

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization SOCIETY FOR PUBLIC HEALTH EDUCATION INC.		D Employer identification number 23-7299881
	Doing business as		E Telephone number 202-408-9804
	Number and street (or P.O. box if mail is not delivered to street address) 10 G ST., NE	Room/suite 605	G Gross receipts \$ 2,927,853.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002-4242		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: TAMMY DILLARD-STEELS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions		
J Website: ► WWW.SOPHE.ORG	H(c) Group exemption number ►		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 1950 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT LEADERS IN HEALTH EDUCATION AND PROMOTION TO ADVANCE HEALTHY AND EQUITABLE COMMUNITIES	
	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 20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 18
	6 Total number of volunteers (estimate if necessary)	6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 11,235.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 3,288.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,133,364. Current Year 1,865,796.
	9 Program service revenue (Part VIII, line 2g)	650,327. 374,771.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,702. 137,870.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	468,401. 422,205.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,342,794. 2,800,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,940. 25,723.
	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)	1,198,274. 1,243,218.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 213,336.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	937,803. 1,192,650.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,162,017. 2,461,591.
19 Revenue less expenses. Subtract line 18 from line 12	180,777. 339,051.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,899,178. End of Year 3,028,776.
	21 Total liabilities (Part X, line 26)	872,041. 624,468.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,027,137. 2,404,308.

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
	► TAMMY DILLARD-STEELS, CHIEF EXECUTIVE OFFICER		
Type or print name and title			
Paid	Print/Type preparer's name KAY VOLANS, CPA	Preparer's signature 	Date 11/14/2022 Check <input type="checkbox"/> if self-employed PTIN P01404047
Preparer	Firm's name ► RUBINO AND COMPANY, CHARTERED		Firm's EIN ► 52-1186096
Use Only	Firm's address ► 6903 ROCKLEDGE DRIVE, SUITE 300 BETHESDA, MD 20817-1818		Phone no. 301-564-3636

May the IRS discuss this return with the preparer shown above? See instructions Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
PUBLIC INSPECTION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **X**

1 Briefly describe the organization's mission:

THE SOCIETY FOR PUBLIC HEALTH EDUCATION (SOPHE) IS A NONPROFIT ASSOCIATION THAT SUPPORTS LEADERS IN PUBLIC HEALTH, HEALTH EDUCATION, AND PROMOTION TO ADVANCE HEALTHY AND EQUITABLE COMMUNITIES ACROSS THE GLOBE. SOPHE MEMBERS WORK IN HEALTH CARE SETTINGS, COMMUNITIES,

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? Yes No

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 674,592. including grants of \$ 19,823.) (Revenue \$ 15,106.)
HEALTH PROMOTION:

SOPHE LEADS MANY HEALTH PROMOTION INITIATIVES WHICH CONTRIBUTE TO THE GLOBAL EFFORT TO IMPROVE PUBLIC HEALTH OUTCOMES AND ACHIEVE HEALTH EQUITY.

THE INITIATIVES INCLUDE PROGRAMS TO TRAIN STUDENTS AND PROFESSIONALS ON THE CONNECTIONS BETWEEN BEHAVIORAL SCIENCES, HEALTH EDUCATION, HEALTH PROMOTION AND THE ENVIRONMENT. SOPHE ALSO WORKS WITH OTHER NATIONAL ORGANIZATIONS, FEDERAL AGENCIES, BUSINESSES, HOSPITALS, SCHOOLS, AND LOCAL COMMUNITIES TO ADDRESS HEALTH INEQUITY, TO IMPROVE THE HEALTH OF COMMUNITIES BY REDUCING CHRONIC DISEASE RISKS DUE TO POOR NUTRITION,

4b (Code: _____) (Expenses \$ 345,605. including grants of \$ 900.) (Revenue \$ 254,964.)
MEETINGS:

SOPHE PROVIDES EDUCATIONAL OPPORTUNITIES FOR HEALTH EDUCATION RESEARCHERS, FACULTY, PRACTITIONERS, AND STUDENTS BY CONDUCTING AN ANNUAL CONFERENCE. SOPHE 2021 DX DIGITAL EXPERIENCE ANNUAL CONFERENCE, AN EXPERIENCE CRAFTED TO MEET ATTENDEES' INTERESTS AND THE CURRENT TRENDS AND TOPICS FACING THE PUBLIC HEALTH FIELD. THE CONFERENCE WAS A VIRTUAL GATHERING OF MORE THAN 570 PROFESSIONALS AND STUDENTS. "GATEWAY TO THE FUTURE: HEALTH EDUCATION & PROMOTION FOR ALL" DELIVERED ONLINE PROFESSIONAL DEVELOPMENT SESSIONS SPANNING SEVERAL WEEKS BEGINNING IN APRIL. OVER 325 SPEAKERS AND PRESENTERS SHARED THEIR KNOWLEDGE, RESEARCH AND FINDINGS WITH ATTENDEES. CONFERENCE CONTENT INCLUDED

4c (Code: _____) (Expenses \$ 196,172. including grants of \$ 3,000.) (Revenue \$ 73,386.)
JOURNALS & PUBLICATIONS:

IN 2021, SOPHE PUBLISHED 16 ISSUES OF ITS THREE PEER REVIEWED JOURNALS, "HEALTH PROMOTION PRACTICE;" "HEALTH EDUCATION & BEHAVIOR;" AND "PEDAGOGY IN HEALTH PROMOTION: THE SCHOLARSHIP OF TEACHING AND LEARNING." OUR JOURNALS SHARE CUTTING-EDGE RESEARCH, PRACTICE-BASED TOOLS, AND INNOVATIVE TEACHING CONCEPTS WITH READERS ACROSS THE WORLD.

- SOPHE'S COMMITMENT TO HEALTH EQUITY RESULTED IN 52 ARTICLES AND ONE SPECIAL COLLECTION ON THE TOPIC.

- SOPHE, IN COLLABORATION WITH THE UNIVERSITY OF FLORIDA CENTER FOR ARTS IN MEDICINE AND ARTPLACE AMERICA, PUBLISHED, "ARTS IN PUBLIC

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

(Expenses \$ 112,615. including grants of \$ 2,000.) (Revenue \$ 31,315.)4e Total program service expenses ► 1,328,984.

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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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
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? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	43
b	Enter the number of Forms W-2G included on 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

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	18
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		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)?		
4b	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).		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state?		
13b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	20
2	b Enter the number of voting members included on line 1a, above, who are independent	2	X
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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?		

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 ►

DANIEL ANBIAH - 202-408-9804
10 G ST., NE, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institution trustee	Officer	Key employee	Highest compensated employee			
(1) DEBORAH A. FORTUNE PRESIDENT	6.00	X	X				0.	0.	0.
(2) AMY THOMPSON PRESIDENT ELECT	2.00	X	X				0.	0.	0.
(3) BILL POTTS-DATEMA TREASURER	2.00	X	X				0.	0.	0.
(4) RACHAEL DOMBROWSKI SECRETARY	2.00	X	X				0.	0.	0.
(5) CAM ESCOFFERY IMMEDIATE PAST PRESIDENT	1.00	X	X				0.	0.	0.
(6) BETH CHANEY TRUSTEE	1.00	X					0.	0.	0.
(7) SABRINA T. CHERRY TRUSTEE	1.00	X					0.	0.	0.
(8) ANTONIO GARDNER TRUSTEE	1.00	X					0.	0.	0.
(9) TINA JACOB TRUSTEE	1.00	X					0.	0.	0.
(10) JOSEPHINE LARA TRUSTEE	1.00	X					0.	0.	0.
(11) LISA D. LIEBERMAN TRUSTEE	1.00	X					0.	0.	0.
(12) ASHLEY PARKS TRUSTEE	1.00	X					0.	0.	0.
(13) NINFA P. PURCELL TRUSTEE	1.00	X					0.	0.	0.
(14) KRISTEN RODGERS TRUSTEE	1.00	X					0.	0.	0.
(15) DARCELL SCHARFF TRUSTEE	1.00	X					0.	0.	0.
(16) CHERYLEE SHERRY TRUSTEE	1.00	X					0.	0.	0.
(17) JODY L VOGELZANG TRUSTEE	1.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) JANAE ALEXANDER STUDENT TRUSTEE	1.00	X					0.	0.	0.
(19) CHARITY BISHOP SPEAKER OF THE HOUSE	1.00	X					0.	0.	0.
(20) TARA LUTZ SPEAKER OF THE HOUSE-ELECT	1.00	X					0.	0.	0.
(21) M. ELAINE AULD CHIEF EXEC. OFFICER	40.00		X				185,000.	0.	25,142.
(22) DANIEL ANBIAH DIR. FINANCE AND ADMIN.	40.00		X				110,000.	0.	6,106.
1b Subtotal							295,000.	0.	31,248.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							295,000.	0.	31,248.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CADMİUM LLC PO BOX 92216, LAS VEGAS, NV 89193	TRAINING AND CONFERENCES	172,055.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1	

