

"PUBLIC INSPECTION"

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► 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.

OMB No. 1545-0047

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
10 G ST., NE **605**

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20002-4242

F Name and address of principal officer: **M. ELAINE AULD**
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ► WWW.SOPHE.ORG

K Form of organization: Corporation Trust Association Other ► **L Year of formation:** **1950** **M State of legal domicile:** **CA**

D Employer identification number

23-7299881

E Telephone number

202-408-9804

G Gross receipts \$ **2,405,938.**

H(a) Is this a group return

for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

H(c) Group exemption number ►

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF SOPHE IS TO PROVIDE GLOBAL LEADERSHIP ON HEALTH EDUCATION AND HEALTH PROMOTION	
	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 19	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 16	
	6 Total number of volunteers (estimate if necessary) 6 50	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,226.	
Revenue	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
	8 Contributions and grants (Part VIII, line 1h) 1,499,357. 1,133,364.	
	9 Program service revenue (Part VIII, line 2g) 627,892. 650,327.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 64,989. 90,702.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 484,170. 468,401.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,676,408. 2,342,794.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22,922. 25,940.	
	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) 1,224,227. 1,198,274.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
	16b Total fundraising expenses (Part IX, column (D), line 25) ► 130,170.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,262,616. 937,803.	
Expenses	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,509,765. 2,162,017.	
	19 Revenue less expenses. Subtract line 18 from line 12 166,643. 180,777.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) 2,403,061.	2,899,178.
	21 Total liabilities (Part X, line 26) 735,479.	872,041.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,667,582.	2,027,137.

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	Date
	M. ELAINE AULD, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
Paid Preparer	Print/Type preparer's name PATRICIA A. O'MALLEY, CPA	Preparer's signature
Use Only	Firm's name ► RUBINO AND COMPANY, CHARTERED	Firm's EIN ► 52-1186096
	Firm's address ► 6903 ROCKLEDGE DRIVE, SUITE 300	Phone no. 301-564-3636
	BETHESDA, MD 20817-1818	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 2

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:

THE MISSION OF SOPHE IS TO PROVIDE GLOBAL LEADERSHIP ON HEALTH EDUCATION AND HEALTH PROMOTION AND TO PROMOTE THE HEALTH OF SOCIETY.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 453,739. including grants of \$ 4,000.) (Revenue \$)
HEALTH PROMOTION:

SOPHE LEADS MANY HEALTH PROMOTION INITIATIVES, ALL DESIGNED TO CONTRIBUTE TO THE GLOBAL PUBLIC HEALTH EFFORT TO IMPROVE HEALTH OUTCOMES AND PROMOTE HEALTH EQUITY. THE INITIATIVES INCLUDE PROGRAMS TO PROVIDE TRAINING OF STUDENTS AND PROFESSIONALS ON THE CONNECTION BETWEEN BEHAVIORAL SCIENCES, HEALTH EDUCATION, HEALTH PROMOTION AND THE SURROUNDING ENVIRONMENT, AS WELL AS WORKING WITH OTHER NATIONAL ORGANIZATIONS, BUSINESSES, HOSPITALS, SCHOOLS, AND LOCAL COMMUNITIES TO REDUCE CHRONIC DISEASE RISKS DUE TO POOR NUTRITION, INACTIVITY, TOBACCO USE AND OTHER LIFESTYLE RISK FACTORS. SOPHE PUBLISHES AND DISTRIBUTES A SMOKING CESSATION GUIDE AND PROVIDES TRAINING TO HEALTH PROVIDERS TO

4b (Code:) (Expenses \$ 399,181. including grants of \$ 17,440.) (Revenue \$ 406,318.)
MEETINGS:

SOPHE PROVIDES EDUCATIONAL OPPORTUNITIES FOR HEALTH EDUCATION RESEARCHERS, FACULTY, PRACTITIONERS, AND STUDENTS BY SPONSORING AN ANNUAL MEETING. SOPHE'S 2020 MEETING WAS HELD VIRTUALLY DUE TO COVID-19, WITH NEARLY 800 PARTICIPANTS FROM ACROSS THE UNITED STATES AND SEVERAL INTERNATIONAL COUNTRIES. MEETING CONTENT INCLUDED PLENARY AND CONCURRENT SESSIONS, WORKSHOPS, ROUNDTABLES, POSTERS, EXHIBITS, AWARD PRESENTATIONS, AND STUDENT CASE STUDY COMPETITIONS. THE MEETING PROVIDED A MAJOR SOURCE OF CONTINUING EDUCATION CREDITS FOR CERTIFIED HEALTH EDUCATION SPECIALISTS, MASTER CERTIFIED HEALTH EDUCATION SPECIALISTS, AND PERSONS CERTIFIED IN PUBLIC HEALTH. ADDITIONALLY,

