PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0285046

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2021 calendar year, or tax year beginning $$ JUL $1$ , $2021$ $$ and ending	<u>J</u> UN 30, 2022	
В	Check if applicable:	C Name of organization	D Employer identifi	cation number
	Address change	SAN DIEGO EDUCATION FUND		
	Name change	Doing business as	95-60954	13
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>E</b> Telephone numbe	 r
	Final return/	4100 NORMAL STREET, #3251	619-725-	7665
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	187,492.
L	Amende	SAN DIEGO, CA 32103	H(a) Is this a group re	
	Applica- tion pending		for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates in	
<u> </u>	Tax-exer	mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or $x = 100$ (insert no.)		list. See instructions
			H(c) Group exemptio	n number ▶ ↑ State of legal domicile: CA
		Summary	ear of formation. 1954 N	A State of legal doffliche, CA
		riefly describe the organization's mission or most significant activities: TO SUPPO	RT FUTURE EDU	CATORS
Activities & Governance	ן ' ז	PHROUGH COUNSELING AND MENTORING.	111 1010112 220	-
ra	_	check this box  if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.
ove		lumber of voting members of the governing body (Part VI, line 1a)		7
উ		lumber of independent voting members of the governing body (Part VI, line 1b)		7
es	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
ĭ	6 T	otal number of volunteers (estimate if necessary)	6	9
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year 190,895.	Current Year 125,119.
ine		Contributions and grants (Part VIII, line 1h)	190,895.	0.
Revenue	1	rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	36,727.	62,373.
æ		other revenue (Part VIII, column (A), lines 5, 4, and 7d)  ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,000.	02,373.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,622.	187,492.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,500.	67,750.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	I	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	<b>16</b> a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
, b	b T	otal fundraising expenses (Part IX, column (D), line 25)   15,604.		
ш	1/ (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	123,901.	124,869.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,401.	192,619.
<u>_ v</u>	19 R	levenue less expenses. Subtract line 18 from line 12	25,221.	-5,127.
Net Assets or Fund Balances		intel consts (Dort V. line 10)	Beginning of Current Year 1,517,038.	End of Year 1,316,408.
Asse	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	0.	0.
Net/	22 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	1,517,038.	1,316,408.
P	art II	Signature Block		
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
He	re	SUSAN HOEKENGA, PRESIDENT		
		Type or print name and title	Date Check	PTIN
Do!		Print/Type preparer's name  RICHARD HOTZ  Preparer's signature	11/01/22 Check Lift self-employ	P00452784
Pai Pre	<b>—</b>		Eirmin FIN	95-2694444
		Firm's name ► CONSIDINE & CONSIDINE Firm's address ► 8989 RIO SAN DIEGO DRIVE, SUITE 250		JJ-4UJ4444
030	, Jy	SAN DIEGO, CA 92108-1604	l l	9.231.1977
Ma	y the IR	S discuss this return with the preparer shown above? See instructions	11 Holle Ho. 0 ±	X Yes No

Pa	Observit Ochookula Occombination and a statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	Ш
1	Briefly describe the organization's mission: PROVIDE COUNSELING AND SCHOLARSHIPS TO HIGH SCHOOL STUDENTS WHI	СН
	ENABLES THEM TO EITHER BECOME TEACHERS IN THE SAN DIEGO UNIFIEL	
	DISTRICT OR TO MAJOR IN MATH AND SCIENCE FIELDS.	BCHOOL
	DIBIRIEI OR TO MAGOR IN MAIN AND BETEMEE FIELDS:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	res no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	1 1e51NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ovnoncoo
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	penses, and
	(Code: ) (Expenses \$ 152,078 • including grants of \$ 67,750 • ) (Revenue \$	1
₹a	PROVIDE COUNSELING AND SCHOLARSHIPS TO HIGH SCHOOL STUDENTS WHI	CH ,
	ENABLES THEM TO EITHER BECOME TEACHERS IN THE SAN DIEGO UNIFIEI	
	DISTRICT OR TO MAJOR IN MATH AND SCIENCE FIELDS.	2011002
4b	(Code:) (Expenses \$	)
		,
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	,
_	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ▶ 152,078 •	)
<u>4e</u>	Total program service expenses ► 152,078.	Form <b>990</b> (2021)
		1-01111 <b>230</b> (2021)