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	206,316.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	1,345,525.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	313,955.		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		► 1,865,796.		
Program Service Revenue	2 a ANNUAL MEETING		Business Code		
	b PUBLICATIONS	624190	251,574.	251,574.	
	c OTHER PROGRAM INCOME	624190	95,891.	95,891.	
	d	624190	27,306.	27,306.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		► 374,771.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		► 131,581.		131,581.
	4 Income from investment of tax-exempt bond proceeds		►		
	5 Royalties		► 410,970.		410,970.
	6 a Gross rents	(i) Real	(ii) Personal		
		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	(i) Securities	(ii) Other		
		7a	133,500.		
	b Less: cost or other basis and sales expenses	7b	127,211.		
	c Gain or (loss)	7c	6,289.		
	d Net gain or (loss)		► 6,289.		6,289.
	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	11 a JOB POSTING		Business Code		
		541800	11,235.	11,235.	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		► 11,235.		
	12 Total revenue. See instructions		► 2,800,642.	374,771.	11,235. 548,840.

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 X

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,723.	25,723.		
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	326,248.	101,473.	207,964.	16,811.
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	769,820.	384,498.	262,770.	122,552.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,590.	13,088.	13,067.	1,435.
9 Other employee benefits	37,100.	16,393.	14,419.	6,288.
10 Payroll taxes	82,460.	38,798.	43,662.	
11 Fees for services (nonemployees):				
a Management				
b Legal	59,056.	8,268.	43,701.	7,087.
c Accounting	49,859.	6,980.	36,896.	5,983.
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.)	693,426.	539,680.	132,294.	21,452.
12 Advertising and promotion	1,699.	1,699.		
13 Office expenses	74,672.	27,912.	44,424.	2,336.
14 Information technology	23,073.	10,403.	11,235.	1,435.
15 Royalties				
16 Occupancy	159,100.	70,004.	70,004.	19,092.
17 Travel	4,101.	1,454.	2,150.	497.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,500.	1,385.	1,695.	420.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,677.	17,018.	17,018.	4,641.
23 Insurance	6,484.		6,484.	
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	78,103.	64,208.	10,588.	3,307.
b UBIT TAXES	900.		900.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,461,591.	1,328,984.	919,271.	213,336.
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)

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	537,714.	1 79,284.
	2 Savings and temporary cash investments		2 250,022.
	3 Pledges and grants receivable, net	55,455.	3 90,569.
	4 Accounts receivable, net	112,225.	4 61,084.
	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	74,509.	9 102,653.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 436,045.	
	b Less: accumulated depreciation	10b 246,191.	223,780. 10c 189,854.
	11 Investments - publicly traded securities	1,888,289.	11 2,248,104.
	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.	15 7,206.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	2,899,178.	16 3,028,776.
Liabilities	17 Accounts payable and accrued expenses	116,138.	17 220,550.
	18 Grants payable		18
	19 Deferred revenue	245,818.	19 134,999.
	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	211,900.	24 0.
	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	298,185.	25 268,919.
	26 Total liabilities. Add lines 17 through 25	872,041.	26 624,468.
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	1,642,774.	27 1,994,631.
	28 Net assets with donor restrictions	384,363.	28 409,677.
	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	2,027,137.	32 2,404,308.
	33 Total liabilities and net assets/fund balances	2,899,178.	33 3,028,776.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	2,800,642.
2	2,461,591.
3	339,051.
4	2,027,137.
5	38,120.
6	
7	
8	
9	0.
10	2,404,308.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____ 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 _____	3a	X
	3b	

Form 990 (2021)

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION, INC.

