** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u> </u> | roi tile | e 2022 calendar year, or tax year beginning 001 1, 2022 and | ending 0 | UN 30, 2023 | |
|--------------------------------|--------------------|---|---------------|--|-------------------------------|
| В | Check if applicabl | C Name of organization | | D Employer identifi | cation number |
| | Addre | | | | |
| | Name chang | Doing business as | | 43-13280 | 26 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return/ | 11933 WESTLINE INDUSTRIAL DRIVE | | 31439470 | 30 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,347,299. |
| | Ameno | 51. LOUIS, MO 03140 | | H(a) Is this a group re | |
| | Application | | | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| <u>L</u> | Tax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. See instructions |
| | Websit | | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1991 $ m 	extsf{	iny N}$ | N State of legal domicile: MO |
| P | art I | Summary | | | |
| Φ | 1 | Briefly describe the organization's mission or most significant activities: $\overline{	t ASSI}$ | ST STU | DENTS WITH | |
| Activities & Governance | | DISABILITIES IN ST LOUIS COUNTY IN ACHIE | | | |
| j. | 2 | Check this box if the organization discontinued its operations or dispo | sed of more | than 25% of its net as | |
| ŏ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 10 |
| <u>ه</u> | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| es | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 4 |
| Ξ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 50 |
| Ç | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| Revenue | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 100,234. | 252,158. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 12,057. | -18,689. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 310,508. | 392,695. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 422,799. | 626,164. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 144,138. | 196,903. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 140, 4 | <u>.</u> | 0. | 0. |
| ă | b | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 303,210. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 447,348. | 601,103. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -24,549. | 25,061. |
| Net Assets or Find Balances | | | Ве | ginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 688,184. | 914,683. |
| A Pu | 21 | Total liabilities (Part X, line 26) | | 100,799. | 198,180. |
| 챨 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 587,385. | 716,503. |
| | art II | Signature Block | | | |
| | • | lties of perjury, I declare that I have examined this return, including accompanying schedule | | | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wl | nich preparer | has any knowledge. | |
| | | Signature of officer | | Date | |
| Sig | | | | Date | |
| He | re | TIM EBY, EXECUTIVE DIRECTOR Type or print name and title | | | |
| | | 31 1 | İT | Date Check | PTIN |
| Do: | ч | Print/Type preparer's name BRADLEY BEKEBREDE Preparer's signature | | 1 / 2 2 / 2 4 # | |
| Pai | | | | | 4-1684254 |
| | parer | Firm's name HOLT & PATTERSON, LLC Firm's address 260 CHESTERFIELD INDUSTRIAL BLVD | Firm's EIN 8 | 4-1004234 | |
| USE | Only | | • | Dk 16 | 36) 530 1040 |
| _ | | CHESTERFIELD, MO 63005 | | Phone no. (6 | 36) 530-1040 |
| Ma | y the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Form | 990 (2022) SPECIAL EDUCATION FOUNDATION 43-1328026 Page 2 |
|------|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO ENRICH THE LIVES OF CHILDREN WITH DISABILITIES, AGES THREE TO |
| | TWENTY ONE, IN ST LOUIS COUNTY, MISSOURI, THROUGH PROGRAMS, SUPPORT, |
| | AND SERVICES THAT ARE NOT PROVIDED BY TAX DOLLARS. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 338,913 • including grants of \$) (Revenue \$) |
| | PROGRAMS, SUPPORT, AND PROGRAMS FOR CHILDREN WITH DISABILITIES. |
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| 4b | (Code:) (Expenses \$ |
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| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)} |
| 4e | Total program service expenses 338,913. |

Form 990 (2022) SPECIAL EDUCA Part IV Checklist of Required Schedules

| | | | Yes | NO |
|-----|---|------------|------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | Х | |
| 2 | If "Yes," complete Schedule A | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | - 11 | |
| 3 | 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 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | · | | |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| | 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 | | | Х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | Х | |
| 122 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | - 111 | | |
| ıza | | 12a | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | | |
| - | 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 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | - 22 | |
| 19 | | 40 | | Х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | _00 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | | 000 | |