4c (Code:) (Expenses \$ 247,042. including grants of \$ 3,000.) (Revenue \$ 216,445.)
JOURNALS & PUBLICATIONS:

IN 2020, SOPHE PUBLISHED 16 ISSUES OF ITS THREE PEER-REVIEWED JOURNALS: PEDAGOGY IN HEALTH PROMOTION: THE SCHOLARSHIP OF TEACHING AND LEARNING, HEALTH EDUCATION & BEHAVIOR (HE&B) AND HEALTH PROMOTION PRACTICE (HPP). MANY JOURNAL ARTICLES FEATURED LESSONS LEARNED IN COVID-19 AS WELL AS ANTI-RACISM. HE&B PUBLISHED A SPECIAL SUPPLEMENT ON CAMPUS SEXUAL ASSAULT AND PREVENTION. HPP PUBLISHED A SUPPLEMENT WITH FDA ON TOBACCO INTERVENTION AND STRATEGIES IN DIVERSE POPULATIONS; AND A SPECIAL FOCUS ISSUE ON HIV/AIDS IN CONJUNCTION WITH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION. PHP PUBLISHES A SPECIAL ISSUE ON PEDAGOGY FOR GLOBAL HEALTH AND HEALTH PROMOTION. ALL SOPHE JOURNALS ARE MUST-HAVE RESOURCES

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 117,957. including grants of \$ 1,500.) (Revenue \$ 27,564.)

- 4e Total program service expenses ► 1,217,919.

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 3

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 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>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 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>	8 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>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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. <ul style="list-style-type: none"> 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> 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> 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> 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> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> 	11a 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>	11b X	
12b 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>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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> 	11e X	
14b 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>	11f X	
15 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>	12a X	
16 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>	12b X	
17 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>	13 X	
18 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>	14a 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>	14b X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15 X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16 X	
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>	17 X	
	18 X	
	19 X	
	20a X	
	20b X	
	21 X	

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note: All Form 990 filers are required to complete Schedule O		

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	1a 53	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 5

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11 Section 501(c)(12) organizations. Enter:	11b	
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	14a	X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c Enter the amount of reserves on hand	15	X
14 Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881 Page 6

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

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

Section A. Governing Body and Management

		Yes	No
1a	19		
1b	18		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9		X	

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

		Yes	No
10a	X		
b			
11a	X		
b			
12a	X		
b			
c			
12c	X		
13	X		
14	X		
15			
a			
b			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
15a	X		
15b		X	
16a		X	
b			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 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 Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ► **M. ELAINE AULD - 202-408-9804**
- 10 G ST., NE, SUITE 605, WASHINGTON, DC 20002-4242

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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) M. ELAINE AULD CHIEF EXEC. OFFICER	40.00		X				181,946.	0.	23,685.
(2) JEAN TALIAFERRO SR. DIR. FINANCE AND ADMIN	40.00		X				112,344.	0.	18,442.
(3) RACHAEL DOMBROWSKI SECRETARY	2.00	X	X				25,000.	0.	0.
(4) CAM ESCOFFERY PRESIDENT	6.00	X	X				0.	0.	0.
(5) DEBORAH A. FORTUNE PRESIDENT ELECT	2.00	X	X				0.	0.	0.
(6) JEFFERY GOODMAN TREASURER	2.00	X	X				0.	0.	0.
(7) JEAN BRENY IMMEDIATE PAST PRESIDENT	1.00	X	X				0.	0.	0.
(8) MOLLY BROWN TRUSTEE	1.00	X					0.	0.	0.
(9) HEIDI HANCHER-RAUCH TRUSTEE	1.00	X					0.	0.	0.
(10) BETH CHANEY TRUSTEE	1.00	X					0.	0.	0.
(11) ANTONIO GARDNER TRUSTEE	1.00	X					0.	0.	0.
(12) NICOLETTE WARREN-POWE TRUSTEE	1.00	X					0.	0.	0.
(13) ASHLEY PARKS TRUSTEE	1.00	X					0.	0.	0.
(14) JODY L VOGELZANG TRUSTEE	1.00	X					0.	0.	0.
(15) CHERYLEE SHERRY TRUSTEE	1.00	X					0.	0.	0.
(16) REBECCA RICH STUDENT TRUSTEE	1.00	X					0.	0.	0.
(17) DARCELL SCHARFF TRUSTEE	1.00	X					0.	0.	0.

"PUBLIC INSPECTION"

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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 ►

2

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

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
COMMPARTNERS, 7230 LEE DEFOREST DRIVE, SUITE 206, COLUMBIA, MD 21046	SEE SCHEDULE O	117,300.

