,000.
	33	Total liabilities and net assets/fund balances		1,154,572.	33	1,413,483.
						Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Form	1990 (2020) PEORIA PUBLIC SCHOOLS FOUNDATION	36-42	200821	Page 12
Pa	rt 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		<u>,861.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,562.
3	Revenue less expenses. Subtract line 2 from line 1	3		,299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,125	,701.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	1,392	,000.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	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,		
	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 on Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle 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 requi	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of	the organization						Employer	identification number
	PEOR	IA PUBLIC ;	SCHOOLS FOUNI	OITAC	V		3	6-4200821
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	: II.)				
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10	An organization that norma							
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment
	income and unrelated busir		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Con	• •						
11	An organization organized a	•		•				
12	An organization organized a	-	-	-			•	
	more publicly supported or	-						Check the box in
	lines 12a through 12d that	• •			-		-	
а	Type I. A supporting orga		-	• • • •	-			
	the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting
	organization. You must o	-						
b	Type II. A supporting org	-				-		-
	control or management o			ame perso	ns that col	ntroi or manag	ge the supp	orted
	organization(s). You mus				tion with a	ad functional	lu into avoto	d with
с	Type III functionally inte						ly integrate	a with,
d	its supported organization Type III non-functionally		-				tod organiz	ration(c)
u	that is not functionally int	• •					•	
	requirement (see instructi			•		-	anallenin	61655
е	Check this box if the orga							
e	functionally integrated, or					турет, турет	n, rype m	
f Ent	er the number of supported of			0 0	ation.			
	vide the following information	• • • • • • • • • • • • • • • • • • • •						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(

36-4200821 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	219,262.	188,179.	288,309.	390,489.	664,374.	1750613.
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		100 150				4
4	Total. Add lines 1 through 3	219,262.	188,179.	288,309.	390,489.	664,374.	1750613.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						380,100.
	Public support. Subtract line 5 from line 4.						1370513.
Sec	ction B. Total Support	1			1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	219,262.	188,179.	288,309.	390,489.	664,374.	1750613.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	22,992.	19,249.	24,221.	22,670.	20,252.	109,384.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1859997.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						►
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I		•	())		14	73.68 %
	Public support percentage from 2019					15	74.30 %
1 6a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		►
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	►
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	🕨
					Sche	dule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION 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	on A. Public Support				_		
Calenda	ır year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gi	fts, grants, contributions, and						
m	embership fees received. (Do not						
ind	clude any "unusual grants.")						
me foi an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
	ross receipts from activities that e not an unrelated trade or bus-						
ine	ess under section 513						
	ax revenues levied for the organ- ation's benefit and either paid to						
or	expended on its behalf						
fu	ne value of services or facilities rnished by a governmental unit to e organization without charge						
	otal. Add lines 1 through 5						
7a Ar	nounts included on lines 1, 2, and received from disqualified persons						
froi exc am	nounts included on lines 2 and 3 received m other than disqualified persons that seed the greater of \$5,000 or 1% of the sount on line 13 for the year						
	dd lines 7a and 7b						_
8 Pi Sectio	ublic support. (Subtract line 7c from line 6.) on B. Total Support						
Calenda	ır year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Ar	mounts from line 6						
10a Gr div se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
b Un	related business taxable income						
``	ess section 511 taxes) from businesses quired after June 30, 1975						
c Ac	dd lines 10a and 10b						
11 Ne ac wh	et income from unrelated business tivities not included in line 10b, nether or not the business is gularly carried on						
or	ther income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
13 To	tal support. (Add lines 9, 10c, 11, and 12.)	Ĺ					
14 Fi	rst 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
ch	neck this box and stop here	<u></u>					>
Section	on C. Computation of Publi	<u>c Support Per</u>	centage			, ,	
15 Pu	ublic support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	ublic support percentage from 2019					16	%
Section	on D. Computation of Inves	tment Income	e Percentage				
17 Inv	vestment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Inv	vestment income percentage from 3	2019 Schedule A,	Part III, line 17			18	%
19a 33	8 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3		e 17 is not
	ore than 33 1/3%, check this box ar						►
	3 1/3% support tests - 2019. If the	-	•				6, and
	e 18 is not more than 33 1/3%, che						
	ivate foundation. If the organizatio						·····
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0			15	5	2011		,_,_

