

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

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE SCHOTT FDTN FOR PUBLIC EDUCATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1250 HANCOCK STREET 803N City or town, state or province, country, and ZIP or foreign postal code QUINCY, MA 02169	D Employer identification number 04-3457065 E Telephone number (617) 876-7700
	F Name and address of principal officer: JOHN H. JACKSON SAME AS C ABOVE	G Gross receipts \$ 2,747,745. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.SCHOTTFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1999 M State of legal domicile: MA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PLEASE SEE SCHEDULE O	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 15
	6	Total number of volunteers (estimate if necessary)	6 11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 4,364,720. Current Year: 2,264,348.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	569,827. 222,687.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,292. 455.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,944,839. 2,487,490.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,943,416. 1,395,454.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 133,517.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,024,533. 886,359.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,418,550. 3,943,793.
	19	Revenue less expenses. Subtract line 18 from line 12	-473,711. -1,456,303.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 8,079,466. End of Year: 6,505,240.
	21	Total liabilities (Part X, line 26)	361,483. 192,005.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,717,983. 6,313,235.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN H. JACKSON, PRESIDENT AND CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name BRENDA BOOTH	Preparer's signature <i>Brenda L. Booth</i>	Date 06/22/20	Check if self-employed <input type="checkbox"/>	PTIN P01342395
	Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶ 26-3753134	
Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116			Phone no. 617-761-0600		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PLEASE SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,514,044. including grants of \$ 1,661,980.) (Revenue \$) OPPORTUNITY TO LEARN - THE OPPORTUNITY TO LEARN PHILANTHROPIC STRATEGY IS AN EFFORT TO INCREASE RESOURCE ACCOUNTABILITY AND ENSURE THAT RACE IS NO LONGER A SIGNIFICANT PREDICTOR OF EDUCATIONAL RESOURCE ACCESS OR OUTCOMES. SCHOTT WILL BUILD THE CAPACITY OF THE EDUCATION JUSTICE MOVEMENT TO ACCOMPLISH THESE OBJECTIVES THROUGH INCREASING PHILANTHROPIC RESOURCES TO THE OPPORTUNITY TO LEARN NETWORK, EXECUTING A GRANTMAKING STRATEGY EMPLOYING A RACE AND GENDER LENSE, AND PROVIDING ADVOCACY AND OPERATIONS TECHNICAL ASSISTANCE TO NATIONAL EDUCATION JUSTICE NETWORKS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,514,044.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included in line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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 in Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOHN H. JACKSON - 617-876-7700
1250 HANCOCK STREET, SUITE 803N, QUINCY, MA 02169

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTONIA DARDER BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(2) SHARON LETTMAN-HICKS CLERK (UNTIL NOV '18)	1.00 0.00	X		X			0.	0.	0.	
(3) MARK PALEY TREASURER	1.00 0.00	X		X			0.	0.	0.	
(4) ROGER VANN BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(5) SUSAN TAYLOR BATTEN BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(6) CAROLINA ESPINAL BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) WENDY PURIEFOY BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) EILEEN DE LOS REYES BOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) CARLOS ROJAS ALVAREZ CLERK	1.00 0.00	X		X			0.	0.	0.	
(10) JACKIE JENKINS-SCOTT CHAIR	1.00 0.00	X		X			0.	0.	0.	
(11) MAISIE CHIN VICE-CHAIR	1.00 0.00	X		X			0.	0.	0.	
(12) GREG JOBIN-LEEDS CO-FOUNDER	1.00 0.00	X		X			0.	0.	0.	
(13) JOHN H JACKSON PRESIDENT AND CEO	40.00 1.00			X			329,231.	0.	48,012.	
(14) CASSIE SCHWERNER SENIOR VP OF PROGRAMS (UNTIL NOV '18)	40.00 0.00			X			160,903.	0.	32,481.	
(15) EDGAR G VILLANUEVA VP OF PROGRAMS AND ADVOCACY	40.00 0.00				X		125,467.	0.	20,114.	
(16) HEIDI M BROOKS FORMER CHIEF OPERATING OFFICER	40.00 0.00					X	101,820.	0.	10,485.	

