MAULDIN & JENKINS, LLC 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946

> THE FOUNDATION FOR PUBLIC EDUCATION IN GEORGIA, INC. 205 JESSE HILL DR SE ATLANTA, GA 30334

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CLIENT'S COPY



March 16, 2023

The Foundation for Public Education in Georgia, Inc. 205 Jesse Hill Dr SE Atlanta, GA 30334 Attention: Paige Pushkin

Dear Paige:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

Mauldin & Jenkins has confirmed, with the Georgia Department of Revenue, that the Form 990 provided to Georgia does not require signature. We have forwarded a copy to GA DOR on your behalf.

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

Sincerely,

Mary Jo Alexander MAULDIN & JENKINS, LLC

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	on	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning $JUL \ 1$, 2021, and ending JUN	N 30 2022	0004
	Do not send to the IRS. Keep for your records.	, ==	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest informat	tion.	
Name of filer THE FO	UNDATION FOR PUBLIC EDUCATION IN	EIN or SSN	
GEORGI.	A, INC.	84-2	471357
Name and title of officer or pe			
Dort I Type of I	EXECUTIVE DIRECTOR Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo whichever is applicable, bl than one line in Part I.	rn for which you are using this Form 8879-TE and enter the applicable amount, r dollars and cents. For all other forms, enter whole dollars only. If you check th ount on that line for the return being filed with this form was blank, then leave li ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the	ne box on line 1a, 2a , ine 1b, 2b, 3b, 4b, 5b applicable line below	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check h		line 12)	1b
2a Form 990-EZ che	ck here ▶ X b Total revenue, if any (Form 990-EZ, line 9)		2b <u>40,392</u> .
3a Form 1120-POL of	check here ▶ b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF che			
5a Form 8868 check			
6a Form 990-T check			
7a Form 4720 check			
8a Form 5227 check			8b
9a Form 5330 check 10a Form 8038-CP ch		P. Part III, line 22)	9b 10b
	ion and Signature Authorization of Officer or Person Subject		
	I declare that X I am an officer of the above entity or I am a person s		pect to (name
complete. I further declare intermediate service provid	, (EIN) accompanying schedules and statements, and, to the best of my knowledge a that the amount in Part I above is the amount shown on the copy of the electr der, transmitter, or electronic return originator (ERO) to send the return to the IF pt or reason for rejection of the transmission, (b) the reason for any delay in p	and belief, they are tru ronic return. I consent RS and to receive fron	le, correct, and to allow my n the IRS (a) an
of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv	I authorize the U.S. Treasury and its designated Financial Agent to initiate an ition account indicated in the tax preparation software for payment of the feder t the entry to this account. To revoke a payment, I must contact the U.S. Treasury ro to the payment (settlement) date. I also authorize the financial institutions e confidential information necessary to answer inquiries and resolve issues relations (PIN) as my signature for the electronic return and, if applicable, the conservation of the conservation of the settlement of the electronic return and, if applicable, the conservation of the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the provide the settlement of the electronic return and the settlement of the electronic return and the provide the settlement of the settlement of the electronic return and the provide the settlement of th	electronic funds with eral taxes owed on this sury Financial Agent a s involved in the proce ated to the payment. I	drawal (direct debit) s return, and the t 1-888-353-4537 no sssing of the electronic have selected a
PIN: check one box only			
	ULDIN & JENKINS, LLC	to enter my I	PIN 62840
	ERO firm name		Enter five numbers, but
			do not enter all zeros
with a state age	on the tax year 2021 electronically filed return. If I have indicated within this re ncy(ies) regulating charities as part of the IRS Fed/State program, I also author lisclosure consent screen.		•
return. If I have i	person subject to tax with respect to the entity, I will enter my PIN as my signa ndicated within this return that a copy of the return is being filed with a state a rogram, I will enter my PIN on the return's disclosure consent screen.		•
Signature of officer or person subject		Date	
Part III Certifica	tion and Authentication		
-	your five-digit self-selected PIN. 580303 Do not enter	311111 er all zeros	
-	neric entry is my PIN, which is my signature on the 2021 electronically filed ret cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform		
ERO's signature 🕨 <u>MAU</u>	LDIN & JENKINS, LLC Date	▶ 03/16/23	
	ERO Must Retain This Form - See Instruction		
	Do Not Submit This Form to the IRS Unless Requested	10 DO SO	5 9070 TE /00-1
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)