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881 Page 9

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	191,592.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	569,340.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	372,432.		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		► 1,133,364.		
Program Service Revenue		Business Code			
	2 a ANNUAL MEETING	900099	406,318.	406,318.	
	b PUBLICATIONS	900099	216,445.	216,445.	
	c OTHER PROGRAM INCOME	900099	27,564.	27,564.	
	d				
	e				
	f All other program service revenue		► 650,327.		
	g Total. Add lines 2a-2f		► 650,327.		
	3 Investment income (including dividends, interest, and other similar amounts)		► 46,046.		46,046.
	4 Income from investment of tax-exempt bond proceeds		►		
	5 Royalties		► 463,175.		463,175.
		(i) Real	(ii) Personal		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)		►		
	7 a Gross amount from sales of assets other than inventory	7a	107,800.		
	b Less: cost or other basis and sales expenses	7b	63,144.		
	c Gain or (loss)	7c	44,656.		
	d Net gain or (loss)		► 44,656.		44,656.
Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events		►		
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities		►		
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory		►		
Miscellaneous Revenue		Business Code			
	11 a JOB POSTING	900099	5,226.		5,226.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		► 5,226.		
	12 Total revenue. See instructions		► 2,342,794.	650,327.	5,226. 553,877.

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881 Page 10

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	65.	65.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,875.	25,875.		
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	336,715.	108,166.	214,134.	14,415.
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	730,718.	420,656.	233,883.	76,179.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,590.	1,331.	7,622.	637.
9 Other employee benefits	41,657.	19,516.	18,605.	3,536.
10 Payroll taxes	79,594.	52,696.	17,811.	9,087.
11 Fees for services (nonemployees):				
a Management				
b Legal	25,783.	20,864.	4,066.	853.
c Accounting	48,780.		48,780.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	355,793.	299,192.	56,601.	
12 Advertising and promotion	450.			450.
13 Office expenses	46,830.	13,911.	32,160.	759.
14 Information technology	81,585.	13,734.	65,670.	2,181.
15 Royalties				
16 Occupancy	162,018.	76,445.	71,849.	13,724.
17 Travel	35,386.	33,141.	2,226.	19.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,016.	19,159.	3,168.	2,689.
20 Interest	5.		5.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,175.	25,587.	20,982.	4,606.
23 Insurance	9,408.	1,213.	8,195.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	87,999.	78,953.	8,011.	1,035.
b CHAPTER DEVELOPMENT	7,415.	7,415.		
c UBIT TAXES	160.		160.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,162,017.	1,217,919.	813,928.	130,170.
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 ► if following SOP 98-2 (ASC 958-720)

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881 Page 11

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	201,445.	537,714.
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	36,359.	55,455.
	4 Accounts receivable, net	167,328.	112,225.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	110,042.	74,509.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	431,295.
	b Less: accumulated depreciation	10b	207,515.
	11 Investments - publicly traded securities	1,610,476.	1,888,289.
	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	7,206.	7,206.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	2,403,061.	2,899,178.
Liabilities	17 Accounts payable and accrued expenses	111,750.	116,138.
	18 Grants payable	18	
	19 Deferred revenue	300,661.	245,818.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	211,900.
	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	323,068.	298,185.
	26 Total liabilities. Add lines 17 through 25	735,479.	872,041.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	1,328,423.	1,642,774.
	28 Net assets with donor restrictions	339,159.	384,363.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>		
	and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	1,667,582.	2,027,137.
	33 Total liabilities and net assets/fund balances	2,403,061.	2,899,178.

Form 990 (2020)

"PUBLIC INSPECTION"

Form 990 (2020)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881 Page 12

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	2,342,794.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,162,017.
3 Revenue less expenses. Subtract line 2 from line 1	3	180,777.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,667,582.
5 Net unrealized gains (losses) on investments	5	178,778.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,027,137.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____	2a	<input checked="" type="checkbox"/>
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? _____	2b	<input checked="" type="checkbox"/>
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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? _____	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on 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? _____	3a	<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

"PUBLIC INSPECTION"

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

2020

Open to Public
Inspection

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number

23-7299881

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 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)**. Enter the hospital's name, city, and state:
 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)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 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 (see instructions). Enter the name, city, and state of the college or university:
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 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. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 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). **You must complete Part IV, Sections A and D, and Part V.**
 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
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

"PUBLIC INSPECTION"

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 type="checkbox"/>
b 33 1/3% support test - 2019. 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 - 2020. 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 - 2019. 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"/>

"PUBLIC INSPECTION"

Schedule A (Form 990 or 990-EZ) 2020 SOCIETY FOR PUBLIC HEALTH EDUCATION INC. 23-7299881 Page 3