Page 4

Form 990 (2022) SPECIAL EDUCATION Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|----------------|-----|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | 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 | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | х |
| 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 | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | • | | |
| UZ. | Sahadula N. Dart II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - 55 | | |
| - | | 34 | | Х |
| 35 2 | 211 | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | UJa | | |
| b | 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? | 330 | | |
| 30 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | - 21 |
| 31 | | 37 | | Х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 31 | | - 22 |
| 38 | | 20 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance | 38 | 71 | |
| ı aı | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Officer in Softiculie O Contains a response of flote to any line in this Part v | | Yes | N'a |
| 4. | Enter the number reported in box 3 of Form 1096. Enter -0: if not applicable | | res | No |
| | Enter the Hermoer reported in box of the entrees. Enter of in her applicable | | | |
| | Enter the number of Forms will amount of the facilities of the applicable. | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 4- | | |
| | (gambling) winnings to prize winners? | 1c | | |

SPECIAL EDUCATION FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | | res | NO | | | | |
|------------|---|------------------------------|----------|-----|------------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | , | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 4 | | 77 | | | | | |
| _ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | 2b | Х | v | | | | |
| 3a | | | 3a | | X | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | х | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | | | | | |
| D | If "Yes," enter the name of the foreign country | converte (FDAD) | | | | | | | |
| 5 0 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | E- | | Х | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a 5b | | X | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | - 22 | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 30 | | | | | | |
| ua | | | 6a | | Х | | | | |
| h | any contributions that were not tax deductible as charitable contributions? | | Ua | | | | | | |
| | were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | OD | | | | | | |
| ' а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | 7.5 | | | | | | |
| · | to file Form 8282? | · | 7c | | х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | 7e | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | 7f | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | | | | |
| | | | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | | | | | |
| | , | 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 120 | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | |
| b | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| D | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| 14a | | l l | 14a | | Х | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu. | le O | 14b | | _ <u>_</u> | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | х | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t income? | 16 | | Х | | | | |
| • | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

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 | | | | | |
|------------|---|---------|----------|------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | | |
| | 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 O. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 10 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | 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? | 3 | | X | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | .,, | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed MO | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only |) avail | able | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | ncial | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | |
| | TIM EBY - 314-394-7030 11933 WESTLINE INDUSTRIAL DRIVE ST. LOUIS MO. 63146 | | | | | | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List 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 the instructions for the order in which to list the persons above.

| (A) | (B) | l Grgariizat | | (C) | | | | (D) | (E) | (F) |
|---------------------------------|------------------------|--------------------------------|---|---------|--------------|------------------------------|--------|----------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | Position (do not check mo | | | | one | Reportable | Reportable | Estimated |
| | hours per week | | box, unless perso officer and a direct | | | | | compensation from | compensation from related | amount of other |
| | (list any | Individual trustee or director | | | | р | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | stee or | nstee | | | ensate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | nal trus | onal tr | | ployee | comp | | 1099-NEC) | | and related |
| | line) | Individu | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) TIM EBY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 110,000. | 0. | 0. |
| (2) MIKE CORRY | 2.00 | | | | | | | | | _ |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) JULIA BURKE | 2.00 | ļ | | l | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (4) TODD STREFF | 2.00 | ١ | | | | | | | 0 | • |
| SECRETARY | 2 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) WILL SKOWYRA | 2.00 | ١,, | | 3,7 | | | | | 0 | 0 |
| TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) DEBBIE BENTELE | 1.00 | X | | | | | | | 0 | 0 |
| PRESIDENT EMERITUS | 1.00 | Α. | | | | | | 0. | 0. | 0. |
| (7) RICHARD CARVER BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (8) JASMINE CHEN | 1.00 | ^ | | | | | | 0. | 0. | <u> </u> |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) GEOFFREY GRAMMER | 1.00 | 122 | | | | | | 0. | • | |
| BOARD MEMBER | 1100 | x | | | | | | 0. | 0. | 0. |
| (10) TRACY HAYES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (11) CARIN SHULUSKY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) MICHAEL BARBERCHECK | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