E (2021)

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

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

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

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

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

Type or print Name of exempt organization or other filer, see instructions. Ta generation THE FOUNDATION FOR PUBLIC EDUCATION IN GEORGIA, INC. Ta		Taxpayer identification number (TIN) $84 - 2471357$				
File by the due date for filing your 205 TESSE HILL DR SE						±/133/
return. See instructions.	City, town or post office, state, and ZIP code. For a for ATLANTA, GA 30334	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation)	07				
Teleph ● If the c ● If this i box ▶ [1 I rea the ▶ [noks are in the care of DR. − ATLANTA, one No. 404-656-4693 arganization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box use (use the an automatic 6-month extension of time until organization named above. The extension is for the organization calendar year or	GA 30 s in the Uni Group Exe and atta MAX anization's	Fax No. ►	f this is fo all memb	r the whole ers the exte npt organiza	group, check this ension is for.
any	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	,		3a	\$	0.
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	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	If you are going to make an electronic funds withdrawal				d Form 887	

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

Form 8868 (Rev. 1-2022)

Form 990-EZ Return of Organization Exempt From Income Tax Under section 50(6).527, or 497(6)(1) of the Internal Revenue Code (except private foundations) Destination Document of the Near Heat Return Science Return Return Code (except private foundations) Do to the resolution south the Internal Revenue Code (except private foundations) Destination A for the Rot 201 calendar yrar, or tax yran beginning Code on working, or tax yran beginning Code of the Rot 201 Code on tax Code on tax yran beginning Code of code on tax yran beginning Code of code of code on tax Code of code of code of code on tax Code of code code of code of code code of code of code c				EXTENDED TO MAY 15, 2023 Short Form			1	
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	Ne		Uther changes	In net assets or fund balances (explain in Schedule U) SEE SCHEDULE O	···•			
						21		

THE FOUNDATION FOR PUBLIC	EDUCATION IN			
Form 990-EZ (2021) GEORGIA, INC.			84-24713	57 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp				
	(/	A) Beginning of year		nd of year
22 Cash, savings, and investments		645	• 22	8,195.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)			24	
25 Total assets		645	• 25	8,195.
26 Total liabilities (describe in Schedule 0)		0		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		645		8,195.
Part III Statement of Program Service Accomplishment	its (see the instruction	ons for Part III)		penses
Check if the organization used Schedule O to resp	•	,	X (Required	for section
What is the organization's primary exempt purpose? SEE SCHEDULE O			<u> </u>	and 501(c)(4)
			others.)	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program s manner, describe the services provided, the number of persons benefited, and other relevant informa		In a clear and concise		
28 SEE SCHEDULE O			<u> </u>	
725 002				
(Grants \$ 735,083.) If this amount includes foreign of	grants, check here	▶	28a	735,083.
29				
(Grants \$) If this amount includes foreign g	grants, check here		29a	
30				
Grants \$) If this amount includes foreign g	grants, check here	>	30a	
31 Other program services (describe in Schedule O)				
	arants, check here	•	31a	
(Grants \$) If this amount includes foreign g			31a	735.083.
(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a)			▶ 32	735,083.
(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven if not compensated - s	▶ 32	735,083. r Part IV)
(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a)	mployees (list each one e	ven if not compensated - s in this Part IV	32 See the instructions fo	r Part IV)
(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each one e bond to any question (b) Average hours	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms	32 see the instructions fo (d) Health benefits, contributions to	r Part IV) (e) Estimated
(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	> 32 see the instructions fo (d) Health benefits, contributions to employee benefit plans, and deferred	r Part IV)
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(Grants \$) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title DAVIS KNOX	(list each one e cond to any question (b) Average hours per week devoted to position	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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(Grants \$)) If this amount includes foreign of 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title DAVIS KNOX BOARD CHAIR KENNETH MASON BOARD VICE CHAIR ROBERT "BUZZ" LAW	(list each one e bond to any question (b) Average hours per week devoted to position 2.00 2.00	ven if not compensated - : in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	▶ 32 see the instructions fo (d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0.
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Forn	$\frac{1}{1990-EZ(2021)} \qquad \text{GEORGIA, INC.} \qquad 84-2471$	357		Page 3
	Other Information (Note the Schedule A and personal benefit contract statement requirements i		•	i ayt u
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D .			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright GA	<u> </u>	<u></u>	
42 a	The organization's books are in care of \blacktriangleright KARMA JORDAN Telephone no. $\blacktriangleright 404-65$	$\frac{3-4}{022}$	<u>, 293</u>	
L	Located at \blacktriangleright 1562 TWIN TOWERS EAST, 205 JESSE HILL JR. DR., AT ZIP + 4 \blacktriangleright 3	033	<u>+</u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Vas	No
		42b	100	X
	account)? If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ſ	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
Ŭ	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
		N/A		
		l	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
2	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	-		
_	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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." Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990-EZ (2021)