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1010077.	1061074.	790,629.	1499357.	1133364.	5494501.
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	486,756.	483,399.	562,323.	627,893.	637,414.	2797785.
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	1496833.	1544473.	1352952.	2127250.	1770778.	8292286.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000.		19,270.		29,270.
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						0.
c Add lines 7a and 7b		10,000.		19,270.		29,270.
8 Public support. (Subtract line 7c from line 6.)						8263016.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1496833.	1544473.	1352952.	2127250.	1770778.	8292286.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	454,225.	487,634.	524,104.	538,678.	553,877.	2558518.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	454,225.	487,634.	524,104.	538,678.	553,877.	2558518.
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.)	1951058.	2032107.	1877056.	2665928.	2324655.	10850804.
14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	76.15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	76.63	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	23.58	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	23.09	%
19a 33 1/3% support tests - 2020. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support tests - 2019. 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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

"PUBLIC INSPECTION"

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

"PUBLIC INSPECTION"

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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

"PUBLIC INSPECTION"

Schedule A (Form 990 or 990-EZ) 2020 **SOCIETY FOR PUBLIC HEALTH EDUCATION INC.** 23-7299881 Page 6

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 <i>(explain in detail in Part VI)</i> :			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990 or 990-EZ) 2020

"PUBLIC INSPECTION"

Schedule A (Form 990 or 990-EZ) 2020 SOCIETY FOR PUBLIC HEALTH EDUCATION INC. 23-7299881 Page 7

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

Schedule A (Form 990 or 990-EZ) 2020

"PUBLIC INSPECTION"

Schedule A (Form 990 or 990-EZ) 2020 SOCIETY FOR PUBLIC HEALTH EDUCATION INC. 23-7299881 Page 8

Part VI

Supplemental Information

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.)

"PUBLIC INSPECTION"

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

**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 SOCIETY FOR PUBLIC HEALTH EDUCATION INC.	Employer identification number 23-7299881
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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.

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

Schedule C (Form 990 or 990-EZ) 2020

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"PUBLIC INSPECTION"

Schedule C (Form 990 or 990-EZ) 2020 SOCIETY FOR PUBLIC HEALTH EDUCATION INC 23-7299881 Page 2

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 (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Not over \$500,000</td> <td style="text-align: left; padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="text-align: left; padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="text-align: left; padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="text-align: left; padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$17,000,000</td> <td style="text-align: left; padding: 2px;">\$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)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

"PUBLIC INSPECTION"

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,796.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,796.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

"PUBLIC INSPECTION"

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

2020
Open to Public
Inspection

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

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? Yes 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? Yes 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 (for example, 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 |
|---------------------------------|
| 2a |
| 2b |
| 2c |
| 2d |
- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
- 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 FASB 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 FASB 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 FASB 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) 2020

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

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	311,654.	266,160.	279,496.	244,534.	232,645.
b Contributions					
c Net investment earnings, gains, and losses	48,869.	45,494.	-10,336.	36,462.	14,889.
d Grants or scholarships	5,000.		3,000.	1,500.	3,000.
e Other expenditures for facilities and programs	198.				
f Administrative expenses					
g End of year balance	355,325.	311,654.	266,160.	279,496.	244,534.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ► _____ %
 - b** Permanent endowment ► **28.0000** %
 - c** Term endowment ► **72.0000** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

32. Are there endowment funds not in the possession of the organization that are held and administered for the organization?

100

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
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		297,705.	91,792.	205,913.
d Equipment		31,040.	31,040.	0.
e Other		102,550.	84,683.	17,867.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				223,780.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020

"PUBLIC INSPECTION"

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) DEFERRED RENT	105,885.
(3) DEFERRED LEASE INCENTIVE	192,300.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 298,185.

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

"PUBLIC INSPECTION"

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	2,521,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	178,778.
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	178,778.
3	Subtract line 2e from line 1	3	2,342,794.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,342,794.

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	2,162,017.
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	2,162,017.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,162,017.

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:

SCHOLARSHIPS

PART X, LINE 2:

THE SOCIETY IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME, IF ANY. HOWEVER, TAX YEARS ENDED DECEMBER 31, 2017 THROUGH 2019, REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SOCIETY IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS.

THE SOCIETY HAS A PROCESS IN PLACE TO ENSURE THE MAINTENANCE OF ITS

EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 980)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

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Inspection**

Employer identification number
23-7299881

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

For Paperwork Reduction Act Notice, see the instructions for Form 886.

032101 11-02-20

"PUBLIC INSPECTION"

"PUBLIC INSPECTION"

Schedule I (Form 990) 2020

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 2

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

(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
SCHOLARSHIPS	50	20,375.	0.		
FELLOWSHIPS	6	5,500.	0.		