232007 12-13-22 Form **990** (2022)

| Pa | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|----------|---|---|--|-----------------------|---------|--------------|---------------------------------|--------------------------------------|--|---|-----------|----------------------------------|---|----------------|
| | (A) Name and title | (B) Average hours per week (list any | Position (do not check more box, unless person i officer and a directo | | | than | h an | (D) Reportable compensation from the | (E) Reportable compensation from related | | ar | (F) stimate nount other | of | |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | | fı org an | pensa rom the anizati d relate anizatio | e ion ed |
| | | iiile) | lnc | sul | #0 | Ke | Hig | Fol | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal Total from continuation sheets to Part VI | | | | | | | | 110,000. | | 0. | | | 0. |
| _d 2 | | | | | | ····· | | | 110,000. eceived more than \$100 | ,000 of reportable | 0. | | | 0. |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some | uch individual | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? <i>If</i> "Yes, | " coi | mple | ete S | Sche | edule | J f | for such individual | | | 4 | | Х |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors | | | | | - | | eıat | ed organization or indiv | dual for services | | 5 | | X |
| 1 | Complete this table for your five highest co | • | | | | | | | | | pens | ation | from | |
| | (A) Name and business | address | NC | NI | Ξ_ | | | | (B) Description of s | ervices | С | (Compe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| 2 | Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati | Ū | ot lir | nite | d to | | se lis | stec | d above) who received n | nore than | | | | |

Form 990 (2022) SPECIAL
Part VIII Statement of Revenue

| | | Check if Schedule O | containe a roenoneo | or note to any lin | o in this Dart \/III | | | |
|--|------|-----------------------------------|------------------------|--|----------------------|-------------------|------------------|--------------------|
| | | Check if Schedule O | contains a response | To note to any lin | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | | Revenuè éxcluded |
| | | | | | | function revenue | business revenue | |
| | | | | | | | | sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| S'a Ou | b | Membership dues | 1b | | | | | |
| S, (| С | Fundraising events | 1c | 2,990. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Related organizations | | | | | | |
| | | Government grants (contr | | | | | | |
| Sign | | All other contributions, gifts, | | | | | | |
| le E | • | similar amounts not included | | 249,168. | | | | |
| [6를 | ~ | | | | | | | |
| [달짓 | _ | Noncash contributions included in | | | 252,158. | | | |
| - " | n | Total. Add lines 1a-1f | | | 232,130. | | | |
| | | | | Business Code | | | | |
| <u>ဗ</u> | 2 a | · | | | | | | |
| le e | b | | | | | | | |
| en S | С | : | | | | | | |
| ev an | d | | | | | | | |
| Program Service Revenue | е | · | | | | | | |
| ₫ | f | All other program service | revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (include | | | | | | |
| | | · | | | 12,440. | | | 12,440. |
| | 4 | Income from investment of | | | • | | | - |
| | 5 | Royalties | • | F | | | | |
| | Ŭ | noyanco | (i) Real | (ii) Personal | | | | |
| | 6 0 | Gross rents | 6a | (1) 1 31331141 | | | | |
| | | | - | | | | | |
| | | Less: rental expenses | 6b | | | | | |
| | | Rental income or (loss) | [6c | | | | | |
| | | Net rental income or (loss | | (2) OH | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | _{7a} 631,806. | <u> </u> | | | | |
| | b | Less: cost or other basis | | | | | | |
| - Ju | | and sales expenses Gain or (loss) | 7b 662,935. |) | | | | |
| ē | С | Gain or (loss) | $ _{7c} -31,129.$ | , | | | | |
| a | d | Net gain or (loss) | <u></u> | | -31,129. | -31,129. | | |
| her Revenue | 8 a | Gross income from fundraising | ng events (not | | | | | |
| ₽ | | including \$ | 2,990. of | | | | | |
| | | contributions reported on | line 1c). See | | | | | |
| | | Part IV, line 18 | 8a | 450,895. | | | | |
| | b | | 86 | 58,200. | | | | |
| | | Net income or (loss) from | | | 392,695. | | | 392,695. |
| | | Gross income from gamin | | | • | | | • |
| | | Part IV, line 19 | | | | | | |
| | h | Less: direct expenses | | | | | | |
| | | | | ' | | | | |
| | | Net income or (loss) from | | | | | | |
| | 10 a | Gross sales of inventory, | I | | | | | |
| | | and allowances | | 1 | | | | |
| | | Less: cost of goods sold | | ' | | | | |
| \dashv | С | Net income or (loss) from | sales of inventory . | | | | | |
| ဋ | | | | Business Code | | | | |
| e e | 11 a | | | | | | | |
| Miscellaneous Revenue | b | | | | | | | |
| € e | С | | | | | | | |
| ig ⊣ | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue See instruction | | | 626 164 | -31,129. | 0. | 405.135. |