#### 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	3		122
O	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,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	اعدد		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			\ <sub>3,7</sub>
	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	مدا		v
40	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,"	40		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  *</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	C			

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Part IV	Checklist of Required Schedules (continued	1

	The state of the s		\ <u>'</u>	<u> </u>
	D: III		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			\ <sub>3,7</sub>
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
	"Yes," complete Schedule L, Part IV	-		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			<b>₩</b>
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <sub>3,7</sub>
	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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		Х
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	Х	
Pa	rt 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			
	1 7		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	. 55	
		4		
h	Enter the number of Forms W-2G included on line 1a Enter O if not applicable I 1b I	/		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	ή		

921) SAN DIEGO EDUCATION FUND
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	·			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
р	If "Yes," enter the name of the foreign country				
<b>5</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		E-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
'' a	· · · · · ·	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	T T U			
-		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	1	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				77
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
4-7	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2021) **SAND** 0 8 1 2

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
Sec	tion 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►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	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANDRA GARIBAY - 619-725-7665			
	4100 NORMAL ST., ROOM 3251, SAN DIEGO, CA 92103			

### 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.

X Check this box if neither the organizatio (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	ia a a	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		ee/	mpen		1099-NEC)	1099-1420)	and related
	below	dualt	utiona	_	Key employee	st co	<u>.</u>	,		organizations
	line)	Indivi	Institi	Officer	Key e	Highest compensated employee	Former			· ·
(1) SUSAN HOEKENGA	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) SHARON WHITEHURST-PAYNE	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0 .
(3) MONICA GRANDE	1.00									
TREASURER		Х		Х				0.	0.	0 .
(4) CHRISTINA CONLEY	1.00									
SECRETARY		Х		Х				0.	0.	0 .
(5) BARBARA BROWN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(6) MARY MONTGOMERY (JOHNSON)	1.00									
DIRECTOR		Х						0.	0.	0 .
(7) MAUREEN LAMBERTI	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0 .
(8) KIMBERLY MOORE	1.00									_
SDUSD LIAISON		Х						0.	0.	0 .
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1					İ			

Part VII   Section A. Officers, Directors	s, Trustees, Key Em	ployee	s, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director of the condition of the	Pos check less pe and a c	c) sition more erson	) than o	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	Estin amou oth compe from organ and re	nated unt of her nsation n the ization elated zations
Subtotal     C Total from continuation sheets to l     d Total (add lines 1b and 1c)      Total number of individuals (including compensation from the organization	Part VII, Section A g but not limited to the				 	<u> </u>	0 • 0 • 0 • ceceived more than \$100	0,000 of reportab	0. 0. 0.		0.
<ul> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a recerendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> </ul>	e J for such individual s the sum of reportab an \$150,000? If "Yes, vive or accrue compe s," complete Schedul	le comp " comp nsation	pensa plete from such	atior Schenary any	n and edule y unre	d otl	her compensation from for such individual ted organization or indiv	the organization	 3	3 4 5	x X
			ding v					year.		(C)	
Total number of independent contrar     \$100,000 of compensation from the		ot limit	ed to	tho	se lis	stec	d above) who received n	nore than			20 (2004)

Pa	rt \	VIII	Statement of Revenue				
			Check if Schedule O contains a response or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  1a  1b  1c  1d  1e  125,119.	125,119.			
<u> </u>		n	Total. Add lines 1a-1f Business Code	123,113.			
Program Service Revenue	2		All other program service revenue  Total. Add lines 2a-2f				
_	3		Investment income (including dividends, interest, and				
	4		other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal	50,485.			50,485.
	6	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c				
	7	a	Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less; cost or other basis				
er Revenue		c d	and sales expenses       7b       0 •         Gain or (loss)       7c       11 , 888 •         Net gain or (loss)       •	11,888.			11,888.
Othe	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 8a				
	9	c	Less: direct expenses 8b  Net income or (loss) from fundraising events    Gross income from gaming activities. See Part IV, line 19 9a  Less: direct expenses 9b				
	10	c a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  10a  10b				
			Net income or (loss) from sales of inventory				
s			Business Code				
Miscellaneous Revenue	11	а					
lane		b					
Rev		С					
Zie –			All other revenue				
			Total. Add lines 11a-11d	187.492.	0.	0.	62.373.
	12	,	Total revenue See instructions	<b>エUI.474</b>	. U.	. U.	