Employer identification number

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)

1 A church, convention or churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
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 on 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).

organization	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total					

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1061074.	790,629.	1499357.	1133364.	1865796.	6350220.
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	483,399.	562,323.	627,892.	650,327.	374,771.	2698712.
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	1544473.	1352952.	2127249.	1783691.	2240567.	9048932.
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.)						9019662.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1544473.	1352952.	2127249.	1783691.	2240567.	9048932.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	486,584.	524,104.	538,678.	509,221.	542,551.	2601138.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,886.	2,395.	4,376.	0.	3,288.	11,945.
c Add lines 10a and 10b	488,470.	526,499.	543,054.	509,221.	545,839.	2613083.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2032943.	1879451.	2670303.	2292912.	2786406.	11662015.

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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	77.34	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	76.15	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	22.41	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	23.58	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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).			

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

SCHEDULE C

(Form 990)

Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2021Open to Public
Inspection

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

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 No4a 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 No5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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="padding: 2px;">Not over \$500,000</td> <td style="padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$17,000,000</td> <td style="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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,972.
j Total. Add lines 1c through 1i			5,972.
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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

11% SALARY PLUS BENEFITS ERYN GREANEY AND BISHAR JENKINS

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

2021Open 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

► \$ _____

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="text-align: center; width: 85%;">Amount</th> </tr> </thead> <tbody> <tr> <td>1c</td> <td></td> </tr> <tr> <td>1d</td> <td></td> </tr> <tr> <td>1e</td> <td></td> </tr> <tr> <td>1f</td> <td></td> </tr> </tbody> </table>			Amount	1c		1d		1e		1f	
	Amount											
1c												
1d												
1e												
1f												
c Beginning balance												
d Additions during the year												
e Distributions during the year												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	<input type="checkbox"/>											

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
355,325.	311,654.	266,160.	279,496.	244,534.
32,694.	48,869.	45,494.	-10,336.	36,462.
7,536.	5,000.		3,000.	1,500.
	198.			
380,483.	355,325.	311,654.	266,160.	279,496.

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 ► 26.2820 %
c Term endowment ► 73.7180 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) Unrelated organizations
- (ii) Related organizations

	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.	121,563.	176,142.
d Equipment		31,040.	31,040.	0.
e Other		107,300.	93,588.	13,712.
Total Add lines 1 through 1 (Subtract line 3 from line 2)				189,854

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► **189,854.**

Schedule D (Form 990) 2021

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	104,421.
(3) DEFERRED LEASE INCENTIVE	164,498.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	268,919.

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 ...

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	2,838,762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	38,120.
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	38,120.
3	Subtract line 2e from line 1	3	2,800,642.
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	2,800,642.

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	2,461,591.
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	2,461,591.
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	2,461,591.

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:**

SOPHE 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, 2018 THROUGH 2020, 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.

SOPHE 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.

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.

Attenuation 800

► Attach to Form 990.

Name of the organization _____

SOCIETY FOR PUBLI
Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Orga

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

the amount of communication between nodes of the organization

(a) Name and address of organization or government	(b) EIN	(c)IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Description of noncash assistance
(g) Purpose of grant or assistance					

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

21-111 (5-2001)

Schedule I (Form 990) 2021
SOCIETY FOR PUBLIC HEALTH EDUCATION INC.
23-7299881
Page 2

Grants and Other Assistance to Domestic Individuals
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	33	19,223.	0.		
FELLOWSHIPS	7	6,500.	0.		

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

DATA T TIME 2:

GRANTS FOR ADDRESsing PUBLIC HEALTH EDUCATION SCHOLARSHIPS AND FELLOWSHIPS

ARE MADE IN ACCORDANCE WITH SOPHIE POLICIES AND PROCEDURES. INJURY

FELLOWSHIPS ARE MADE IN ACCORDANCE WITH CDC GUIDELINES AND REPORTING

REQUIREMENTS.

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

2021Open 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 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)?

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

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 individual 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.

Do not list any individuals that are listed on Form 990, Part VII, Section A, line 1a, art vi.