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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							717,421.	0.	111,092.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							717,421.	0.	111,092.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 955,000.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,309,348.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,264,348.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		154,035.		154,035.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	328,907.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	260,255.			
		c Gain or (loss)	68,652.			
	d Net gain or (loss)		68,652.		68,652.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	455.		455.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		455.				
12 Total revenue. See instructions		2,487,490.	0.	0.	223,142.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,661,980.	1,661,980.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	450,223.	77,307.	372,916.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	716,036.	330,667.	313,731.	71,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,768.	24,464.	25,632.	5,672.
9 Other employee benefits	96,646.	23,587.	63,442.	9,617.
10 Payroll taxes	76,781.	33,252.	39,756.	3,773.
11 Fees for services (non-employees):				
a Management	36,250.		36,250.	
b Legal	218.		218.	
c Accounting	137,077.		137,077.	
d Lobbying	17,500.	17,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,240.		33,240.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	195,471.	167,150.	20,656.	7,665.
12 Advertising and promotion	1,555.	1,555.		
13 Office expenses	15,895.	2,835.	10,833.	2,227.
14 Information technology	23,359.	12,613.	9,651.	1,095.
15 Royalties				
16 Occupancy	146,124.	73,115.	60,334.	12,675.
17 Travel	146,822.	47,351.	96,644.	2,827.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	42,903.	17,963.	16,256.	8,684.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,184.	6,496.	19,414.	3,274.
23 Insurance	12,293.	286.	12,007.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	16,163.	9,776.	5,578.	809.
b PAYROLL SERVICES	10,957.	4,467.	5,539.	951.
c MOVING EXPENSES	7,724.		7,724.	
d LICENSES & FEES	4,837.	793.	4,044.	
e All other expenses	8,787.	887.	5,290.	2,610.
25 Total functional expenses. Add lines 1 through 24e	3,943,793.	2,514,044.	1,296,232.	133,517.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,240,705.	1	243,990.
	2 Savings and temporary cash investments	322,791.	2	549,847.
	3 Pledges and grants receivable, net	495,000.	3	306,880.
	4 Accounts receivable, net	7,440.	4	9,437.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,176.	9	27,214.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 121,517.		
	b Less: accumulated depreciation	10b 65,530.	39,030.	10c 55,987.
	11 Investments - publicly traded securities	5,873,039.	11	5,292,005.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	45,285.	15	19,880.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,079,466.	16	6,505,240.	
Liabilities	17 Accounts payable and accrued expenses	176,483.	17	157,005.
	18 Grants payable	185,000.	18	35,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	361,483.	26	192,005.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	684,239.	27	655,050.
	28 Temporarily restricted net assets	7,033,744.	28	5,658,185.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,717,983.	33	6,313,235.	
34 Total liabilities and net assets/fund balances	8,079,466.	34	6,505,240.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,487,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,943,793.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,456,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,717,983.
5	Net unrealized gains (losses) on investments	5	51,555.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,313,235.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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 reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: THE SCHOTT FDTN FOR PUBLIC EDUCATION
Employer identification number: 04-3457065

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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a 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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d 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).
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4707372.	5253010.	4528600.	4364720.	2264348.	21118050.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4707372.	5253010.	4528600.	4364720.	2264348.	21118050.
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)						6175348.
6 Public support. Subtract line 5 from line 4.						14942702.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4707372.	5253010.	4528600.	4364720.	2264348.	21118050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,311.	301,307.	190,686.	230,712.	154,035.	1059051.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,000.	10,000.	10,000.	10,000.	0.	50,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			21,600.	292.	455.	22,347.
11 Total support. Add lines 7 through 10						22249448.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	67.16 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	65.15 %
16a 33 1/3% support test - 2018. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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, 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENT INCOME

2016 AMOUNT: \$ 21,600.

OTHER INCOME

2017 AMOUNT: \$ 292.

2018 AMOUNT: \$ 455.



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE SCHOTT FDTN FOR PUBLIC EDUCATION

Employer identification number

04-3457065

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		35,000.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		35,000.													
d Other exempt purpose expenditures		3,775,276.													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,810,276.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		340,514.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		85,129.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	407,489.	343,710.	398,350.	340,514.	1,490,063.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,235,095.
c Total lobbying expenditures	31,000.	10,000.	50,000.	35,000.	126,000.
d Grassroots nontaxable amount	101,872.	85,928.	99,588.	85,129.	372,517.
e Grassroots ceiling amount (150% of line 2d, column (e))					558,776.
f Grassroots lobbying expenditures	31,000.	10,000.	50,000.	35,000.	126,000.

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2018
Open to Public Inspection

Name of the organization THE SCHOTT FDTN FOR PUBLIC EDUCATION **Employer identification number** 04-3457065

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of 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 SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,873,039.	6,595,847.	6,165,965.	6,937,057.	6,859,481.
b Contributions					
c Net investment earnings, gains, and losses	241,002.	413,928.	763,110.	-95,092.	77,576.
d Grants or scholarships					
e Other expenditures for facilities and programs	397,000.	1,136,736.	333,228.	676,000.	
f Administrative expenses					
g End of year balance	5,717,041.	5,873,039.	6,595,847.	6,165,965.	6,937,057.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 7.71 %
 - b Permanent endowment .00 %
 - c Temporarily restricted endowment 92.29 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,662.	4,054.	14,608.
d Equipment		102,855.	61,476.	41,379.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				55,987.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,505,805.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	51,555.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	51,555.	
3	Subtract line 2e from line 1	3	2,454,250.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,240.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,240.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,487,490.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,910,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,910,553.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,240.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,240.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,943,793.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

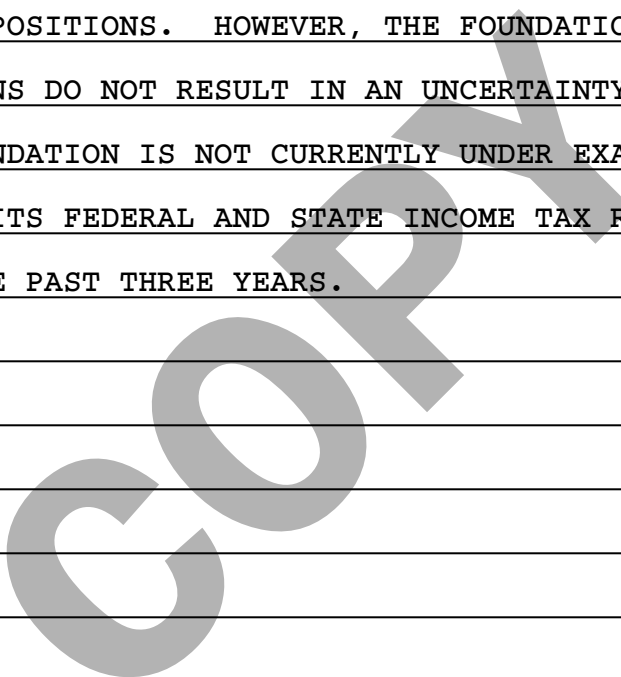
THE SCHOTT FOUNDATION ENDOWMENT WAS CREATED TO PROVIDE LONG-TERM FINANCIAL SUPPORT FOR THE SCHOTT FOUNDATION. ACCORDINGLY, THESE FUNDS ARE MANAGED WITH DISCIPLINED LONGER-TERM INVESTMENT OBJECTIVES AND STRATEGIES DESIGNED TO MEET CASH FLOWS AND SPENDING REQUIREMENTS. MANAGEMENT OF THE ASSETS IS DESIGNED TO ATTAIN THE MAXIMUM TOTAL RETURN CONSISTENT WITH ACCEPTABLE AND AGREED UPON LEVELS OF RISK. IT IS THE GOAL OF THE AGGREGATE LONG-TERM INVESTMENTS TO GENERATE AN AVERAGE TOTAL ANNUAL RETURN THAT EXCEEDS THE SPENDING/PAYOUT RATE PLUS INFLATION.