#### 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	65 550	65 550		
	individuals. See Part IV, line 22	67,750.	67,750.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	11 1/0		11 1/0	
f	Investment management fees	11,148.		11,148.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	9,017.	5,412.	1,801.	1,804
13	Office expenses	9,01/•	3,414.	1,001.	1,004
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,638.		1,638.	
23	Insurance Other expenses. Itemize expenses not covered	Ι,030.		Ι, υσυ.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  MENTOR COUNSELOR	45,500.	45,500.		
a	ORGANIZATIONAL CONSULTA	34,500.	10,350.	10,350.	13,800
b	STUDENT/SCHOOL ENRICHME	20,673.	20,673.	10,330•	13,000
q	SCHOLARSHIP RECOGNITION	2,393.	2,393.		
d	·	2,3330	4,373.		
е 25	All other expenses   Total functional expenses. Add lines 1 through 24e	192,619.	152,078.	24,937.	15,604
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,01,01,0	102,070	22,5516	13,004
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (202

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			269,333.	1	253,134
	2	Savings and temporary cash investments			136,518.	2	136,664
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curre					
		trustee, key employee, creator or founder, s	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disc					
		under section 4958(f)(1)), and persons desc		6			
g	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or oth	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, I	ine 11			12	
	13	Investments - program-related. See Part IV,	1,111,187.	13	926,610		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must	equal lir	e 33)	1,517,038.	16	1,316,408
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Compl	ete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or	former of	fficer, director,			
		trustee, key employee, creator or founder, s	ubstanti	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unre	lated thi	rd parties		24	
	25	Other liabilities (including federal income tax	k, payab	es to related third			
		parties, and other liabilities not included on	lines 17-	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	С
ဖွ		Organizations that follow FASB ASC 958,	check I	nere 🕨 🔼			
ဗို ၂		and complete lines 27, 28, 32, and 33.			262 600		260 502
ala	27				362,608.	27	269,583
ם	28	Net assets with donor restrictions			1,154,430.	28	1,046,825
<u> </u>		Organizations that do not follow FASB AS	SC 958,	check here 🕨 📖			
-		and complete lines 29 through 33.					
13.	29	Capital stock or trust principal, or current fu				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			1 545 000	31	1 216 422
ž	32	Total net assets or fund balances			1,517,038.	32	1,316,408
	33	Total liabilities and net assets/fund balances	s		1,517,038.	33	1,316,408

Form	1990 (2021) SAN DIEGO EDUCATION FUND	33-6	30334I3	Pag	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	187		
2	Total expenses (must equal Part IX, column (A), line 25)	2	192		
3	Revenue less expenses. Subtract line 2 from line 1	3			27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,517		
5	Net unrealized gains (losses) on investments	5	-195	, 5	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,316	, 4	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	it		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		

132012 12-09-21

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization SAN DIEGO EDUCATION FUND 95-6095413 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	, ,	. ,	( )	,	,	
	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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities.	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	· ·		•	•		
Sec	ction C. Computation of Publ		rcentage				Í
	Public support percentage for 2021 (			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the					nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	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 qual	lifies as a publicly s	supported organiz	ation			▶□
17a	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 <b>stop here.</b> Explain in Part VI how the organization						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization						s ▶
	<del>-</del>						