**SCHEDULE O
(Form 990)**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 Form 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Open 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:**ACROSS THE GLOBE.**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**BUSINESSES, ORGANIZATIONS, SCHOOLS, UNIVERSITIES, WORKSITES, AND IN
LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES.**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

PHYSICAL INACTIVITY, TOBACCO USE AND OTHER LIFESTYLE RISK FACTORS.
SOPHE ALSO PROVIDES TRAINING TO HEALTH PROVIDERS TO HELP PREGNANT WOMEN
QUIT SMOKING. SOPHE'S WORK INCLUDES SUPPORTING UNDERGRADUATE STUDENTS
TO PURSUE A CAREER IN PUBLIC HEALTH, INCREASE STUDENT HEALTH OUTCOMES
AND INSTRUCTION.

SOPHE'S COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND
PREVENTION PROJECTS INCLUDED A SERIES OF THREE ONE-HOUR WEBINARS LED BY
JOURNAL EXPERTS FROM THE CDC AND EDITORIAL BOARD MEMBERS FROM SOPHE'S
JOURNALS. THESE WEBINARS WERE OPEN TO ALL CDC DIVISION OF NUTRITION,
PHYSICAL ACTIVITY AND OBESITY (DNPAO) GRANTEES AND SOPHE MEMBERS. SOPHE
AND THE CDC'S DNPAO HELD TWO VIRTUAL WRITING FOR PUBLICATIONS
WORKSHOPS; CHARLES BROWN, DIRECTOR OF EQUITABLE CITIES, CONDUCTED NINE
INTERVIEWS WITH BLACK SCHOLARS AND THOUGHT LEADERS ACROSS THE U.S. TO
BETTER UNDERSTAND THE HISTORICAL CONTEXT, THE BARRIERS, AND
CONSEQUENCES OF RACIAL INEQUITIES THAT DISCOURAGE PHYSICAL ACTIVITY
AMONG BLACK INDIVIDUALS AND COMMUNITIES. IN MARCH OF 2021, AN
ENVIRONMENTAL LITERATURE SCAN WAS CONDUCTED ON SOPHE'S BEHALF BY DR.

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

Schedule O (Form 990) 2021

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number

23-7299881

TYLER PROCHNOW. THE SCAN FOCUSED ON THE PEDESTRIAN, BICYCLE, AND PUBLIC TRANSPORTATION SYSTEMS CONNECTED TO ENVIRONMENTS OR LAND USE TOPICS, INCLUDING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT CAN PROMOTE OR DISCOURAGE EQUITABLE AND INCLUSIVE ACCESS TO PHYSICAL ACTIVITY, SPECIFICALLY ACTIVITY-FRIENDLY ROUTES TO EVERYDAY DESTINATIONS. IN TOTAL, 33 PEER-REVIEWED ARTICLES, 99 GREY LITERATURE RESOURCES, AND 6,324 TWEETS WERE ANALYZED FOR THIS SCAN. THE END REPORT, "INTERVIEWS WITH BLACK SCHOLARS IN TRANSPORTATION, PUBLIC HEALTH, AND LAND USE," HIGHLIGHTS THE THEMES AND CONCEPTS THAT AROSE FROM THE ENVIRONMENTAL SCAN.

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

PLENARY AND CONCURRENT SESSIONS, WORKSHOPS, ROUNDTABLES, POSTERS, EXHIBITS, AWARD PRESENTATIONS, AND STUDENT CASE STUDY COMPETITIONS. THE CONFERENCE 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, "GATEWAY TO THE FUTURE: THE POWER OF HEALTH EDUCATION & PROMOTION," OCTOBER 18-21. SOPHE OFFERED A FULL WEEK OF NATIONAL HEALTH EDUCATION WEEK WEBINARS WITH MORE THAN 700 ATTENDEES. OUR PARTNERSHIP WITH NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING (NCHEC) CONTINUES WITH OUR COLLABORATIVE WEBINARS TO EXPLORE CAREERS IN HEALTH EDUCATION.

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

HEALTH" FOR HEALTH PROMOTION PRACTICE.

- THREE SPECIAL COLLECTIONS, "CRITICAL NARRATIVE INTERVENTION,"

"NATIVE AND INDIGENOUS VOICES," AND AN ADVOCACY WERE PUBLISHED BY

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number

23-7299881

"HEALTH PROMOTION PRACTICE."

- "HEALTH EDUCATION & BEHAVIOR" IN PARTNERSHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S UNDERGRADUATE PUBLIC HEALTH SCHOLARS PROGRAM, FUNDED BY THE OFFICE OF MINORITY HEALTH AND HEALTH EQUITY, PUBLISHED A SPECIAL ISSUE, "SCHOLARS OF COLOR."