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information (continued)

BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DECISIONS TO CLASSIFY REVENUES AS EXEMPT AS ITS ONLY SIGNIFICANT TAX POSITIONS. HOWEVER, THE FOUNDATION HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE FOUNDATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR THE PAST THREE YEARS.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **THE SCHOTT FDTN FOR PUBLIC EDUCATION** Employer identification number **04-3457065**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARKANSAS COMMUNITY INSTITUTE 2101 S. MAIN STREET LITTLE ROCK, AR 72206	72-1072223	501(C)(3)	15,000.	0.			TO ORGANIZE PARENTS AND YOUTH IN LITTLE ROCK, ARKANSAS TO DEMAND AND ENSURE STUDENTS ATTEND
BAGLY, INC. 28 COURT SQUARE BOSTON, MA 02108	04-2785336	501(C)(3)	20,000.	0.			TO SUPPORT LGBTQ+ YOUTH IN SCHOOLS AND EDUCATION JUSTICE ADVOCACY SPACES IN THE GREATER BOSTON
BEYOND THE BRICKS INC. 303 WEST 122ND STREET, SUITE 25 NEW YORK, NY 10027	80-0735545	501(C)(3)	28,000.	0.			TO SUPPORT THE COMMUNITIES IN SCHOOLS CURRICULUM TO ENGAGE LOCAL COMMUNITIES IN
CALIFORNIANS FOR JUSTICE EDUCATION FUND - 1971 LAS PLUMAS AVENUE - SAN JOSE, CA 95133	94-3256009	501(C)(3)	30,000.	0.			TO SUPPORT THE RELATIONSHIP CENTERED SCHOOLS CAMPAIGN TO TRANSFORM SCHOOL CLIMATE
CAMPAIGN FOR BLACK MALE ACHIEVEMENT INC. - 570 LEXINGTON AVENUE, 5TH FLOOR, SUITE 500 - NEW YORK, NY 10022	47-2532282	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
CENTER FOR LABOR EDUCATION AND RESEARCH, INC. - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	5,000.	0.			TO SUPPORT COMMUNICATIONS AND COMMUNITY ENGAGEMENT PLAN FOR THE FUND OUR FUTURES CAMPAIGN, A