Schedule A (Form 990) 2021

#### 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.)

800	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
	• • • • • • • • • • • • • • • • • • • •	( ) 004-	" > 00 / 0	( ) 00/0	( ) 2222	( ) 222	(0 =
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	182,514.	176,222.	172,181.	190,895.	125,119.	846,931.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	•	•	,		·	,
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	182,514.	176,222.	172,181.	190,895.	125,119.	846,931.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	10,050.	14,686.	2,916.	8,975.	21,000.	57,627.
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.
_	Add lines 7a and 7b	10,050.	14,686.	2,916.	8,975.	21,000.	57,627.
	Public support. (Subtract line 7c from line 6.)	10,0301	11/0000	2/3100	073731	21/0000	789,304.
Sec	etion B. Total Support						70373011
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	182,514.	176,222.	172,181.	190,895.	125,119.	846,931.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,792.	,	37,223.	36,727.	,	315,727.
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	68,792.	110,612.	37,223.	36,727.	62,373.	315,727.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,	•	,			,
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	251 206	206 024	200 404	227 622	187 402	1 160 650
	Total support. (Add lines 9, 10c, 11, and 12.)	251,306.	286,834.	209,404.	227,622.	187,492.	1,162,658.
14	First 5 years. If the Form 990 is for the	ne organization's fi				. , . ,	ion,
8	check this box and stop here	io Gunnart Da					<b>P</b>
	etion C. Computation of Publ			l (A)		46	67.89 %
	Public support percentage for 2021 (I		· ·			15	70 50
	Public support percentage from 2020		_			16	72.50 %
	tion D. Computation of Inve			40		[ [	27 16
17	Investment income percentage for 20					17	27.16 % 23.60 %
	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	ition	<b>&gt;</b> X
b	<b>33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, che	•			•		

### Part IV | Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

		Yes	No
	1		
	2		
	_		
	За		
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	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
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	5c		
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	9b		
	9c		
	30		
	10a		
	,		
	10b	. 000	0004
aule	A (Forr	n 990)	2021

Par	irt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ction 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			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10/19 tine		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ction D. All Type III Supporting Organizations	<u>'</u>		l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			l
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see i</b>	 netructions)		
' a		isa acaonsj.		
b				
c		entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	critity (See matruotio	Yes	No
			103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		2.0		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization evergice a substantial degree of direction over the policies programs and activities of each	Ja		

Schedule A (Form 990) 2021

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

Sche	edule A (Form 990) 2021 SAN DIEGO EDUCATION FUNI	95-6095413 Page 6		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explair	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	te Sections A through E	<u>.                                    </u>
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2021

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	Cumplemental Information Describe the evaluations required by David Bine 10. David Bine 17s or 17s. David Bine 10.
T dit 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 B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

Employer identification number

Ş	SAN DIEGO EDUCATION FUND	95-6095413			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	ule. See instructions.			
General Rule					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.				
Special Rules					
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	and that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled are here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because in the ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>			
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pling requirements of Schedule B (Form 990).	•			

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

#### SAN DIEGO EDUCATION FUND

95-6095413

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	- Humo, dudi coo, and Emilia	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

#### SAN DIEGO EDUCATION FUND

95-6095413

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

Page 3

Name of organization Employer identification number

#### SAN DIEGO EDUCATION FUND

95-6095413

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
i ai t i			
		\$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 95-6095413 SAN DIEGO EDUCATION FUND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Hea of gift (d) Description of how gift is held

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **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

Inspection

Name of the organization

SAN DIEGO EDUCATION FUND

**Employer identification number** 95-6095413

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Deliei da lieca la liec	(2)			
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	L	ad funde			
3	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
Ü	for charitable purposes and not for the benefit of the donor of					
	• •					
Par		ganization answered "Yes" on Form 990. Pa				
1	Purpose(s) of conservation easements held by the organizat					
·	Preservation of land for public use (for example, recrea		a historically important land area			
	Protection of natural habitat		a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year▶	,				
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o		her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	·				
	of art, historical treasures, or other similar assets held for pul		•			
	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 95					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		gain, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

Pai	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	<b>ts</b> (continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes	☐ No	
Pai	t IV Escrow and Custodial Arrang					), Part IV,	line 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t included		,		
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes	□ No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	I				
	rt V Endowment Funds. Complete if								
•		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back	
1a	Beginning of year balance	811,324.	688,899.	742,238.	7	47,870.		806,126.	
b	Contributions								
С	Net investment earnings, gains, and losses	-87,723.	168,634.	-7,101.		705.		34,495.	
d	Grants or scholarships	40,000.	40,005.	40,000.				85,850.	
е	Other expenditures for facilities	·							
	and programs								
f	Administrative expenses	6,715.	6,204.	6,238.		6,337.		6,901.	
g	End of year balance	676,886.	811,324.	688,899.	7	42,238.		747,870.	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	•	%	,,					
b	Permanent endowment 100.0000	%	_						
С	Term endowment > 9	<del></del>							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses		tion that are held a	nd administered for	the organiz	ation			
	by:	Ü			Ü		Γ	Yes No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organizate								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	ccumulate	ed	(d) Book	value	
	,	basis (investm	1 ' '		preciation		. ,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment						,		
	Other								
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)		▶	,	0.	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SAN DIEGO E	DUCATION FUND	9,	5-6095 <b>41</b> 3 Page
Part VII Investments - Other Securities.			- 3030110 Faye
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 er	nd-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	
(1) SCHWAB INVESTMENTS	676,882.		
(2) UNION BANK INVESTMENTS	249,728.	END-OF-YEAR MARKE	I. AUTOR
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	926,610.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.	920,010.		
	on Form 000 Port IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Foili 990, Part A, lille 15.	(b) Book value
	Description		(b) Dook value
(1)			+
(2)			+
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15 )		
Part X Other Liabilities.	0 10.7		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			, , = = =
(2)			
(3)			
(4)			
(5)			
(6)			
\ _ /			i e