THE FOUNDATION	FOR	PUBLIC	EDUCATION	IN
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GEORGIA, INC.

46

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for pu	blic office?
	If "Yes," complete Schedule C, Part I	
Pa	Part VI Section 501(c)(3) Organizations Only	

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any guestion in this Part VI

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			
	If "Yes," complete Sch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee NONE	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

Form 990-EZ (2021)

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the 51 NONE organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

► X Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is /

true, correct, and comple	te. Declaration of preparer	(other than officer) is based on all information	of which preparer h	as any knowledge.

				Date			
Sign	Signature of officer	Signature of officer					
Here		PAIGE PUSHKIN, EXECUTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid				self- employed			
Prepare	, MARY JO ALEXANDER	MARY JO ALEXANDER	03/16/23		P00002534		
Use Onl		Firm's name ► MAULDIN & JENKINS, LLC					
	Firm's address ► 200 GALLERI	Firm's address ► 200 GALLERIA PKWY SE STE 1700			Phone no. 770-955-8600		
	ATLANTA, GA	ATLANTA, GA 30339-5946					
May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co	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
Nar	ne of t	he organizatio			FOR PUBLIC H	'DUCA'	L'ION I	N		identification number 4-2471357
Pa	irt I	Reason		GIA, INC. Charity Status.	(All organizations must c	omolete th	nis nart) S	ee instruction		4-24/155/
					For lines 1 through 12, cl					
1 2 3 4		 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 								
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6 7 8		An organization section 170(I	on that norma (1)(1)(A)(vi). (C	lly receives a substan omplete Part II.)	nental unit described in s ntial part of its support fr (1)(A)(vi). (Complete Part	om a gove		.,	ne general (public described in
9		-			in section 170(b)(1)(A)(i		ed in conju	inction with a	land-grant	college
		0			ulture (see instructions).				°.	•
10			on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
11		income and u See section An organization	nrelated busir 5 09(a)(2). (Cor on organized a	ness taxable income mplete Part III.) and operated exclusi	t to certain exceptions; a (less section 511 tax) fro vely to test for public saf	m busines ety. See	ses acqui	red by the org)9(a)(4).	ganization a	fter June 30, 1975.
12		-	-	-	vely for the benefit of, to				•	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ugh 12d that o	describes the type or	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
a				-	upervised, or controlled I		-			
			-		gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	Ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b					or controlled in connect			-		-
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or mana	ge the supp	ported
		7		t complete Part IV,						
c			-	• • • •	g organization operated i				lly integrate	d with,
			•). You must complete F		-	•		
c					oorting organization operation					
					ation generally must sati				an attentiv	reness
		7			nplete Part IV, Sections					
e			•		written determination from			Туре I, Туре	II, Type III	
	- .		0		nally integrated supportir	0 0				[]
Т		er the number of the second		0						
		i) Name of suppo		about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	•	organization			(described on lines 1-10	in your governi Yes	ng document?	support (see ii	-	support (see instructions)
					above (see instructions))					
Tota	al									