- ENTIRE "SCHOLARS OF COLOR" SPECIAL ISSUE AVAILABLE IN CORE
- "PEDAGOGY IN HEALTH PROMOTION" PUBLISHED THE SPECIAL ISSUE "TEACHING ABOUT RACE, RACISM, ANTI-RACISM, AND SOCIAL JUSTICE."

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

HEALTH EDUCATION:

SOPHE PROVIDED 65 "LIVE" WEBINARS DURING 2021 ALL OF WHICH WERE RECORDED AND AVAILABLE IN SOPHE'S CENTER FOR ONLINE RESOURCES AND EDUCATION CORE. THESE 65 RECORDINGS AND HUNDREDS MORE LIVE AT THE FINGERTIPS OF OUR MEMBERS AND OTHER PROFESSIONALS 24 HOURS A DAY, 7 DAYS A WEEK. THIS CONVENIENCE HELPS LEARNING TAKE PLACE WHEN THE USER IS READY, ON THEIR TIME.

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 IN SCHOOL HEALTH EDUCATION. 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

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number

23-7299881

EDUCATION WORKFORCE.

EXPENSES \$ 112,615. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 31,315.

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

SOPHE HAS TWO MEMBERSHIP TYPES, 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 INTEREST IN PUBLIC HEALTH EDUCATION

AN ASSOCIATE MEMBER IS ANY CORPORATION ASSOCIATED WITH THE PROFESSION OF
HEALTH EDUCATION THAT SUPPORTS THE PURPOSE AND MISSION OF SOPHE AND MEETS
ANY ADDITIONAL REQUIREMENTS FOR ASSOCIATE MEMBERSHIP AS MAY BE IMPOSED BY
THE BOARD OF TRUSTEES FROM TIME TO TIME.

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

INDIVIDUAL SOPHE MEMBERS ELECT OFFICERS AND TRUSTEES TO 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 SOPHE'S 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 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 SOPHE'S BOARD OF TRUSTEES 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.

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 ITS MEMBERS UPON REQUEST.

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

EDITORIAL:

Name of the organization	SOCIETY FOR PUBLIC HEALTH EDUCATION INC.	Employer identification number 23-7299881
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<u>PROGRAM SERVICE EXPENSES</u>	53,780.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	1,480.
<u>FUNDRAISING EXPENSES</u>	240.
<u>TOTAL EXPENSES</u>	55,500.

TEMPORARY HELP:

<u>PROGRAM SERVICE EXPENSES</u>	1,135.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	5,997.
<u>FUNDRAISING EXPENSES</u>	972.
<u>TOTAL EXPENSES</u>	8,104.

EMPLOYMENT SEARCH:

<u>PROGRAM SERVICE EXPENSES</u>	9,094.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	48,070.
<u>FUNDRAISING EXPENSES</u>	7,795.
<u>TOTAL EXPENSES</u>	64,959.

CONSULTANT:

<u>PROGRAM SERVICE EXPENSES</u>	475,671.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	76,747.
<u>FUNDRAISING EXPENSES</u>	12,445.
<u>TOTAL EXPENSES</u>	564,863.
<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	693,426.

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

Name of the organization

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

Employer identification number

23-7299881

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. SOPHE'S CHIEF EXECUTIVE OFFICER (CEO) IS AN EX-OFFICIO, NO-VOTING EXECUTIVE COMMITTEE MEMBER. 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.

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

IN 2021, SOPHE HAD 23 CHAPTERS THAT SUBSCRIBE TO THE SAME PURPOSE AND MISSION OF SOPHE AND MUST MEET CERTAIN REQUIREMENTS OUTLINED IN THE SOPHE'S BYLAWS. HOWEVER, SOPHE CHAPTERS ARE INDEPENDENT ORGANIZATIONS, AND THE NATIONAL SOPHE DOES NOT CONTROL THE ACTIVITIES OF ITS CHAPTERS.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	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.		0.	31,040.	
2	WEBSITE	VARIOUS	SL	.000	16	102,550.				102,550.		8,906.	93,589.	
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000	16	297,705.				297,705.		29,771.	121,563.	
	* TOTAL 990 PAGE 10 DEPR					431,295.				431,295.		38,677.	246,192.	