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Schedule A (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 disgualified 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

16

032024 01-25-21

10b

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

10301214 131839 001-011307

Schedule A (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	e method that the o	rganization used to sati	fy the Integral Part	Test during the year	ar (see instructions).
---	---------------------------	---------------------	--------------------------	----------------------	----------------------	------------------------

- a 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 governmental entity ('see instruction <u>s).</u>
---	---	-------------------------	---------------------------------------	-----------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

10301214 131839 001-011307

Schedule A (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION

Par	i v Type in Non-Functionally integrated 509	a)(s) supporting Orga	mzations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

<u>Schedule A</u> (Form 990 or 990-E	<u>Z) 2020 PE</u>	<u>ORIA</u>	POBLIC	<u>SCHOOLS</u>	<u>FOUNDATIO</u>	<u>N</u>	36-4200821	Page 8
	line 1; Part IV, Section A,	, lines 1, 2, 3b ction D, lines 2), 3c, 4b, 2 and 3; F	4c, 5a, 6, 9a, Part IV, Sectic	9b, 9c, 11a, 11i on E, lines 1c, 2a	o, and 11c; Part IV, , 2b, 3a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; P	n C, art V,
	Section D, lines 5, (See instructions.)	, 6, and 8; and)	d Part V, S	Section E, line	es 2, 5, and 6. A	so complete this pa	art for any additior	nal information.	
32028 01-25-2-					20		Schedul	e A (Form 990 or 990	-EZ) 2020

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

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

Contributor's Name	Total Contributions	Excess Contributions
DIANE S MOORE	55,000.	17,800.
J & V FLYNN FOUNDATION	103,000.	65,800.
OAK RIVER FOUNDATION	45,000.	7,800.
GLEN & POLLY BARTON	100,000.	62,800.
GILMORE FOUNDATION	250,000.	212,800.
BARTON FAMILY FOUNDATION	37,500.	300.
GREGORY AND JODI PEINE	50,000.	12,800.
Total Excess Contributions to Schedule A, Part II, Line 5		380,100.

Schedule B

(Form 990, 990-EZ,

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. n990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

or 990-PF) Department of the Treasury Internal Revenue Service		► G	o to www.irs.go	ov/Form990 for the la
Name of the organization	วท			
	PEORIA	PUBLIC	SCHOOLS	FOUNDATION

36-4200821

Filers of:	Sect	ion:
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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

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

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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

36-4200821

PEORIA PUBLIC SCHOOLS FOUNDATION

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

	Contributors (see instructions). Use duplicate copies of Part 1 if ac		Τ
(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	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GILMORE FOUNDATION 5823 NORTH FOREST PARK DRIVE PEORIA, IL 61614	\$200,000.	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
3	COMMUNITY FOUNDATION OF CENTRAL ILLINOIS 3625 N SHERIDAN ROAD PEORIA, IL 61604	\$88,382.	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	GREGORY AND JODI PEINE 149 FAWN HAVEN DR. EAST PEORIA, IL 61611	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ALIGN PEORIA 403 NE JEFFERSON AVE. PEORIA, IL 61603	\$35,059.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CATERPILLAR FOUNDATION		Person X Payroll
	100 NE ADAMS ST.	\$ 21,065.	Noncash

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23

Employer identification number

36-4200821

PEORIA PUBLIC SCHOOLS FOUNDATION

Part 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	SCHWAB CHARITABLE P.O. BOX 628298 ORLANDO, FL 32862	\$ <u>13,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Page 3