				PUBLIC EDU	CATION IN		
	edule A (Form 990) 2021 G	EORGIA, I	NC.			84-247	1357 Page 2
Pa	art II Support Schedule for	-		•			•
	(Complete only if you checke			-	failed to qualify u	nder Part III. If the	organization
80	fails to qualify under the tests ction A. Public Support	s listed below, plea	se complete Part i	II. <i>)</i>			
	••	() 0017	(1) 0010	() 0040	()) 0000	() 0001	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")			80,000.	62,404.	10 302	182,796.
•				00,000.	02,404.	40,392.	102,790.
Z	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4				80,000.	62,404.	40.392.	182,796.
5	The portion of total contributions				02/1010	10,0511	
•	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)						59,032.
6	Public support. Subtract line 5 from line 4.						123,764.
See	ction B. Total Support	1	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			80,000.	62,404.	40,392.	182,796.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						182,796.
11	Total support. Add lines 7 through 10					10	102,790.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax w			
13	organization, check this box and stop	•					
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I			column (f))		14	67.71 %
15	Public support percentage from 2020					15	%
16a	a 33 1/3% support test - 2021. If the o					ore, check this bo>	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop here	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported or	ganization	-	
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circo	umstances test. Th	ne organization qua	alifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b,	check this box a	nd see instructions	

Schedule A (Form 990) 2021

THE FOUNDATION FOR PUBLIC EDUCATION	IN
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 Schedule A (Form 990) 2021
 GEORGIA, INC.

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

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Section A. Public Supr	ort
qualify under the	tests listed below, please complete Part II.)
(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

Section A. I ublic Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_	_	
Calendar year (or fiscal year beginning in) \blacktriangleright	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for th	he organization's fi	rst, second. third. f	ourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
		· · · ·				
· · · · ·			olump (f)		15	07
15 Public support percentage for 2021 (.,,			%
<u>16</u> Public support percentage from 2020 Section D. Computation of Invest					16	%
17 Investment income percentage for 2		•	ne 13. column (fi)		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3	
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The organ	nization qualifies	as a publicly supp	orted organizat	ion ▶
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check tl	his box and see ins	structions	▶ <u></u>

THE FOUNDATION FOR PUBLIC EDUCATION IN GEORGIA, INC.

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Yes

No

Schedule A (Form 990) 2021 GEOI 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")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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THE FOUNDATION FOR PUBLIC EDUCATION IN

Caba	edule A (Form 990) 2021 GEORGIA, INC. 84-2	47135	7	
	A (Form 990) 2021 GEORGIA, INC. 84-2 rt IV Supporting Organizations (continued) 64-2	4/155	/ Pa	age 5
га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
h	11c below, the governing body of a supported organization?	11a 11b		<u> </u>
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
U	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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.	<u>2a</u>		
D	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.		1	

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

	THE FOUNDATION FOR PUBLIC	C EI	DUCATION IN	04 0491259 -
Sche Pai	dule A (Form 990) 2021 GEORGIA, INC. t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Oraa	nizatione	84-2471357 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			in Part VI). See Instructions.
	All other Type III non-functionally integrated supporting organizations must co	ompiet	e Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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-functionally i	ntegra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

THE FOUNDATION FOR PUBLIC EDUCATION IN GEORGIA, INC.

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_	dule A (Form 990) 2021 GEORGIA, INC.			8	4-2471357	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
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	es of supported organizations	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 (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 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-2021	is	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years			_		
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
7	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

					FOR	PUBLIC	EDUCATIO	N IN		
Schedule A	(Form 990) 2021	GEORG							84-2471357	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, l Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, ines 2 and	4b, 4c, 5 3; Part I	5a, 6, 9a, 9 V, Section	b, 9c, 11 E, lines	la, 11b, and 1 1c, 2a, 2b, 3a	1c; Part IV, Sectio , and 3b; Part V, li	n B, lines [·] ne 1; Part [·]	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	rt V,
							7			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

84-2471357

2021

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

Contributor's Name	Total Contributions	Excess Contributions
WYCK AND SHELL KNOX FAMILY FOUNDATION INC	10,000.	6,344.
JESSE PARKER WILLIAMS FOUNDATION, INC.	10,000.	6,344.
WELLS FARGO	50,000.	46,344.
Total Excess Contributions to Schedule A, Part II, Line 5		59,032.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

Employer identification number

0						
	THE	FOUNDATION	FOR	PUBLIC	EDUCATION	IN

Organization type (check one):

GEORGIA, INC.