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:

GRANTS FOR ADDRESSING PUBLIC HEALTH EDUCATION SCHOLARSHIPS AND FELLOWSHIPS

ARE MADE IN ACCORDANCE WITH SOPHE POLICIES AND PROCEDURES, INJURY

FELLOWSHIPS ARE MADE IN ACCORDANCE WITH CDC GUIDELINES AND REPORTING

REQUIREMENTS.

"PUBLIC INSPECTION"

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

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 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 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 type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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)?

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

Schedule J (Form 990) 2020

"PUBLIC INSPECTION"

Schedule J (Form 990) 2020

SOCIETY FOR PUBLIC HEALTH EDUCATION INC. 23-7299881

Page 2

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) M. ELAINE AULD CHIEF EXEC. OFFICER	(i) 181,946.	0.	0.	6,550.	17,135.	205,631.	0.
	(ii) 0.	0.	0.		0.	0.	0.
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"PUBLIC INSPECTION"

Schedule J (Form 990) 2020

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Page 3

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.

Schedule J (Form 990) 2020

032113 12-07-20

"PUBLIC INSPECTION"

"PUBLIC INSPECTION"

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

2020
Open to Public
Inspection

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

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

AND TO PROMOTE THE HEALTH OF SOCIETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HELP PREGNANT WOMEN QUIT SMOKING.

IN 2020, SOPHE LEAD COOPERATIVE AGREEMENTS WITH CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION IN ARTHRITIS, SCHOOL HEALTH AND IN ELIMINATING HEALTH DISPARITIES. SOPHE CONDUCTED VIRTUAL TRAININGS FOR CDC GRANTEES ON FOOD SERVICE GUIDELINES FOR HEALTHY EATING, WRITING FOR PEER-REVIEWED PUBLICATIONS AND STRENGTHENING HEALTH EDUCATION TEACHER PREPARATION PROGRAMS. SOPHE PRODUCED SEVERAL RESOURCES AND CONDUCTED WEBINARS FOR PUBLIC HEALTH PROFESSIONALS IN CONJUNCTION WITH CDC AND PARTNERS. SOPHE ALSO CONDUCTED AN ENVIRONMENTAL SCAN OF HEALTH EDUCATION TEACHER PREPARATION PROGRAMS ACROSS THE NATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SOPHE SPONSORED A VIRTUAL DIGITAL HEALTH PROMOTION SUMMIT THAT ATTRACTED SOME 175 PARTICIPANTS ON THE IMPACT OF THE DIGITAL MEDIA ON HEALTH, INCLUDING COVID-19, GOVERNMENT, ACADEMIA, AND INDUSTRY. SOPHE CONDUCTED MULTIPLE WEBINARS ON ADDRESSING COVID-19 VACCINE SAFETY AND PRODUCED SPECIAL COLLECTIONS OF RESOURCES ON THE TOPIC, WHICH WERE MADE AVAILABLE ON ITS WEBSITE. SOPHE ALSO UPGRADED ITS SOFTWARE TO PROVIDE A MORE ROBUST E-LEARNING CENTER FOR SYNCHRONOUS AND ASYNCHRONOUS TRAINING COURSES AND RESOURCES.

"PUBLIC INSPECTION"

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR THE PUBLIC HEALTH ACADEMIC AND PRACTITIONER COMMUNITIES. IN TERMS
OF OTHER PUBLICATIONS, SOPHE CONTINUED TO DISSEMINATE ITS TEXTBOOKS
(UPAHEAD), RESEARCH HANDBOOK; ACADEMIC TEXTBOOKS (INTRODUCTION TO
GLOBAL HEALTH PROMOTION), (HEALTH PROMOTION PROGRAMS: FROM THEORY TO
PRACTICE), TOOLS OF THE TRADE (THREE VOLUME SERIES), A QUARTERLY
NEWSLETTER AND A BI-MONTHLY ELECTRONIC NEWSLETTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTH EDUCATION

DISTANCE EDUCATION:

SOPHE PROVIDED MORE THAN 75 ONLINE EDUCATION EVENTS AND JOURNAL
SELF-STUDIES ON HIV, GUN VIOLENCE, OBESITY, VACCINE HESITANCY,
GLOBALHEALTH, SCHOOL HEALTH, AND OTHER CUTTING-EDGE HEALTH TOPICS.
SPEAKERS REPRESENTED MAJOR FEDERAL AGENCIES AS WELL AS RESEARCHERS AND
PRACTITIONERS THROUGHOUT THE COUNTRY TO ENHANCE THE TRANSLATION OF
RESEARCH TO PRACTICE. SOPHE PROVIDED 9,000 CONTINUING EDUCATION CONTACT
HOURS TO THE HEALTH EDUCATION AND PUBLIC HEALTH WORKFORCES.