Employer identification number

36-4200821

PEORIA PUBLIC SCHOOLS FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

25

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page 4

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II with the total of exclusively religious. A charable, etc. contributors of \$1,000 or less for the year. (Enter this info. one.) ▶ \$	ame of org	ganization		Employer identification num						
If an III Exclusively religious, charitable, etc., contributions to organizations described in section 50 (lc/r), (B), or (10) that bala more than \$1,000 for the yet comparison on product Print, etc., contributions to \$1,000 or these to the yet (Extinstin out). >	EORTA	PUBLIC SCHOOLS FOUNDAT	TON	36-4200821						
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Part I Compare to the comp										
Part I C/ C/ <th< td=""><td></td><td></td><td></td><td></td></th<>										
Part I										
(e) Transfer of gift	a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	┝		(e) Transfer of git							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				-						
	F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						

26

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SCHEDU	LE D
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer	ider	ntifi	cati	ion	number
~	~		~ ~	~ ~	A

	PEORIA PUBLIC SCHOOI			36-4200	
Par	t I Organizations Maintaining Donor Advised	Funds or Other Simila	r Funds or Ac	counts. Complete if	the
	organization answered "Yes" on Form 990, Part IV, line (6.			
		(a) Donor advised fund	s (t) Funds and other acc	ounts
1	Total number at end of year				18
2	Aggregate value of contributions to (during year)			11	2,160.
3	Aggregate value of grapts from (during vacy)				50,490.
4	Aggregate value of grants nonn (during year)				1,366.
		ting that the second hold in d			11,500.
5	Did the organization inform all donors and donor advisors in wri	-			v .
-	are the organization's property, subject to the organization's ex				X No
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or c	· · ·		•	
D	impermissible private benefit?				X No
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on F	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).			
	Preservation of land for public use (for example, recreation	n or education)	ervation of a histor	rically important land ar	ea
	Protection of natural habitat	Pres	ervation of a certif	ied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution ir	the form of a con	servation easement on	the last
	day of the tax year.]	Held at the End of	
а	Total number of conservation easements			2a	
b				2b	
c	Number of conservation easements on a certified historic struct		r	2c	
d	Number of conservation easements included in (c) acquired after				
u	() 1	,		04	
•	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or termina	ted by the organiz	ation during the tax	
	year				
4	Number of states where property subject to conservation easer				
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, ha	Indling of		
	violations, and enforcement of the conservation easements it he	olds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enfo	rcing conservatior	n easements during the	year
	►				
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing	conservation eas	ements during the year	
	►\$				
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of se	ction 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation			ent and	
	balance sheet, and include, if applicable, the text of the footnot		•		
	organization's accounting for conservation easements.				
Par		Art, Historical Treasure	s, or Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form 9	•			
10	If the organization elected, as permitted under FASB ASC 958,		atomont and bala	aca chaot works	
Ia		•			
	of art, historical treasures, or other similar assets held for public				
	service, provide in Part XIII the text of the footnote to its financi				
b	If the organization elected, as permitted under FASB ASC 958,				
	art, historical treasures, or other similar assets held for public e	xhibition, education, or resea	rch in furtherance	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, historical treas	ures, or other similar assets f	or financial gain, p	rovide	
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:			
а		~		► \$	