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

Schedule D (Form 990) 2021

(7) (8)

95-6095413	Page <b>4</b>
eturn.	

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	-a.			12 041
				1	13,241.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	105 502		
а			-195,503.		
b			32,400.	-	
С	1 7 0			-	
	Other (Describe in Part XIII.)	2d			-163,103.
_	Add lines 2a through 2d			2e	176,344.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1/0,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما	11,148.		
a	, , , , , , , , , , , , , , , , , , , ,		11,140.	-	
b				4-	11,148.
C E	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)			4c 5	187,492.
Pa	rt XII Reconciliation of Expenses per Audited Financial State			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		iii Experiece per	riotari	••
1	Total expenses and losses per audited financial statements			1	213,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a	32,400.		
b	Prior year adjustments				
С	- · · ·				
d	Other (Describe in Part XIII.)	··· — —			
	Add lines 2a through 2d			2e	32,400.
3	Subtract line <b>2e</b> from line <b>1</b>			3	181,471.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,148.		
b	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	11,148.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	192,619.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art 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 ac		mation		
		dditional infor	mation.		
		dditional infor	mation.		
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PA	RT V, LINE 4:	dditional infor	maton.		
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  SAN DIEGO	EDUCATIO	N FUND					95-6095413
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance? ocedures for moni	toring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (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) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							<b>_</b>

(a) Type of grant or assistance	<b>(b)</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
STEM SCHOLARSHIPS FOR VARIOUS COLLEGE STUDENTS	23	51,750.	0.		
FUTURE TEACHER SCHOLARSHIPS FOR VARIOUS COLLEGE STUDENTS	7	16,000.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	 ı (b); and any other a	dditional information.	
PART I, LINE 2:					
THE STUDENTS MUST FILL OUT AN APP	LICATION	TO RECEIVE	THE STIPE	NDS FOR	
ASSISTANCE. THE MENTOR COUNSELOR	KEEPS REC	ORDS OF TH	IE AWARDEES	AS LONG AS	
THEY ARE IN THE PROGRAM WITH GRAD	ES, GPA,	NUMBER OF	UNITS TAKE	N EACH	
SEMESTER, AND COLLEGE OF ATTENDAN	CE.				
<u> </u>					

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

Inspection

**Employer identification number** 

95-6095413 SAN DIEGO EDUCATION FUND FORM 990, PART VI, SECTION A, LINE 8B: DOCUMENTED BY SECRETARY FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED AT BOARD MEETING FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD READOPTS THE CONFLICT OF INTEREST POLICY EACH YEAR. A COPY OF THE POLICY IS PROVIDED TO EACH BOARD MEMBER. THE BOARD MEMBERS COMPLETE A FORM AS FOLLOWS: BY SIGNING THE FORM BELOW, I CERTIFY THAT: I HAVE RECEIVED A COPY OF THE SAN DIEGO EDUCATION FUND'S CONFLICT 1. OF INTEREST POLICY; 2. I HAVE READ AND UNDERSTAND THE POLICY; 3. I AGREE TO COMPLY WITH THE POLICY; I UNDERSTAND THAT THE SAN DIEGO EDUCATION FUND IS CHARITABLE AND 4. IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES AND NOT ENGAGE IN ACTIVITIES AND TRANSACTIONS THAT PROVIDE IMPERMISSIBLE BENEFITS TO INDIVIDUALS OR ENTITIES. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021