PROFESSIONAL PREPARATION AND STANDARDS:

SOPHE CONTINUED TO DISSEMINATE INFORMATION ON NATIONAL STANDARDS FOR THE
PREPARATION OF SCHOOL HEALTH EDUCATORS AND ITS WORK WITH THE COUNCIL
FOR ACCREDITATION OF EDUCATOR PREPARATION.. CAEP RECOGNIZED SOPHE AS A
SPECIALIZED PROFESSIONAL ASSOCIATION (SPA) IN SCHOOL HEALTH EDUCATION.

"PUBLIC INSPECTION"

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

IN CONJUNCTION WITH THE NATIONAL COMMISSION FOR HEALTH EDUCATION

CREDENTIALING, SOPHE CONTINUED TO DISSEMINATE THE RESULTS OF THE

PSYCHOMETRIC STUDY OF THE NATIONAL HEALTH EDUCATION SPECIALISTS

PRACTICE ANALYSIS II 2020, WHICH ENUMERATES THE AREAS OF

RESPONSIBILITY, COMPETENCIES, AND SUB-COMPETENCIES FOR THE HEALTH

EDUCATION WORKFORCE.

EXPENSES \$ 117,957. INCLUDING GRANTS OF \$ 1,500. REVENUE \$ 27,564.

FORM 990, PART VI, SECTION A, LINE 6:

SOPHE HAS TWO CATEGORIES OF MEMBERS, INDIVIDUAL AND ASSOCIATE. AN

INDIVIDUAL IS: 1) A PUBLIC HEALTH EDUCATOR WHO IS A PROFESSIONAL WITH A

GRADUATE OR UNDERGRADUATE DEGREE FROM A FORMAL PUBLIC HEALTH EDUCATION OR

RELATED PROGRAM; 2) A PROFESSIONAL WHO IS EMPLOYED OR IS FUNCTIONING IN A

PUBLIC HEALTH EDUCATION CAPACITY; 3) A FACULTY MEMBER OF A PUBLIC HEALTH

EDUCATION PROGRAM; 4) A STUDENT IN A PUBLIC HEALTH EDUCATION PROGRAM; 5) A

RETIRED PUBLIC HEALTH EDUCATOR; 6) AND/OR ANYONE WITH AN INTEREST IN PUBLIC

HEALTH EDUCATION. AN ASSOCIATE MEMBER IS ANY CORPORATION THAT IS ASSOCIATED

WITH THE PROFESSION OF HEALTH EDUCATION THAT SUPPORTS THE PURPOSE AND

MISSION OF SOPHE AND THAT MEETS ANY ADDITIONAL REQUIREMENTS FOR ASSOCIATE

MEMBERSHIP AS MAY BE IMPOSED BY THE BOARD OF TRUSTEES FROM TIME TO TIME. IN

2020, SOPHE HAD (2) TWO AFFILIATE ORGANIZATION MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

INDIVIDUAL MEMBERS OF SOPHE ELECT OFFICERS AND TRUSTEES OF THE BOARD OF

TRUSTEES, SOPHE'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

INDIVIDUAL MEMBERS HAVE THE RIGHT TO VOTE ON DECISIONS WITH REGARD TO

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

PROPOSED CHANGES IN BYLAWS AND/OR EXTRAORDINARY ACTIVITIES (E.G. MERGERS, DISSOLUTION, AND DIVESTITURE OF ASSETS), IN COMPLIANCE WITH CALIFORNIA LAW.

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

A DRAFT OF SOPHE'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, REVIEWED BY THE SOPHE CEO AND LEGAL COUNSEL AND THEN REVIEWED BY THE SOPHE BOARD OF TRUSTEES BEFORE FILING WITH THE IRS.

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

SOPHE REQUIRES ALL TRUSTEES, OFFICERS AND THE CHIEF EXECUTIVE OFFICER (CEO) TO COMPLETE AN ANNUAL STATEMENT OF ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. SOPHE REMINDS OFFICERS, TRUSTEES AND THE CEO FROM TIME TO TIME OF THE SOPHE CONFLICT OF INTEREST POLICY.

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

IN CONJUNCTION WITH THE SOPHE COMPENSATION POLICY, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF SOPHE, WHICH IS COMPRISED OF DISINTERESTED PERSONS, REVIEWS THE ANNUAL EXECUTIVE SURVEY PREPARED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, IN DETERMINING THE SALARY OF SOPHE'S CEO. THE EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S PERFORMANCE AS WELL AS OTHER SURVEYS TO DETERMINE THE CEO'S COMPENSATION ON AN ANNUAL BASIS. THE PROCESS FOR DETERMINING THE CEO'S COMPENSATION IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE'S MEETING.