032051 12-01-20

b Assets included in Form 990, Part X

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

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Schedule D (Form 990) 2020

Sche		PUBLIC SCHO					00821		
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	r Assets	continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpc	se in Part	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
D	to be sold to raise funds rather than to be ma						Yes	No	
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" or	n Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia								
	on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			1			
	_						Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on Fo						Yes	No	
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •	∟		NO	
Par									
		(a) Current year	(b) Prior year	(c) Two years back		years back	(a) Four y	vears back	
1a	Beginning of year balance	122,356.	125,463.	125,933.		L24,400.		11,102.	
	Contributions	, -	/ -	, -		, .			
	Net investment earnings, gains, and losses	31,634.	4,223.	6,587.		8,642.		14,478.	
	Grants or scholarships	6,162.	6,114.	5,841.		5,841.			
	Other expenditures for facilities	,	· · ·	,		•			
-	and programs								
f	Administrative expenses	1,340.	1,216.	1,216.		1,268.		1,180.	
	End of year balance	146,488.	122,356.	125,463.	1	L25,933.	1	24,400.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Term endowment 100	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for t	he organiz	ation			
	by:						<u> </u>	es No	
	(i) Unrelated organizations						3a(i)	<u> </u>	
	(ii) Related organizations						3a(ii)	<u> </u>	
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	• •		Accumulat		(d) Book	value	
		basis (investm	nent) basis	(other) de	epreciation	1			
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>X. column (B). line 1</u>	<u>)c.)</u>				0.	
						Schedule	D (Form	990) 2020	

032052 12-01-20

	ule D (Form 990) 2020	PEORIA PUBL	IC SCHOOLS	FOUI	NDATION	36	-4200821	Page 3
Part	VII Investments -	Other Securities.						
	Complete if the org	anization answered "Yes"	on Form 990, Part IV	/, line 11	1b. See Form 990, Part X,	line 12.		
(a) D	escription of security or cate		(b) Book value		(c) Method of valuation		d-of-year market \	/alue
(1) Fir	nancial derivatives							
• •	osely held equity interests							
(3) Ot	, , ,							
(O) (A)	COMMUNITY FO	UNDATION						
(B)	INVESTMENT		1,053,2	74.	END-OF-YEAR	MARKET	VALUE	
(C)				/			111202	
(D)								
(E)								
(F)								
(G)								
(H)			1,053,2	74				
	VIII Investments -	D, Part X, col. (B) line 12.)	1,033,2	/4•				
rart		-						
	(a) Description of	anization answered "Yes"					h of yoor markat y	
	(a) Description of	Investment	(b) Book value	,	(c) Method of valuation	n. Cost or end	D-OI-year market	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		0, Part X, col. (B) line 13.) 🕨						
Part	IX Other Assets.							
	Complete if the org	anization answered "Yes"	on Form 990, Part IV	/, line 11	1d. See Form 990, Part X,	line 15.		
		(a)	Description				(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		orm 990, Part X. col. (B) line S.	e 15.)			•••••		
	Complete if the ord	anization answered "Yes"	on Form 990. Part IV	/. line 11	le or 11f. See Form 990	Part X. line 25		
1.		escription of liability	,			,	(b) Book va	alue
	Federal income taxes							
(2)		IT LIABILITIE:	S				-2	,519.
(3)	PAYROLL LIAB							,002.
(4)	PPP LOAN							,000.
(5)								,
(6)								
(7)								
(8)								
<u>(9)</u>	(0) (1)					•	21	,483.
	· · · ·	o <u>rm 990, Part X, col. (B) line</u> sitions. In Part XIII. provide	,				•	, ±0,.
LI2	ounty for uncertain tax bo	SUQUS, ILLEAR AND DROVIDE	THE TEXT OF THE TOOTH	we to ff	ne organization s tinancia	i statements ti	UAL LEOOUS THE	

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

032053 12-01-20

	edule D (Form 990) 2020 PEORIA PUBLIC SCHOOLS FOU		<u>36-4200821</u> Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expension	ses per Return.
Ра	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With Expense 2a.	
1	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expense 2a.	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With Expense 2a.	
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.	
1 2	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Expension 2a. 2a	
1 2	TXII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a 2a	
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2b 2c	
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a	1
1 2 a b c	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	1
1 2 b c d e	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	1
1 2 b c d 3	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2b 2c 2d	1
1 2 3 4	T XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	1
1 2 3 4 3	TXII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a 2a 2b 2b 2c 2c 2d 2d 2d	1 2e 3 4c
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2a 2b 2b 2c 2c 2d 2d 2d	1 2e 3 4c

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

PART V, LINE 4:

SUPPORT PEORIA PUBLIC SCHOOL DISTRICT 150 BY PROVIDING GRANTS AND FUNDS

USED FOR THE ACTIVITIES OF RESEARCH AND PROVIDING QUALITY EDUCATION.