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 35.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LABOR EDUCATION AND RESEARCH, INC. - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	5,000.	0.			TO SUPPORT THE MASSACHUSETTS PUBLIC EDUCATION MOVEMENT ORGANIZING INSTITUTE IN
CENTER FOR LABOR EDUCATION AND RESEARCH, INC. - 375 CENTRE STREET - BOSTON, MA 02130	22-2604923	501(C)(3)	50,000.	0.			TO SUPPORT PARENT-LED ORGANIZING AND PARENT LEADERSHIP DEVELOPMENT IN EIGHT MASSACHUSETTS
CENTER FOR POPULAR DEMOCRACY, INC. 449 TROUTMAN STREET, SUITE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	25,000.	0.			TO SUPPORT THE LOUISIANA PARENT UNION AND LOUISIANA ALLIANCE TO RECLAIM OUR SCHOOLS
COMMUNITY ASSET DEVELOPMENT REDEFINING ED - 8410 S. BROADWAY - LOS ANGELES, CA 90003	26-4753821	501(C)(3)	7,500.	0.			TO SUPPORT EDUCATION
COMMUNITY FUNDS, INC. THE NEW YORK COMMUNITY TRUST, 909 THIRD AVENUE, 22ND FLOOR - NEW YORK, NY 10	13-3062214	501(C)(3)	20,000.	0.			TO SUPPORT IMPROVING SYSTEM-WIDE POLICY REFORM IN NEW YORK CITY'S PUBLIC SCHOOLS THROUGH A DIRECT
COMMUNITY LABOR UNITED INC. 6 BEACON STREET, #910 BOSTON, MA 02108	20-3404034	501(C)(3)	10,000.	0.			TO SUPPORT PARENT, STUDENT, COMMUNITY, AND LABOR PARTNERSHIPS IN BOSTON AND ACROSS
FAMILIES AND FRIENDS OF LOUISIANA'S INCAR - 1307 ORETHA CASTLE HALEY BOULEVARD, SUITE 303 - NEW ORLEANS, LA 70113	20-5924561	501(C)(3)	15,000.	0.			TO SUPPORT FFLIC'S ONGOING LET KIDS BE KIDS (LKBK) CAMPAIGN, WHICH SEEKS TO BUILD THE POWER
FUNDERS FOR LGBTQ ISSUES 104 W. 29TH STREET, 4TH FLOOR NEW YORK, NY 10001	13-4144494	501(C)(3)	15,000.	0.			TO INCREASE THE SCALE AND IMPACT OF PHILANTHROPIC DOLLARS SUPPORTING HEALTHY LIVING AND
GIRLS FOR GENDER EQUITY INC 25 CHAPEL STREET, SUITE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	25,000.	0.			TO SUPPOR THE SCHOOL GIRLS DESERVE CAMPAIGN IN NEW YORK CITY, AIMED AT PROMOTING INVESTMENT IN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GSA NETWORK 300 FRANK H. OGAWA PLAZA #9 OAKLAND, CA 94612	20-5367752	501(C)(3)	125,000.	0.			TO SUPPORT THE PEOPLES THINK TANK, A NETWORK THAT SEEKS TO BUILD A STRONG EDUCATIONAL
KENWOOD OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVENUE - CHICAGO, IL 60653	36-2598637	501(C)(3)	2,500.	0.			RAPID RESPONSE GRANT FOR JOURNEY FOR JUSTICE ALLIANCE
KENWOOD OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVENUE - CHICAGO, IL 60653	36-2598637	501(C)(3)	60,000.	0.			TO SUPPORT THE JOURNEY FOR JUSTICE ALLIANCE #WECHOOSE CAMPAIGN, WORKING TO ADVANCE
KENWOOD OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVENUE - CHICAGO, IL 60653	36-2598637	501(C)(3)	5,000.	0.			TO SUPPORT JOURNEY FOR JUSTICE ALLIANCE
KIDS RETHINK NEW ORLEANS SCHOOLS 705 FLOOD STREET NEW ORLEANS, LA 70117	33-1203055	501(C)(3)	15,000.	0.			TO ENGAGE YOUNG PEOPLE IN A CAMPAIGN TO ELIMINATE ZERO-TOLERANCE DISCIPLINE POLICIES IN NEW ORLEANS
LEAP YEAR INC. 229 PEACHTREE NE, SUITE 725 ATLANTA, GA 30303	81-1224809	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
MASSACHUSETTS BUDGET & POLICY CENTER - 1 STATE STREET, SUITE 1250 - BOSTON, MA 02109	04-2967537	501(C)(3)	30,000.	0.			TO PROVIDE EDUCATION FINANCE POLICY RESEARCH AND ANALYSIS TO LOCAL AND STATEWIDE COMMUNITY AND
MASSACHUSETTS COMMUNITIES ACTION NETWORK - 14 CUSHING AVENUE - DORCHESTER, MA 02125	04-2863903	501(C)(3)	20,000.	0.			TO SUPPORT FAITH AND COMMUNITY ENGAGEMENT EFFORTS TO ADVOCATE FOR EQUITABLE PUBLIC SCHOOL
NATIONAL ECONOMIC & SOCIAL RIGHTS INIT. - 90 JOHN STREET, SUITE 501 - NEW YORK, NY 10038	73-1714118	501(C)(3)	75,000.	0.			TO SUPPORT THE NATIONAL DIGNITY IN SCHOOLS CAMPAIGN FOR FAIR & JUST SCHOOL CLIMATE, AIMED AT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L STREET NW, SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
NEO PHILANTHROPY, INC. 45 W. 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	200,000.	0.			TO SUPPORT FRIENDS OF THE US COMMISSION ON CIVIL RIGHTS TO INCREASE THE NATIONS COMMITMENT TO
NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20036	20-5806345	501(C)(3)	550,000.	0.			TO SUPPORT COMMUNITIES FOR JUST SCHOOLS FUND IN BUILDING HEALTHY LIVING AND LEARNING COMMUNITIES
NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20036	20-5806345	501(C)(3)	10,000.	0.			TO SUPPORT COMMUNITIES FOR JUST SCHOOLS FUND CONFERENCE SCHOLARSHIP
NORTH STAR FUND, INC. 520 EIGHTH AVENUE, SUITE 1800 NEW YORK, NY 10018	13-2950801	501(C)(3)	30,000.	0.			TO SUPPORT THE COALITION FOR EDUCATION JUSTICE AND THE EXPANSION OF COMMUNITY SCHOOLS IN NEW
ONE VOICE, INC. 1072 J.R. LYNCH STREET, SUITE #7 JACKSON, MS 39203	02-0787550	501(C)(3)	25,000.	0.			TO SUPPORT THE MISSISSIPPI EDUCATION EQUITY PROJECT
PUBLIC POLICY & EDUCATION FUND OF NY INC. - 94 CENTRAL AVENUE - ALBANY, NY 12206	13-3364209	501(C)(3)	50,000.	0.			TO SUPPORT ALLIANCE FOR QUALITY EDUCATION'S SCHOOLS NOT JAILS CAMPAIGN AND INCREASE
ROCKEFELLER PHILANTHROPY ADVISORS INC. - 6 WEST 48TH STREET, 10TH FLOOR 10036 - NEW YORK, NY 10036	13-3615533	501(C)(3)	10,000.	0.			GRANT FOR EXECUTIVES ALLIANCE FOR BOYS AND MEN OF COLOR AND THEIR WORK TO REMOVE SOCIAL AND
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD, SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ECHO, INC. 1350 LIVINGSTON LAND JACKSON, MS 39213	64-0819311	501(C)(3)	30,000.	0.			TO SUPPORT THE EVERY STUDENT SUCCEEDS ACT (ESSA) AND PROMOTE EQUITABLE EDUCATION
STONE LANTERN FILMS, INC. 28 HILLSIDE AVEUE NEW YORK, NY 10901	52-1486485	501(C)(3)	28,000.	0.			TO SUPPORT SPANISH-LANGUAGE TRANSLATION OF "BACKPACK FULL OF CASH" AND SUPPORT
TRANSFORMATIVE CULTURE PROJECT 500 BEECH STREET HOLYOKE, MA 01040	80-0214659	501(C)(3)	20,000.	0.			TO DEVELOP YOUTH-LED MEDIA PROJECTS FOCUSED ON EQUITABLE FUNDING FOR PUBLIC SCHOOLS IN
WELLSTONE ACTION FUND 2446 UNIVERSITY AVENUE W, SUITE 170 SAINT PAUL, MN 55114	35-2191193	501(C)(3)	5,000.	0.			TO FUND A TWO-DAY STRATEGIC PLANNING SESSION WITH THE MASSACHUSETTS EDUCATION
WELLSTONE ACTION FUND 2446 UNIVERSITY AVENUE W, SUITE 170 SAINT PAUL, MN 55114	35-2191193	501(C)(3)	10,000.	0.			TO PROVIDE CAMPAIGN PLANNING SUPPORT TO MASSACHUSETTS GRANTEE PARTNERS WORKING TO
WORCESTER INTERFAITH 111 PARK AVENUE WORCESTER, MA 01609	04-3158699	501(C)(3)	10,000.	0.			TO LAUNCH THE TEN-YEAR AGENDA CAMPAIGN TO SUPPORT POLICY CHANGE AROUND SCHOOL DISCIPLINE
XAVIER UNIVERSITY OF LOUISIANA OFFICE OF INSTITUTIONAL ADVANCEMENT, 1 DREXEL DRIVE, BOX 66 - NEW ORLEANS, L	72-0635884	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
YOUTHBUILD USA, INC 58 DAY STREET SOMERVILLE, MA 02144	22-3076454	501(C)(3)	30,000.	0.			TO SUPPORT YOUTH ON BOARD TO PROVIDE YOUTH LEADERSHIP AND YOUTH ORGANIZING CAPACITY