84-2471357

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 2
	rganization OUNDATION FOR PUBLIC EDUCATION IN		Employer ide	entification number
	IA, INC.		84-24	71357
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 contribution	is Ty	pe of contribution
1	DIGITAL INSURANCE, LLC	15.0	Pa	erson X ayroll oncash
	200 GALLERIA PKWY SE, SUITE 1950 ATLANTA , GA 30339	\$15,0	(Com	ash contributions.)
(0)	(b)	(c)		(d)
(a) No.	Name, address, and ZIP + 4	(C) Total contribution	is Ty	pe of contribution
2	WILLIAM G. MCGOWAN CHARITABLE FUND 30 SOUTH WACKER DRIVE, SUITE 1745 CHICAGO, IL 60606	\$ 10,0	00. (Com	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	us Tv	(d) pe of contribution
		\$	Pa	erson
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs Ty	(d) pe of contribution
		\$	Pa	erson
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs Tv	(d) pe of contribution
		\$	Pr Pr (Corr	erson ayroll oncash nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs Ty	(d) pe of contribution
		\$	Pa	erson

HE FO	rganization DUNDATION FOR PUBLIC EDUCATION IN IA, INC.		Employer identification numbe $84 - 2471357$
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$ (c)	
No. rom Part I	(b) Description of noncash property given	(See instructions.)	(d) Date received
		- - - _ \$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		- - - - \$\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

Schedule B (Form 990) (2021)

Schedule B	(Form 990) (2021)			Page 4					
Name of org	ganization			Employer identification number					
	UNDATION FOR PUBLIC EDU	JCATION IN							
GEORGI	A, INC.			84-2471357					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in s	ection 501(c)(7), (8), or (10 http://For.organizations)) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) 🕨 \$					
(-) N-	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
Part I		., .	. ,						
F	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee					
		[
(a) No									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held					
Part I									
Γ	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
-		· · · · · · · · · · · · · · · · · · ·	-						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
			riolationinp or t						
(-) N -									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
Part I		., .	. ,						
F	(e) Transfer of gift								
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE FOUNDATION FOR PUBLIC EDUCATION IN

Employer identification number 84-2471357

OMB No. 1545-0047

620,178.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: TO FURTHER EDUCATION

GEORGIA,

GRANTEE NAME: GEORGIA FOUNDATION FOR PUBLIC EDUCATION

INC.

GRANTEE ADDRESS: 2052 TWIN TOWERS EAST 205 JESSE HILL JR DR

ATLANTA, GA 30334

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: TO FURTHER EDUCATION

GRANTEE NAME: GOVERNOR'S OFFICE OF STUDENT ACHIEVEMENT

GRANTEE ADDRESS: 205 JESSE HILL DR. SE, 952 TWIN TOWERS EAST

ATLANTA, GA 30334

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: TO FURTHER EDUCATION

GRANTEE NAME: AASD

GRANTEE ADDRESS: 205 JESSE HILL DR. SE, 952 TWIN TOWERS EAST

ATLANTA, GA 30334

AMOUNT GIVEN:

25,002.

82,995.

ACTIVITY CLASSIFICATION: TO FURTHER EDUCATION

GRANTEE NAME: GOVERNOR'S OFFICE OF STUDENT ACHIEVEMENT

GRANTEE ADDRESS: 205 JESSE HILL DR. SE, 952 TWIN TOWERS EAST

ATLANTA, GA 30334

AMOUNT GIVEN:

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

6,908.

THE FOUNDATION FOR PUBLIC EDUCATION IN

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

TRANSFER OF ASSETS PER MERGER WITH INNOVATION FUND

FOUNDATION INC.

Schedule O (Form 990) 2021

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SEE SCHEDULE O

THE FOUNDATION OPERATES AS THE PRIVATE NONPROFIT PHILANTHROPIC ARM OF

THE DEPARTMENT OF EDUCATION OF THE STATE OF GEORGIA. IT WILL SOLICIT

GIFTS, GRANTS AND CONTRIBUTIONS FROM INDIVIDUALS, BUSINESSES, AND

GRANT-MAKING FOUNDATIONS IN SUPPORT OF THE DEPARTMENT EDUCATION'S

MISSION OF PROMOTING "EDUCATIONAL EXCELLENCE FOR GEORGIA'S YOUTH." THE

CREATION OF THE FOUNDATION HAS BEEN EXPRESSLY AUTHORIZED BY THE GEORGIA

GENERAL ASSEMBLY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

AMOUNT:

703,173.

Employer identification number