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

SOPHE'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ON SOPHE'S WEBSITE. SOPHE REPORTS FINANCIAL INFORMATION TO ITS MEMBERS AT ITS ALL MEMBER BUSINESS MEETING AND MAKES WRITTEN INFORMATION AVAILABLE TO

"PUBLIC INSPECTION"

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

ITS MEMBERS UPON REQUEST.

PART VII, SECTION B, LINE 1B

ELEVATED PLATFORM FOR VIRTUAL CONFERENCE AND WEBINAR

FORM 990, PART IX, LINE 11G, OTHER FEES:

EDITORIAL:

PROGRAM SERVICE EXPENSES 58,650.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 58,650.

CONSULTANT:

PROGRAM SERVICE EXPENSES 240,542.

MANAGEMENT AND GENERAL EXPENSES 16,927.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 257,469.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 24,330.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 24,330.

EMPLOYMENT SEARCH:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 15,344.

"PUBLIC INSPECTION"

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 15,344.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 355,793.

FORM 990, PART XII, LINE 2C

SOPHE HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THE AUDIT COMMITTEE IS COMPRISED OF SEVERAL MEMBERS OF THE BOARD OF TRUSTEES, IN COMPLIANCE WITH SOPHE BYLAWS.

FORM 990, PART VI, LINE 1A

SOPHE'S EXECUTIVE COMMITTEE COMPRISES THE PRESIDENT, PRESIDENT-ELECT, SECRETARY, TREASURER, IMMEDIATE PAST PRESIDENT, AND SPEAKER OF THE HOUSE OF DELEGATES. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF SOPHE, BUT EXCLUDING SUCH POWERS AND AUTHORITY AS ARE LIMITED BY CALIFORNIA LAW OR SOPHE'S BYLAWS. ALL ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF TRUSTEES AT THE NEXT BOARD MEETING. SOPHE'S CEO IS NORMALLY PRESENT IN ALL CALLS AND MEETINGS OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 10B

IN 2020, THERE WERE MORE THAN 20 CHAPTERS THAT SUBSCRIBE TO THE SAME PURPOSE AND MISSION OF SOPHE AND MUST MEET CERTAIN REQUIREMENTS SET FORTH IN THE SOPHE'S BYLAWS. HOWEVER, SOPHE CHAPTERS ARE INDEPENDENT ORGANIZATIONS AND NATIONAL SOPHE DOES NOT CONTROL THE ACTIVITIES OF ITS

"PUBLIC INSPECTION"

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number
23-7299881

SOCIETY FOR PUBLIC HEALTH EDUCATION INC. INDIVIDUAL CHAPTERS.

"PUBLIC INSPECTION"

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv.	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	.000		16	31,040.				31,040.	30,487.		553.	31,040.
2	WEBSITE	VARIOUS	SL	.000		16	102,550.				102,550.	63,832.		20,851.	84,683.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000		16	297,705.				297,705.	62,021.		29,771.	91,792.
* TOTAL 990 PAGE 10 DEPR							431,295.				431,295.	156,340.		51,175.	207,515.

028111 04-01-20

(B) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

"PUBLIC INSPECTION"

"PUBLIC INSPECTION"

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

► 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.

Type or print	Name of exempt organization or other filer, see instructions. SOCIETY FOR PUBLIC HEALTH EDUCATION INC.	Taxpayer identification number (TIN) 23-7299881
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. 10 G ST., NE, NO. 605	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-4242	

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

0 1

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

M. ELAINE AULD

- The books are in the care of ► **10 G ST., NE, SUITE 605 – WASHINGTON, DC 20002-4242**

Telephone No. ► **202-408-9804**

Fax No. ► _____

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2020** or

► tax year beginning _____, and ending _____.

- 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 <u>any nonrefundable credits</u> . See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and <u>estimated tax payments made</u> . Include any prior year overpayment allowed as a credit.	3b	\$	0.
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-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2020)

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

2020

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____ and ending _____

► 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).

A Check box if
address changed.Print
or
TypeName of organization (Check box if name changed and see instructions.)

D Employer identification number

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

Number, street, and room or suite no. If a P.O. box, see instructions.

E Group exemption number
(see instructions)

10 G ST., NE, NO. 605

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20002-4242

C Book value of all assets at end of year ► 2,899,178.

F Check box if
an amended return.G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entityH Check if filing only to ► Claim credit from Form 8941 Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ►

J Enter the number of attached Schedules A (Form 990-T) ► 1

K 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. ►

L The books are in care of ► M. ELAINE AULD Telephone number ► 202-408-9804

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	456.
2	Reserved	2	
3	Add lines 1 and 2	3	456.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	456.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	456.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a			
1b			
1c			
1d			
1e			
2		0.	
3			
4		0.	
5		0.	
6a	774.		
6b			
6c			
6d			
6e			
6f			
6g			
7	774.		
8			
9			
10	774.		
11	0.		