128111 04-01-21

(D) - Asset disposed

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

"PI IBI IC INSPECTION"

Form 8868

(Rev. January 2022)

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, 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 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
Form 990-T (corporation)	07		

DANIEL ANBIAH

• The books are in the care of ► **10 G ST., NE, 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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2021** 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 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-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

Form 8879-TE

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

EIN or SSN

23-7299881

Name and title of officer or person subject to tax **TAMMY DILLARD-STEELS
CHIEF EXECUTIVE OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a <input type="checkbox"/> Form 990 check here	► b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a <input type="checkbox"/> Form 990-EZ check here	► b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a <input type="checkbox"/> Form 1120-POL check here	► b Total tax (Form 1120-POL, line 22)	3b _____
4a <input type="checkbox"/> Form 990-PF check here	► b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a <input type="checkbox"/> Form 8868 check here	► b Balance due (Form 8868, line 3c)	5b _____
6a <input checked="" type="checkbox"/> Form 990-T check here	► b Total tax (Form 990-T, Part III, line 4)	6b 690.
7a <input type="checkbox"/> Form 4720 check here	► b Total tax (Form 4720, Part III, line 1)	7b _____
8a <input type="checkbox"/> Form 5227 check here	► b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a <input type="checkbox"/> Form 5330 check here	► b Tax due (Form 5330, Part II, line 19)	9b _____
10a <input type="checkbox"/> Form 8038-CP check here	► b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

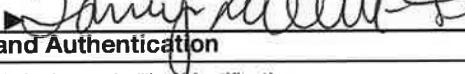
 I authorize **RUBINO AND COMPANY, CHARTERED**

ERO firm name

to enter my PIN **99881**Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

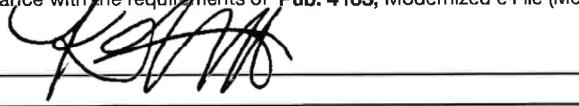
Signature of officer or person subject to tax Date ► **11/10/20****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52777199999

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ► Date ► **11/14/2022**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879-TE (2021)

Form 990-T

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

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021 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).

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

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	SOCIETY FOR PUBLIC HEALTH EDUCATION INC.	23-7299881
Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 10 G ST., NE, 605	E Group exemption number (see instructions)
	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	► 3,028,776.	F <input type="checkbox"/> Check box if an amended return.

G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
H Check if filing only to ► <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	► <input type="checkbox"/>
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? If "Yes," enter the name and identifying number of the parent corporation. ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L The books are in care of ► DANIEL ANBIAH	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 4,288.
2 Reserved	2
3 Add lines 1 and 2	3 4,288.
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 4,288.
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 4,288.
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 3,288.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 690.
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	7 690.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2	690.		
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	690.		
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.		
6a	Payments: A 2020 overpayment credited to 2021	6a	774.		
b	2021 estimated tax payments. Check if section 643(g) election applies	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total ►	6g			
7	Total payments. Add lines 6a through 6g	7	774.		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	84.		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax ► 84. Refunded ► 0.	11	0.		

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

1	At any time during the 2021 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 ►	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	If "Yes," see instructions for other forms the organization may have to file.		
4	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		
5	Enter available pre-2018 NOL carryovers here ► \$	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.	
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a 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 6b. 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			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name KAY VOLANS, CPA	Preparer's signature 	Date 11/14/2022	Check if self-employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PTIN P01404047
	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**

1

OMB No. 1545-0047

2021Open 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
1 a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	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)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	11,235.	5,047.	6,188.
13		11,235.	5,047.	6,188.

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	900.
7	Depreciation (attach Form 4562). See instructions		7	
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	1,000.
15	Total deductions. Add lines 1 through 14		15	1,900.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	4,288.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	4,288.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	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)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

1 Description of exploited activity: JOB POSTINGS	2	11,235.
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3	5,047.
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4	6,188.
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		

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	►	0.		
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	►	0.		

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ► 0 .

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Part XI Supplemental Information (see instructions)

SOCIETY FOR PUBLIC HEALTH EDUCATION INC.

23-7299881

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEE		1,000.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,000.

FORM 990-T (A)	PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT
ALLOCATED SALARIES		2,884.
ALLOCATED OVERHEAD		2,163.
- SUBTOTAL -		1
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3		5,047.