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

THE ORGANIZATION ADHERES TO A STRICT POLICY FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES BY (1) ENABLING IT TO RETAIN CONTROL AND DISCRETION AS TO THE USE OF THE FUNDS; (2) MAINTAINING RECORDS THAT ESTABLISH THAT THE FUNDS WERE USED FOR EXEMPT PURPOSES; AND (3) LIMITING THE DISTRIBUTION OF FUNDS TO SPECIFIC PROJECTS THAT ARE IN FURTHERANCE OF ITS OWN EXEMPT PURPOSE.

IN ADDITION, EACH POTENTIAL GRANTEE MUST SUBMIT A GRANT PROPOSAL TO THE

Part IV Supplemental Information

ORGANIZATION WHICH OUTLINES THE GRANT AMOUNT REQUESTED AND THE PURPOSE OF THE GRANT. THE ORGANIZATION WILL THEN CONDUCT A PRE-GRANT INQUIRY WHICH ADDRESSES THE FOLLOWING: (1) THE IDENTITY, PRIOR HISTORY, AND EXPERIENCE OF THE GRANTEE ORGANIZATION AND ITS MANAGERS; (2) WHETHER THE GRANTEE HAS A HISTORY OF COMPLIANCE WITH THE TERMS OF PREVIOUS GRANTS; (3) THE CURRENT PROJECT; AND THE CONNECTION TO THE ORGANIZATION'S MISSION.

AFTER THE GRANT HAS BEEN APPROVED, A GRANT AWARD LETTER IS SENT TO THE GRANTEE DISCUSSING THE TERMS OF THE GRANT. THIS LETTER REQUIRES THE GRANTEE TO FURNISH THE GRANTOR WITH A REPORT ON THE USE OF THE FUNDS AND THE PROGRESS MADE IN ACCOMPLISHING THE PURPOSE OF THE GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARKANSAS COMMUNITY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ORGANIZE PARENTS AND YOUTH IN LITTLE ROCK, ARKANSAS TO DEMAND AND ENSURE STUDENTS ATTEND HIGH QUALITY PUBLIC SCHOOLS AND THAT THE PUBLIC SCHOOL SYSTEM IS FAIR AND EQUITABLE

NAME OF ORGANIZATION OR GOVERNMENT: BAGLY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LGBTQ+ YOUTH IN SCHOOLS AND EDUCATION JUSTICE ADVOCACY SPACES IN THE GREATER BOSTON AREA

NAME OF ORGANIZATION OR GOVERNMENT: BEYOND THE BRICKS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITIES IN SCHOOLS CURRICULUM TO ENGAGE LOCAL COMMUNITIES IN ISSUES OF EQUITY IN PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CALIFORNIANS FOR JUSTICE EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RELATIONSHIP CENTERED SCHOOLS CAMPAIGN TO TRANSFORM SCHOOL CLIMATE BY INVESTING IN SCHOOL STAFF, VALUING STUDENT VOICE, AND CREATING SPACES FOR RELATIONSHIP BUILDING IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR LABOR EDUCATION AND RESEARCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNICATIONS AND COMMUNITY ENGAGEMENT PLAN FOR THE FUND OUR FUTURES CAMPAIGN, A CAMPAIGN AIMED AT INVESTING MORE MONEY INTO THE MASSACHUSETTS STATE BUDGET FOR PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR LABOR EDUCATION AND RESEARCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MASSACHUSETTS PUBLIC EDUCATION MOVEMENT ORGANIZING INSTITUTE IN AN EFFORT TO BUILD SUPPORT TO INCREASE FUNDING FOR PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR LABOR EDUCATION AND RESEARCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARENT-LED ORGANIZING AND PARENT LEADERSHIP DEVELOPMENT IN EIGHT MASSACHUSETTS GATEWAY CITIES TO SUPPORT PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR POPULAR DEMOCRACY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LOUISIANA PARENT UNION AND LOUISIANA ALLIANCE TO RECLAIM OUR SCHOOLS (LAROS) IN