032054 12-01-20

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ) 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.							or if the	2020
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.						F armler register		
							36-4200	
	complete this part	• Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	vities.	Check all that apply.			
a Mail solicitat	ions	e Solicita	tion of	non-g	overnment grants			
	email solicitations			-	nment grants			
c Phone solici		g Special	fundra	aising	events			
d In-person so			(:	1:	Kiesene eline et en e			
		or oral agreement with any individual art VII) or entity in connection with p				lees,		s No
		viduals or entities (fundraisers) pursu			•	ne fur		
compensated at le	0	()1						-
	-	-				(.)	A management of a lad	Τ
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total		I						
3 List all states in whi		on is registered or licensed to solicit o		utions	or has been notified	it is (exempt from re	gistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION	
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gr				
		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	92,618.			92,618
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	92,618.			92,618
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	1,846.			1,846
8	Entertainment				
9					26,186.
10				•	28,032
					64,586
1	Gross revenue				col. (a) through col. (c
3					
4	Rent/facility costs				
5	Other direct expenses				
		Yes %	Yes %	Yes %	
6	Volunteer labor	No	Νο	No	
6 7			Νο		
	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)		▶	
7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:		▶	Yes No
7 8 En Is	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	states?	▶	Yes No
7 8 Is If	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> nter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax ye	▶ ▶	
7 8 Is If	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax ye	▶ ▶	
7 8 Is If	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> nter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax ye	▶ ▶	
	2 3 4 5 6 7 8 9 10 11 1 2 2	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	CollF OUTTING (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 9 92,618. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Renting. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo (a) Bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	GOLF OUTTING GOLF OUTTING (event type) (a) Bingo (b) Pull tabs/instant (a) Bingo (b) Pull tabs/instant (a) Bingo (b) Pull tabs/instant (b) Pull tabs/instant (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (a) Rent/facility costs (b) Other direct expenses (c) Other direct expenses	Image: Control of the second secon

Sch	nedule G (Form 990 or 990-EZ) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION 36	5-42008	821	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
				<u> </u>
	a An outside facility	[130]		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	······ `	Yes	No
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
Ċ	c If "Yes," enter name and address of the third party:			
	Name			
				,
	Address 🕨			
16	Gaming manager information:			
10	Gaming manager information.			
	Name N			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	•	Yes	No
k	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	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	
0320	83 11-25-20 Schedule G (I	Form 990 o	r 990-	EZ) 2020
5520		5 000 0		, _520

Schedule G	(Form 990 or 990-EZ)) PEORIA	PUBLIC	SCHOOLS	FOUNDATION
Dart IV	Supplemental I	nformation			

Failly	Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Compl	ete if the organizatio			rt IV, line 21 or 22.		LULU
Department of the Treasury Internal Revenue Service		► Go to www.in	Attach to Forn rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization PEORIA PU	BLIC SCHO	OLS FOUNDAT	ION				Employer identification number $36 - 4200821$
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part With a constraint in a 	tance?						on Yes 🔀 No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					anization answorod "	Vos" on Form 000 Part	IV line 21 for any
recipient that received more than \$					anization answered	res on ronn 990, Pan	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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)	8,800.	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)	432,321.	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) and 3 Enter total number of other organizations 		•	I e line 1 table		I		<u> </u>

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Schedule I (Form 990) 2020 PEORIA PUBLIC SCHOOLS FOUNDATION

36-4200821

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.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS	43	34,510.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



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. HOWEVER, 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.

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 Schedule O (Form 990 or 990-EZ) 2020

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