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
 1b Other credits (see instructions)
 1c General business credit. Attach Form 3800 (see instructions)
 1d Credit for prior year minimum tax (attach Form 8801 or 8827)
 1e Total credits. Add lines 1a through 1d
 2 Subtract line 1e from Part II, line 7
 3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach statement)
 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here ►
 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4
 6a Payments: A 2019 overpayment credited to 2020
 6b 2020 estimated tax payments. Check if section 643(g) election applies ►
 6c Tax deposited with Form 8866
 6d Foreign organizations: Tax paid or withheld at source (see instructions)
 6e Backup withholding (see instructions)
 6f Credit for small employer health insurance premiums (attach Form 8941)
 6g Other credits, adjustments, and payments: Form 2439
 Form 4136 Other Total ►
 7 Total payments. Add lines 6a through 6g
 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►
 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ►
 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ►
 11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ► 774. Refunded ► 774. 11 0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 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
2 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
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ _____		
4a Did the organization change its method of accounting? (see instructions)		X
4b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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.			CHIEF EXECUTIVE OFFICER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date		Title		
Paid Preparer Use Only	Print/Type preparer's name PATRICIA A. O'MALLEY, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00285909	
	Firm's name ► RUBINO AND COMPANY, CHARTERED			Firm's EIN ►	52-1186096	
	6903 ROCKLEDGE DRIVE, SUITE 300			Firm's address ►	BETHESDA, MD 20817-1818	
				Phone no.	301-564-3636	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

ENTITY 1
OMB No. 1545-0047

2020

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

A Name of the organization
SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

B Employer identification number
23-7299881

C Unrelated business activity code (see instructions) ► **541800**

D Sequence: **1** of **1**

E Describe the unrelated trade or business ► **ADVERTISING**

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 ►		
2 Cost of goods sold (Part III, line 8)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions)			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement)			
6 Rent income (Part IV)			
7 Unrelated debt-financed income (Part V)			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10 Exploited exempt activity income (Part VIII)	5,226.	4,729.	497.
11 Advertising income (Part IX)			
12 Other income (see instructions; attach statement)			
13 Total. Combine lines 3 through 12	5,226.	4,729.	497.

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

1 Compensation of officers, directors, and trustees (Part X)		1
2 Salaries and wages		2
3 Repairs and maintenance		3
4 Bad debts		4
5 Interest (attach statement) (see instructions)		5
6 Taxes and licenses		6
7 Depreciation (attach Form 4562) (see instructions)	7	41.
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion		9
10 Contributions to deferred compensation plans		10
11 Employee benefit programs		11
12 Excess exempt expenses (Part VIII)		12
13 Excess readership costs (Part IX)		13
14 Other deductions (attach statement)		14
15 Total deductions. Add lines 1 through 14		41.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	456.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	456.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

- 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

- 2 Rent received or accrued

- a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
- b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
- c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D

A	B	C	D

- 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►

0.

Deductions directly connected with the income
in lines 2(a) and 2(b) (attach statement)

--	--	--	--

- 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►

0.

Part V Unrelated Debt-Financed Income (see instructions)

- 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A	
B	
C	
D	

- 2 Gross income from or allocable to debt-financed property

- 3 Deductions directly connected with or allocable to debt-financed property

- a Straight line depreciation (attach statement)
- b Other deductions (attach statement)
- c Total deductions (add lines 3a and 3b, columns A through D)

A	B	C	D

- 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)

- 5 Average adjusted basis of or allocable to debt-financed property (attach statement)

- 6 Divide line 4 by line 5

%	%	%	%
---	---	---	---

- 7 Gross income reportable. Multiply line 2 by line 6

- 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►

0.

- 9 Allocable deductions. Multiply line 3c by line 6
- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

- 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►

0.

- 11 Total dividends-received deductions included in line 10
- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

0.

Part VI Interest, Annuities, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals

► Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

0.

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

Totals

► Add amounts in column 2. Enter here and on Part I, line 9, column (A)

0.

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: <u>JOB POSTINGS</u>	2	5,226.
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3	4,729.
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4	497.
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5	0.
5 Gross income from activity that is not unrelated business income	6	0.
6 Expenses attributable to income entered on line 5	7	0.
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12		

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH
PRODUCTION OF UNRELATED BUSINESS INCOME

STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED SALARIES		2,702.	
ALLOCATED OVERHEAD		2,027.	
	- SUBTOTAL -	1	4,729.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			4,729.

STATEMENT (S) 1