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 respons | se or note to any line in | this Part IX | | |
|---------|--|---------------------------|-------------------------------|-----------------------|---------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| 4 | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | | 110,000. | 21,976. | 44,012. | 44,012. |
| 6 | trustees, and key employees | 110,000. | 21,5700 | 44,0124 | 44,012. |
| 6 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 60,415. | 39,999. | 7,469. | 12,947. |
| 8 | Pension plan accruals and contributions (include | 55,115. | 23,333. | ., 200 | , |
| 3 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 14,829. | 5,835. | 3,805. | 5.189. |
| 10 | Payroll taxes | 11,659. | 3,475. | 3,825. | 5,189. 4,359. |
| 11 | Fees for services (nonemployees): | , | 3,2:30 | -, | -, |
| | Management | | | | |
| b | Legal | | | | |
| | Accounting | 17,115. | | 17,115. | |
| d | | , | | , | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 4,000. | | 4,000. | |
| g | | - | | | |
| · | column (A), amount, list line 11g expenses on Sch O.) | 723. | | 723. | |
| 12 | Advertising and promotion | 29,779. | 9,732. | 12,641. | 7,406. |
| 13 | Office expenses | 11,250. | 2,266. | 1,740. | 7,244. |
| 14 | Information technology | 8,194. | | 4,174. | 4,020. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 15,500. | 4,650. | 6,200. | 4,650. |
| 17 | Travel | 1,603. | 476. | 946. | 181. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,574. | | 1,886. | 688. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 5,346. | | 5,346. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) CLASSROOM INNOVATION GR | 72,483. | 72,483. | | |
| a b | OTHER EXPENSES | 67,973. | 60,099. | 7,874. | |
| | SCHOLARSHIPS AND CAMPER | 67,876. | 67,876. | 7,074 | |
| c d | ADAPTIVE EQUIPMENT | 50,046. | 50,046. | | |
| | All other expenses | 49,738. | 30,0101 | | 49,738. |
| e 25 | Total functional expenses. Add lines 1 through 24e | 601,103. | 338,913. | 121,756. | 140,434. |
| 26 | Joint costs. Complete this line only if the organization | | 200,020. | | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 00001 | 12-13-22 | | | | Form 990 (2022) |

Form 990 (2022) Part X Balance Sheet

| Ра | rt X | Balance Sheet | | | | | | |
|-----------------------------|------|---|------------|-------------|--------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to a | any line ir | this Part X | | | |
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 150,338. | 1 | 366,795. | | | |
| | 2 | Savings and temporary cash investments | | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | 21,990. | | | |
| | 4 | Accounts receivable, net | | | | | 4 | |
| | 5 | Loans and other receivables from any currer | | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | | |
| | | controlled entity or family member of any of | | 5 | | | | |
| | 6 | Loans and other receivables from other disq | ualified p | ersons (a | as defined | | | |
| | | under section 4958(f)(1)), and persons descr | ibed in s | ection 49 | 958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | | 3,000. | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1 | 2,194. | | | |
| | b | Less: accumulated depreciation | 10b |) | 2,194. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | 534,846. | 11 | 525,898. | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | | |
| | 13 | Investments - program-related. See Part IV, li | | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line | 33) | | 688,184. | 16 | 914,683. |
| | 17 | Accounts payable and accrued expenses | | | | | 17 | 9,102. |
| | 18 | Grants payable | | | 18 | 60.005 | | |
| | 19 | Deferred revenue | | 19 | 68,235. | | | |
| | 20 | Tax-exempt bond liabilities | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | ete Part l | V of Sche | edule D | | 21 | |
| es | 22 | Loans and other payables to any current or t | | | | | | |
| ≣ | | trustee, key employee, creator or founder, su | | | | | | |
| Liabilities | | controlled entity or family member of any of | | | Г | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | | |
| | | parties, and other liabilities not included on li | ines 17-2 | 24). Comp | olete Part X | 100 700 | | 100 042 |
| | | of Schedule D | | | | 100,799. | | 120,843. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 100,799. | 26 | 198,180. |
| S | | Organizations that follow FASB ASC 958, | check h | ere L | X | | | |
| ğ | | and complete lines 27, 28, 32, and 33. | | | | E27 001 | | 667 570 |
| ala | 27 | | | | | 537,091. 50,294. | 27 | 667,578. 48,925. |
| P P | 28 | Net assets with donor restrictions | | | | 50,494. | 28 | 40,943. |
| Ē | | Organizations that do not follow FASB AS | C 958, c | heck her | 'e 🗀 | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | | |
| ets | 29 | Capital stock or trust principal, or current fur | | | | | 29 | |
| \SS(| 30 | Paid-in or capital surplus, or land, building, o | | | | | 30 | |
| et / | 31 | Retained earnings, endowment, accumulated | | | | 587,385. | 31 | 716,503. |
| Ž | 32 | Total net assets or fund balances | | | | 688,184. | 32 | 914,683. |
| | 33 | Total liabilities and net assets/fund balances | | | | 000,104. | 33 | J14,00J. |

Form **990** (2022)

| Pa | 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 | | 6,1 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,1 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,0 7,3 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 10 | 4,0 | <u>57.</u> | | | |
| 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 | 71 | 6, <u>5</u> | 03. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | e O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X 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 | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sci | nedule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | | 000 | (0000) | | | |

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPECIAL EDUCATION FOUNDATION

Employer identification number

43-1328026 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

| Section A. Public Support | | | | | | | |
|---------------------------|--|-----------------------|----------------------|---|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 590,887. | 462,897. | 508,268. | 410,742. | 644,853. | 2617647. |
| 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 | 500 005 | 460 000 | E00 060 | 410 540 | 644 050 | 0648648 |
| | Total. Add lines 1 through 3 | 590,887. | 462,897. | 508,268. | 410,742. | 644,853. | 2617647. |
| 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) | | | | | | 2617647. |
| | Public support. Subtract line 5 from line 4. | | | | | | 201/04/. |
| | • | (a) 2012 | (b) 2010 | (a) 2020 | (4) 2021 | (a) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) Amounts from line 4 | (a) 2018 590, 887. | (b) 2019 462,897. | (c) 2020 508, 268. | (d) 2021 410,742. | (e) 2022 644,853. | (f) Total 2617647. |
| | Gross income from interest, | 330,007. | 402,0571 | 300,200. | 410,742. | 044,033. | 20170476 |
| 0 | * | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 18,480. | 5,776. | 146.887. | -121,822. | 81,368. | 130,689. |
| a | Net income from unrelated business | 20,1001 | 3,,,,,, | | | 02,000 | |
| • | 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 | | | | | | 2748336. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for th | | | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2022 (| line 6, column (f), d | ivided by line 11, | column (f)) | | 14 | 95.24 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 96.78 % |
| 16a | 6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | • | | | | | * |
| | and if the organization meets the fact | | • | - | • | ŭ | |
| _ | meets the facts-and-circumstances to | _ | • | * | - | | |
| b | 10% -facts-and-circumstances tes | _ | | | | | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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

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

| Section A. Public Support | | | | | | |
|--|-----------------------------|----------------------|----------------------|---------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 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 disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | l |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | (4) 2010 | (6) 2010 | (0) 2020 | (4) 2021 | (6) 2022 | (i) rotal |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | <u> </u> |
| 14 First 5 years. If the Form 990 is for t | he organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat | ion, |
| check this box and stop here | | | | | | <u></u> |
| Section C. Computation of Pub | | | | | | |
| 15 Public support percentage for 2022 | (line 8, column (f), o | divided by line 13, | column (f)) | | | % |
| 16 Public support percentage from 202 | | | | | 16 | % |
| Section D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 Investment income percentage for 2 | 022 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, ch | e organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | |
| 20 Private foundation. If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
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| | | |
| 10b | | |

| 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | <i>y</i> , 1, 0 0 | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 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 | | | <u> </u> |
| 000 | tion of Type it Supporting Organizations | | Yes | No |
| | Managarania, af the conscinction is directors on two stage of wines the terror of the conscinction of the directors | | res | 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 | 4 | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | <u> </u> |
| 360 | tion b. 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 | | | |
| 0 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 1 |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Support | ting Organ | izations | |
|---------|--|-----------------|---------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualif | ying trust on I | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations m | ust complete | Sections A through E. | |
| Section | on 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 | | |
| | Other expenses (see instructions) | 7 | | |
| | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | on 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 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | Enter greater of line 2 or line 3. | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | nally integrate | d Type III supportina ora | anization (see |

Schedule A (Form 990) 2022

instructions).

| _ | | (a)(a) Course aution of Course | | 43-1320020 | Page 7 |
|--------------|---|--------------------------------|--|-----------------------------------|--------|
| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued | | |
| Sect | ion D - Distributions | | | Current Y | ear |
| _1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | • | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | ns 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | ļ. | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | ţ | j | |
| 6 | Other distributions (describe in Part VI). See instructions. | | (| 3 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | , | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | | |
| | (provide details in Part VI). See instructions. | | 8 | 3 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 |) | |
| 10 | Line 8 amount divided by line 9 amount | | 10 |) | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributa Amount for | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| - | Carryover from 2017 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| • | line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| 3 | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | | | | | |
| U | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, | | |
|---------|---|--|--|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | |
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Schedule B

Schedule of Contributors

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SPECIAL EDUCATION FOUNDATION

Employer identification number

43-1328026

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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 \$______\$ 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

SPECIAL EDUCATION FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|---|--|--|--|
| (a) | (b) | (c) (d) | | | |
| | Name, address, and ZIP + 4 | \$ 5,000. Type of contribution Person X Payroll I Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 2 | | \$ 63,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 3 | | \$ 25,585. Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 4 | Nume, address, and 2n + 4 | \$ 30,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 5 | | \$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 6 | | \$ 20,078. Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | |

SPECIAL EDUCATION FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 7 | | \$15,000 . | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$5,000. | 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 | | |
| 9 | | \$5,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 10 | | \$5,000. | 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 | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

SPECIAL EDUCATION FOUNDATION

| 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 | | | |
| 3 | INVESTMENTS | | | | | |
| | | \$ 25,585. | 11/07/22 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 6 | INVESTMENTS | | | | | |
| | | \$ 20,078. | 10/11/22 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - | | | | |
| | | - - | | | | |
| 000450 11 15 | | \$ | Cabadula P. (Farra 000) (0000) | | | |

SPECIAL EDUCATION FOUNDATION

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations | | | | | | |
|---------------------------|---|---|--|--|--|--|--|
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c | through (e) and the following li haritable, etc., contributions of \$1.0 | ine entry. For or 1 00 or less for the | ganizations e year. (Enter this info. once.) \$ | | | |
| | Use duplicate copies of Part III if additional | space is needed. | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | : | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer | of gift | | | | |
| | | | _ | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (a) Hop of gift | | (d) Description of how gift is hold | | | |
| Part I | (b) Ful pose of gift | (c) Use of gift | · | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Tuenefeves's name address of | ad 7 ID + 4 | D | lationabin of transferor to transferor | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | HE | elationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | ft (d) Description of how gift is held | | | | |
| | | | | | | | |
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| | (e) Transfer of gift | | | | | | |
| | | | | | | | |
| - | Transferee's name, address, and ZIP + 4 | | He | elationship of transferor to transferee | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| Part I | (b) Purpose or girt | (c) Use of gift | • | (a) Description of now girt is field | | | |
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| - | | | | | | | |
| | | (e) Transfer | of gift | | | | |
| | Tuempfaussle manne address a | ad 71D . 4 | ъ. | Johianahin of transferous to transferous | | | |
| - | Transferee's name, address, a | iu ZIP + 4 | He | elationship of transferor to transferee | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SPECIAL EDUCATION FOUNDATION