Part IV Supplemental Information

IMPLEMENTING THE SUSTAINABLE COMMUNITY SCHOOLS STATE RESOLUTION

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FUNDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IMPROVING SYSTEM-WIDE POLICY REFORM IN NEW YORK CITY'S PUBLIC SCHOOLS THROUGH A DIRECT GRANT TO DONORS' EDUCATION COLLABORATIVE (DEC)

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY LABOR UNITED INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARENT, STUDENT, COMMUNITY, AND LABOR PARTNERSHIPS IN BOSTON AND ACROSS MASSACHUSETTS TO INCREASE REVENUE FOR PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILIES AND FRIENDS OF LOUISIANA'S INCAR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FFLIC'S ONGOING LET KIDS BE KIDS (LKBK) CAMPAIGN, WHICH SEEKS TO BUILD THE POWER OF FAMILIES IMPACTED BY SCHOOL PUSH-OUT AND DEMAND AN END TO ZERO TOLERANCE POLICIES IN NEW ORLEANS LOUISIANA SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: FUNDERS FOR LGBTQ ISSUES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE SCALE AND IMPACT OF PHILANTHROPIC DOLLARS SUPPORTING HEALTHY LIVING AND LEARNING ENVIRONMENTS FOR LGBTQ YOUTH IN SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS FOR GENDER EQUITY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPOR THE SCHOOL GIRLS DESERVE CAMPAIGN IN NEW YORK CITY, AIMED AT PROMOTING INVESTMENT IN THE SCHOOLS THAT YOUNG PEOPLE OF COLOR WANT, NEED AND DESERVE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GSA NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PEOPLES THINK TANK, A NETWORK THAT SEEKS TO BUILD A STRONG EDUCATIONAL JUSTICE FORCE AND CREATE OPPORTUNITIES TO EXPLORE INTERCONNECTEDNESS ACROSS THE EDUCATION JUSTICE MOVEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

KENWOOD OAKLAND COMMUNITY ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE JOURNEY FOR JUSTICE ALLIANCE #WECHOOSE CAMPAIGN, WORKING TO ADVANCE EDUCATION EQUITY AND RACIAL JUSTICE LOCALLY, REGIONALLY, AND NATIONALLY

NAME OF ORGANIZATION OR GOVERNMENT: KIDS RETHINK NEW ORLEANS SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE YOUNG PEOPLE IN A CAMPAIGN TO ELIMINATE ZERO-TOLERANCE DISCIPLINE POLICIES IN NEW ORLEANS LOUISIANA SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS BUDGET & POLICY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION FINANCE POLICY RESEARCH AND ANALYSIS TO LOCAL AND STATEWIDE COMMUNITY AND LABOR PARTNERSHIP TABLES IN MASSACHUSETTS

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS COMMUNITIES ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FAITH AND COMMUNITY ENGAGEMENT EFFORTS TO ADVOCATE FOR EQUITABLE PUBLIC SCHOOL RESOURCES IN MASSACHUSETTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ECONOMIC & SOCIAL RIGHTS INIT.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NATIONAL DIGNITY IN SCHOOLS CAMPAIGN FOR FAIR & JUST SCHOOL CLIMATE, AIMED AT CHALLENGING THE SYSTEMIC PROBLEM OF PUSHOUT IN UNITED STATES SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: NEO PHILANTHROPY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FRIENDS OF THE US COMMISSION ON CIVIL RIGHTS TO INCREASE THE NATIONS COMMITMENT TO CIVIL RIGHTS; MOBILIZE A BROADER BASE OF SUPPORT FOR AND PARTICIPATION IN THE INSTITUTIONS AND PROCESSES THAT SECURE THOSE RIGHTS

NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITIES FOR JUST SCHOOLS FUND IN BUILDING HEALTHY LIVING AND LEARNING COMMUNITIES TO ENSURE STUDENTS OF COLOR HAVE A FAIR, JUST AND QUALITY START

NAME OF ORGANIZATION OR GOVERNMENT: NORTH STAR FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COALITION FOR EDUCATION JUSTICE AND THE EXPANSION OF COMMUNITY SCHOOLS IN NEW YORK CITY

NAME OF ORGANIZATION OR GOVERNMENT:

PUBLIC POLICY & EDUCATION FUND OF NY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ALLIANCE FOR QUALITY EDUCATION'S SCHOOLS NOT JAILS CAMPAIGN AND INCREASE REVENUE FOR PUBLIC SCHOOLS IN NEW YORK STATE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ROCKEFELLER PHILANTHROPY ADVISORS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR EXECUTIVES ALLIANCE FOR BOYS AND MEN OF COLOR AND THEIR WORK TO REMOVE SOCIAL AND SYSTEMIC BARRIERS TO OPPORTUNITIES FOR MALES OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN ECHO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EVERY STUDENT SUCCEEDS ACT (ESSA) AND PROMOTE EQUITABLE EDUCATION STANDARDS FOR ALL MISSISSIPPI STUDENTS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: STONE LANTERN FILMS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SPANISH-LANGUAGE TRANSLATION OF "BACKPACK FULL OF CASH" AND SUPPORT CAMPAIGN EFFORTS IN SPANISH-SPEAKING AND ESL COMMUNITIES TO INCREASE FUNDING IN PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: TRANSFORMATIVE CULTURE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP YOUTH-LED MEDIA PROJECTS FOCUSED ON EQUITABLE FUNDING FOR PUBLIC SCHOOLS IN MASSACHUSETTS

NAME OF ORGANIZATION OR GOVERNMENT: WELLSTONE ACTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A TWO-DAY STRATEGIC PLANNING SESSION WITH THE MASSACHUSETTS EDUCATION JUSTICE ALLIANCE

NAME OF ORGANIZATION OR GOVERNMENT: WELLSTONE ACTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CAMPAIGN PLANNING SUPPORT TO MASSACHUSETTS GRANTEE PARTNERS WORKING TO ADVANCE EQUITY

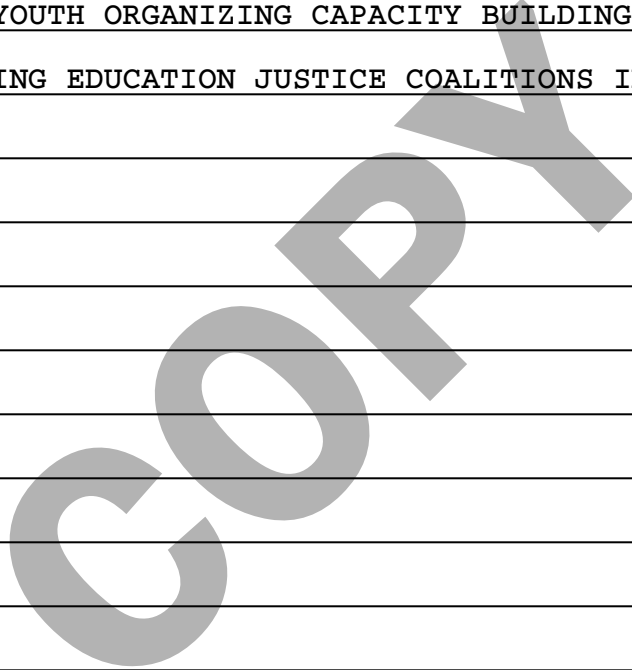
Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WORCESTER INTERFAITH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH THE TEN-YEAR AGENDA CAMPAIGN TO SUPPORT POLICY CHANGE AROUND SCHOOL DISCIPLINE AND INCREASE FUNDING FOR PUBLIC EDUCATION IN MASSACHUSETTS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHBUILD USA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH ON BOARD TO PROVIDE YOUTH LEADERSHIP AND YOUTH ORGANIZING CAPACITY BUILDING SUPPORT TO ESTABLISHED AND EMERGING EDUCATION JUSTICE COALITIONS IN MASSACHUSETTS



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SCHOTT FDTN FOR PUBLIC EDUCATION

Employer identification number

04-3457065

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN H JACKSON PRESIDENT AND CEO	(i)	329,231.	0.	0.	22,048.	25,964.	377,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CASSIE SCHWERNER SENIOR VP OF PROGRAMS (UNTIL NOV '18)	(i)	160,903.	0.	0.	13,400.	19,081.	193,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEIDI M BROOKS FORMER CHIEF OPERATING OFFICER	(i)	73,345.	0.	28,475.	4,870.	5,615.	112,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

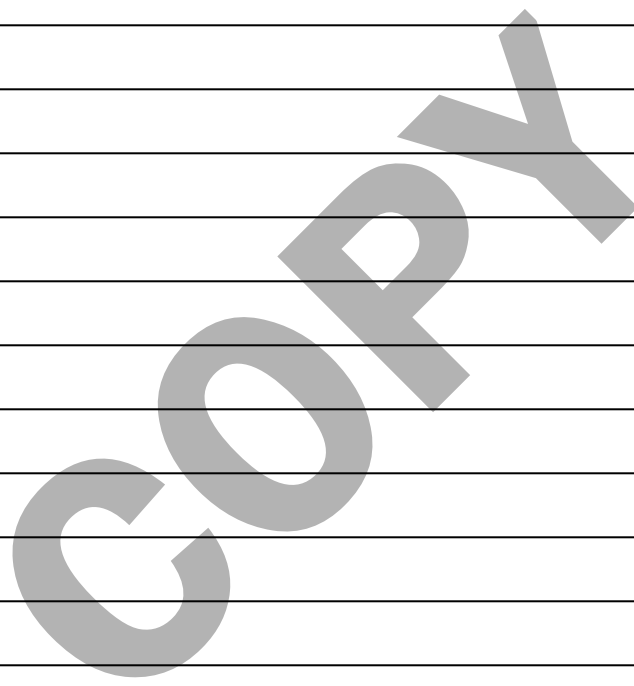
PART I, LINE 1A:

ALL EMPLOYEES, INCLUDING THE PRESIDENT AND CEO ARE ELIGIBLE TO BE REIMBURSED \$75 PER MONTH FOR HEALTH CLUB MEMBERSHIP.