Employer identification number 43-1328026

| Pai | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin- | | Is or Accounts. Complete if the |
|-----|---|---|---------------------------------------|
| | organization answered Tee en Term eee, Farthy, in | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | , , | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor adv | ised funds |
| | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | tion or education) 🔲 Preservation c | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | | |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | ne organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cor | nservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing consequ | ration agreements during the year |
| • | Amount of expenses incurred in monitoring, inspecting, hand | illing of violations, and emorcing conserv | ation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 17 | O(h)(4)(B)(i) |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footr | • | |
| | organization's accounting for conservation easements. | C | |
| Pai | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or (| Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes these ite | ems. |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fur | therance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | • |
| 2 | If the organization received or held works of art, historical treatments | asures, or other similar assets for financi | ial gain, provide |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | |

| Par | t III Organizations Maintaining Co | ollections of A | rt, Hist | orical Tr | easures, o | or Other | Similar As | sets(conti | nued) | |
|-------|--|-----------------------|------------|----------------|----------------|---------------|-------------------|---|-----------|-----|
| 3 | Using the organization's acquisition, accessio | n, and other record | ls, checl | any of the | following tha | at make sig | nificant use of | its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | | | | | | | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's col | lections and explain | n how th | ey further t | he organizati | on's exem | pt purpose in F | Part XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations | of art, hi | storical trea | sures, or oth | er similar a | issets | | | |
| | to be sold to raise funds rather than to be mai | ntained as part of t | he orga | nization's co | ollection? | | l | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | IV, line 9, o | | |
| | reported an amount on Form 990, Part | X, line 21. | | _ | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermed | diary for | contribution | ns or other as | sets not ir | ncluded | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | |
| | | | | | | | | Amoun | it | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on Fo | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | • | | | | | | | |
| Par | | | | | | | | | | |
| | | (a) Current year | | rior year | | | i) Three years ba | ck (e) Fou | r years b | ack |
| 1a | Beginning of year balance | , | . , | | ,,,, | <u> `</u> | | ` | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| | Administrative expenses | | | | | | | | | |
| _ | End of year balance | | /I: 4 | | <u> </u> | | | | | |
| 2 | Provide the estimated percentage of the curre | | | g, column (a | a)) held as: | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| С | Term endowment% | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | sion of the organiza | ation tha | it are held a | ınd administe | ered for the | • | | - I | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | |
| | (ii) Related organizations | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organizat | ions listed as requir | red on S | chedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment | funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part I\ | /, line 11a. S | See Form 990 |), Part X, li | ne 10. | | | |
| | Description of property | (a) Cost or o | | (b) Cost | or other | | umulated | (d) Boo | k value | |
| | | basis (investr | nent) | basis | (other) | depr | eciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 2,194. | | 2,194. | | | 0. |
| | Other | | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must eq | ual Form 990. Part | X. colun | nn (B). line 1 | 10c.) | | | | | 0. |

| | UCATION FOUNDA | ATION 43-1328026 Page |
|--|------------------------------|---|
| Part VII Investments - Other Securities. | | |
| Complete if the organization answered "Yes | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) (B) | | <u> </u> |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| <u>(1)</u> | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| <u>(7)</u> (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX Other Assets. | | |
| Complete if the organization answered "Yes | " on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. |
| (a |) Description | (b) Book value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li | ne 15) | |
| Part X Other Liabilities. | ne 13.) | |
| Complete if the organization answered "Yes | " on Form 990. Part IV. line | e 11e or 11f. See Form 990. Part X. line 25. |
| 1. (a) Description of liability | | (b) Book value |
| (1) Federal income taxes | | |
| (2) REFUNDABLE ADVANCES | | 120,843 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (0) | | |

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

120,843.

| Sche | edule D (Form 990) 2022 SPECIAL EDUCATION FOUNDATI | ON | | 43 - 1 | 328026 Page 4 |
|------|---|------------|----------------|--------|---------------|
| Pai | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue per R | eturn. | ı |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | l . | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 726,221. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 104,057. | | |
| b | Donated services and use of facilities | 2b | | | |
| | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | -4,000. | | |
| е | Add lines 2a through 2d | | | 2e | 100,057. |
| 3 | Subtract line 2e from line 1 | | | 3 | 626,164. |
| 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.) | . 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 626,164. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | nents Wit | h Expenses per | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | l . | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 597,103. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | . 2a | | | |
| b | Prior year adjustments | . 2b | | | |
| С | Other losses | . 2c | | | |
| d | Other (Describe in Part XIII.) | . 2d | | | _ |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 597,103. |
| | | | | | |

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 X, LINE 2:

THE FOUNDATION ADOPTED THE PROVISIONS OF FASB ASC 740 - ACCOUNTING FOR FASB ASC 740 REQUIRES THAT A TAX POSITION BE UNCERTAINTY IN INCOME TAXES. RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF FASB ASC 740 HAD NO IMPACT ON THE FOUNDATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES

-4,000.

4,000.

601,103.

4c

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Po

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ON FOUNDATION

43-1328026

| SPECIAL | EDUCATION FOUNDAT | ION | | | 43-1328 | 026 |
|---|------------------------------------|----------|---|----------------------|----------------------|---|
| | Complete if the organization answe | ered "Y | es" oı | n Form 990, Part IV, | line 17. Form 990-EZ | I filers are not |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | I have c | have custody fundamental to (or retained by) to (or | | | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| 「otal | otal | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. | | | | | | |
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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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gr | | FLZ, III les Tarid ob. List | events with gross receip | ris greater than \$5,000. |
|-----------------|------|---|----------------------------|--|--------------------------|---|
| | | | (a) Event #1 GOLF | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | FASHION SHOW | 1 | (add col. (a) through |
| Φ | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 439,636. | 11,259. | 2,990. | 453,885. |
| | 2 | Less: Contributions | | | 2,990. | 2,990. |
| | 3 | Gross income (line 1 minus line 2) | 439,636. | 11,259. | | 450,895. |
| | 4 | Cash prizes | | | | |
| Ω | 5 | Noncash prizes | | | | |
| xpense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | 29,100. | | | 29,100. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 29,100. 58,200. |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li | | | | 392,695. |
| Pa | | | | n 990. Part IV. line 19. or | | 332,0331 |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
| Re | _ | Overe verses | | | | |
| | _ | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes% No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| а | ls t | ter the state(s) in which the organization conducted to conduct gaming and No," explain: | ctivities in each of these | | | Yes No |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? | Yes No |

| Scn | edule G (Form 990) 2022 SPECIAL EDUCATION FOUNDATION 45-1 | . 3 4 0 | 0 4 0 | Page 3 |
|-----|--|------------|----------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | └── No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | ↓ | % |
| | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | of growing revenue retained by the third party. | | | |
| С | of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 4- | Many distance all ability of an account | | | |
| | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | □ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | . — | | |
| ~ | organization's own exempt activities during the tax year \$ | | | |
| Pa | irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, li | nes 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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232083 10-27-22 Schedule G (Form 990) 2022

| Schedule G | i (Form 990) | SPECIAL I | EDUCATION | FOUNDATION | 43-1328026 | Page 4 |
|------------|----------------------------------|------------------|-----------|------------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation (continue | ed) | | | |
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPECIAL EDUCATION FOUNDATION

Employer identification number 43-1328026

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| SUPPORTED BY TAX DOLLARS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE AUDIT REPORT. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EACH BOARD MEMBER ANNUALLY SIGNS AND CONFIRMS UNDERSTANDING OF CONFLICT OF |
| INTEREST POLICY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES COMPENSATION OF |
| OFFICERS AND KEY EMPLOYEES. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND |
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. |
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