PART I, LINE 4A:

SEVERANCE PAYMENTS

HEIDI BROOKS, \$28,475



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE SCHOTT FDTN FOR PUBLIC EDUCATION

Employer identification number

04-3457065

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

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN THE FOLLOWING

ACTIVITIES: (1) TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL

PURPOSES UNDER CODE SECTION 501(C)(3), (2) TO DEVELOP AND STRENGTHEN A

BROAD-BASED AND REPRESENTATIVE MOVEMENT TO ACHIEVE FULLY RESOURCED,

QUALITY PRE K-12 PUBLIC EDUCATION, AND (3) TO ENGAGE IN ANY AND ALL

OTHER LAWFUL ACTIVITIES INCIDENTAL TO AND IN PURSUIT OF THE FOREGOING

PURPOSES, EXCEPT AS SPECIFICALLY RESTRICTED BY THE ARTICLES OF

ORGANIZATION.

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

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN THE FOLLOWING

ACTIVITIES: (1) TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL

PURPOSES UNDER CODE SECTION 501(C)(3), (2) TO DEVELOP AND STRENGTHEN A

BROAD-BASED AND REPRESENTATIVE MOVEMENT TO ACHIEVE FULLY RESOURCED,

QUALITY PRE K-12 PUBLIC EDUCATION, AND (3) TO ENGAGE IN ANY AND ALL

OTHER LAWFUL ACTIVITIES INCIDENTAL TO AND IN PURSUIT OF THE FOREGOING

PURPOSES, EXCEPT AS SPECIFICALLY RESTRICTED BY THE ARTICLES OF

ORGANIZATION.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTANTS AND IS

PROVIDED TO THE BOARD VIA E-MAIL PRIOR TO BEING FILED.

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

ANNUALLY, ALL DIRECTORS REVIEW A LIST OF CURRENT GRANTEES AND VENDOR

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

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

Name of the organization

THE SCHOTT FDTN FOR PUBLIC EDUCATION

Employer identification number

04-3457065

SIGNIFICANT PARTNERS AND DECLARE ANY CONFLICTS OR POTENTIAL CONFLICTS. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY. ALL OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED A COPY OF THE POLICY, UNDERSTAND IT, AND AGREE TO ABIDE BY ITS TERMS.

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

THE PROCESS OF DETERMINING INITIAL COMPENSATION OF THE ORGANIZATIONS CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS INCLUDES A REVIEW BY AN OUTSIDE SEARCH FIRM. A SET OF PARAMETERS INCLUDING SALARY AND JOB DESCRIPTION GUIDELINES IS CONVEYED TO THE RECRUITMENT FIRM. THE RECRUITMENT FIRM WILL SEEK OUT INDIVIDUALS WITH THE APPROPRIATE BACKGROUND AND ALSO MAKE RECOMMENDATIONS AS TO THE COMPARABLE SALARIES FOR SIMILAR POSITIONS. THE BASIS OF THE COMPENSATION DECISION IS DOCUMENTED AND BASED ON A DETERMINATION THAT THE AMOUNT PAID IS NO MORE THAN REASONABLE IN VIEW OF SERVICES RENDERED. THE EXECUTIVE COMMITTEE MANAGES THIS PROCESS AND MAKES A RECOMMENDATION TO THE FULL BOARD.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AN INTERESTED PARTY MAY MAKE A REQUEST DIRECTLY TO THE ORGANIZATION. ADDITIONALLY, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE VIA THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE SCHOTT FDTN FOR PUBLIC EDUCATION** Employer identification number **04-3457065**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CAROLINE & SIGMUND SCHOTT FUND - 11-2856561 1250 HANCOCK STREET, SUITE 803N QUINCY, MA 02169	PRIVATE GRANTMAKING FOUNDATION	DELAWARE	501(C)(3)	PF	THE SCHOTT FDTN FOR PUBLIC EDUCATION	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CAROLINE & SIGMUND SCHOTT FUND	C	955,000.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

THE SCHOTT FDTN FOR PUBLIC EDUCATION
1250 HANCOCK STREET NO. 803N
QUINCY, MA 02169

PREPARED BY:

CBIZ MHM, LLC
500 BOYLSTON STREET
BOSTON, MA 02116

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE
AMOUNT OF \$1,088

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

JULY 15, 2020

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE SCHOTT FDTN FOR PUBLIC EDUCATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1250 HANCOCK STREET, NO. 803N</p> <p>City or town, state or province, country, and ZIP or foreign postal code QUINCY, MA 02169</p>	<p>D Employer identification number (Employees' trust, see instructions.) 04-3457065</p> <p>E Unrelated business activity code (See instructions.)</p>
---	---------------------	---	--

<p>C Book value of all assets at end of year 6,505,240.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ **NONE**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOHN H. JACKSON** Telephone number ▶ **617-876-7700**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	1,088.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	1,088.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,088.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	1,088.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	PRESIDENT AND CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				BRENDA BOOTH	06/22/20
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRENDA BOOTH	<i>Brenda L. Booth</i>	06/22/20		P01342395
	Firm's name CBIZ MHM, LLC	Firm's EIN 26-3753134			
	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116	Phone no. 617-761-0600			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE SCHOTT FDTN FOR PUBLIC EDUCATION	Employer identification number (EIN) or 04-3457065
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 HANCOCK STREET, NO. 803N	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. QUINCY, MA 02169	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN H. JACKSON

- The books are in the care of ▶ **1250 HANCOCK STREET, SUITE 803N - QUINCY, MA 02169**
Telephone No. ▶ **617-876-7700** Fax No. ▶ **617-876-7702**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,088.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions.