PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0285046 **Return of Organization Exempt From Income Tax 990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022

TTTNT

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Form

Department of the Treasury Internal Revenue Service

Т



A	For the		inding U	UN 30, 2023						
B	Check if applicable:	C Name of organization		D Employer identific	ation number					
	Address	SAN DIEGO EDUCATION FUND								
	Name change	Doing business as		95-609541	L3					
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) F 4100 NORMAL STREET, #3251	Room/suite	E Telephone number 619-725-5						
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	362,518.					
				H(a) Is this a group re						
	return Applica tion				? Yes X No					
	pending	SAME AS C ABOVE		H(b) Are all subordinates ind						
<u> </u>	Tax axa	Image: The second se		list. See instructions						
	Website		r 🛄 527	H(c) Group exemption						
		prganization: X Corporation Trust Association Other	I Voor	f formation: 1954	State of legal domicile: CA					
_	-									
		Briefly describe the organization's mission or most significant activities: \underline{TO} SU	IPPORT		TATORS					
Activities & Governance		THROUGH COUNSELING AND MENTORING.								
rna	2	heck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.								
٥ ٥	3 1	Jumber of voting members of the governing body (Part VI, line 1a)		3	9					
ۍ مخ	4 N	Number of independent voting members of the governing body (Part VI, line 1b)			9					
es é		otal number of individuals employed in calendar year 2022 (Part V, line 2a)			0					
viti		otal number of volunteers (estimate if necessary)			11					
(cti	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
٩		let unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Ð	8 0	Contributions and grants (Part VIII, line 1h)		125,119.	163,172.					
'nuś		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		62,373.	17,941.					
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		187,492.	181,113.					
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		67,750.	56,000.					
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\odot}$		0.	0.					
nse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	bT	Professional fundraising fees (Part IX, column (A), line 11e)	54.							
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,869.	123,396.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		192,619.	179,396.					
		Revenue less expenses. Subtract line 18 from line 12		-5,127.	1,717.					
Or			Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		1,316,408.	1,383,231.					
ASS	21 T	otal liabilities (Part X, line 26)		0.	0.					
Fun	22 1	let assets or fund balances. Subtract line 21 from line 20		1,316,408.	1,383,231.					
_		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.

	Signature of off	icor			Date					
Sign	Signature of on				Dale					
Here		DEKENGA, PRESIDENT								
	Type or print na	ime and title								
	Print/Type prep	arer's name	Preparer's signature	Date	Check	PTIN				
Paid	RICHARD	HOTZ				P00452784				
Preparer	Firm's name	CONSIDINE & CONSI	DINE		Firm's EIN 95-	2694444				
Use Only	Firm's address	8989 RIO SAN DIEG								
		SAN DIEGO, CA 921	08-1604		Phone no.619.	231.1977				
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	13-22 LHA F	or Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)				

32002	12-13-22 3		
4e	Total program service expenses 137,875.		Form 990 (2
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
	DISTRICT OR TO MAJOR IN MATH AND SCIENCE FIELDS.		
	PROVIDE COUNSELING AND SCHOLARSHIPS TO HIGH SCHOOL STUD ENABLES THEM TO EITHER BECOME TEACHERS IN THE SAN DIEGO		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 137,875 • including grants of \$ 56,000 •) (Revenue)	ue \$	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	[Yes X
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[Yes X
	DISTRICT OR TO MAJOR IN MATH AND SCIENCE FIELDS.		
	PROVIDE COUNSELING AND SCHOLARSHIPS TO HIGH SCHOOL STUD ENABLES THEM TO EITHER BECOME TEACHERS IN THE SAN DIEGO		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		

Form 990 (2022)

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 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			v
	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			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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			v
_	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,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	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	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	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			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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	10		v
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	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			<u> </u>
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Form **990** (2022)

17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND

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Part IV Checklist of Required Schedules (continued)

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			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	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			
	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
	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		
	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			v
	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	0.51		x
~~	Schedule L, Part I	25b		
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	06		x
07		26		
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"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		Х
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			37
	Part V, line 1	34		X
	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	0.51		
20	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?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
37	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?	07		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	l 12-13-22	Form	990	(2022)
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Form 990	
Part V	Stat

022) SAN DIEGO EDUCATION FUND 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	()		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	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 contribut	tions	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
b	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 w		•			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a L				9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
11	Section 501(c)(12) organizations. Enter:			-		
	Gross income from members or shareholders	11a				
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110		-		
	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		?	12a		
	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.		I			
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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form **990** (2022)

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Form 990 (2	2022)
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SAN DIEGO EDUCATION FUND

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		<u></u>		[
ec	tion A. Governing Body and Management			V		
4			9	Yes	s	
Та	Enter the number of voting members of the governing body at the end of the tax year	1a				
	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.		9			
	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other				
_	officer, director, trustee, or key employee?				_	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			_	_	
	Did the organization make any significant changes to its governing documents since the prior Form				_	
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stackholders? 						
	Did the organization have members or stockholders?		6	_		
7a	\ensuremath{Did} the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?		7a			
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			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:				
а	The governing body?		8a	X		
b	Each committee with authority to act on behalf of the governing body?		8b			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal i					
		,		Yes	s	
0a	Did the organization have local chapters, branches, or affiliates?		10;			
	If "Yes," did the organization have written policies and procedures governing the activities of such			-		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10			
1-				37		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		121	5 X		
С			10	x		
2	on Schedule O how this was done					
	Did the organization have a written whistleblower policy?					
	Did the organization have a written document retention and destruction policy?		14			
5	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
	The organization's CEO, Executive Director, or top management official			_		
b	Other officers or key employees of the organization		15			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				
	taxable entity during the year?		16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?		16)		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $$ CA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 50	01(c)(3)s on	ly) ava	aila	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	,	icv, and fin	ancial		
-	statements available to the public during the tax year.			oiul		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records				
	SANDRA GARIBAY - 619-725-7665					
	4100 NORMAL ST., ROOM 3251, SAN DIEGO, CA 92103					
			En	m 99		
	§ 12-13-22		F01	111 23	5	
2000	7					

Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepen	dent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more erson	than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SUSAN HOEKENGA PRESIDENT	5.00	x		x				0.	0.	0.
(2) SHARON WHITEHURST-PAYNE	1.00	1		<u>~</u>						0.
IMMEDIATE PAST PRESIDENT	1.00	x		x				0.	0.	0.
(3) MARY ANN MONTGOMERY	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(4) MAUREEN LAMBERTI	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CHRISTINA CONLEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) BARBARA BROWN	1.00							_	_	_
COMMUNITY VOLUNTEER		Х						0.	0.	0.
(7) RHONA MATTHEWS	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(8) TERT SORIANO	1.00									0
DIRECTOR	1.00	X						0.	0.	0.
(9) KIMBERLY MOORE	1.00	x						0.	0.	0.
SDUSD LIAISON								0.	0.	0.
										Form 990 (2022)

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-	Form 990 (2022) SAN DIEGO EDUCATION FUND 95-6095413 Page										age 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) (C) Average hours per week (list any hours for related				than is bot r/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatior from related organizations (W-2/1099-MIS(1099-NEC)		am comj fre	(F) timate ount other pensa om the anizati	of tion e	
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			and	d relation	ed
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A							0 • 0 • 0 • eceived more than \$100	0,000 of reportable	0.0.			0.0.0.
3	compensation from the organization Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oloyee on			Yes	0 No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	le co	mpe	ensa	ation	n and	d otl		the organization		3		X X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest cor										pensa	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services C								Сс	(C omper	;) nsatio	n		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to	tho: (stec	d above) who received n	nore than		-orm (990 //	2022)

232008 12-13-22

9 17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND SAND0811

Par	t V	/III Statement of Revenue Check if Schedule O contains a response or note to any lin				
		Check if Schedule O contains a response or note to any lir				
			ne in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	a Federated campaigns 1a				
oun		b Membership dues 1b				
A B B B C S		c Fundraising events				
ar, t		d Related organizations 1d				
ini,		e Government grants (contributions) 1e				
rior S		f All other contributions, gifts, grants, and				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above If 163,172.				
dt		g Noncash contributions included in lines 1a-1f 1g \$				
<u>a C</u>		h Total. Add lines 1a-1f	163,172.			
		Business Code				
e	2	a				
Program Service Revenue		b				
n S en I		c				
Rev		d				
jor Loc		e				
<u>م</u>		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3		41,301.			41,301
		other similar amounts)	41,301.			41,301
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Real (ii) Personal				
	~					
	6					
		b Less: rental expenses 6b c				
		d Net rental income or (loss)				
		a Gross amount from sales of (i) Securities (ii) Other				
	'	assets other than inventory 7a 158,045.				
		b Less: cost or other basis				
e		and sales expenses 76 181,405.				
evenue		c Gain or (loss) 7c - 23, 360.				
Ě		d Net gain or (loss)	-23,360.			-23,360
Other		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				
\rightarrow		c Net income or (loss) from sales of inventory				
sn		Business Code				
le e	11					
ven		b				
Miscellaneous Revenue						
Ξ		d All other revenue				
		e Total. Add lines 11a-11d	181,113.	0.	0.	17,941
	12	Total revenue. See instructions	,,,			Form 990 (2022

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Page **9**

SAN DIEGO EDUCATION FUND 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 not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	56,000.	56,000.		
3	Grants and other assistance to foreign				
Ū	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				
Ū	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					
b					
c	•				
d					
e					
f	Investment management fees	9,484.		9,484.	
g					
5	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4,072.	2,443.	815.	814
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				
23	Insurance	1,638.		1,638.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		45,000.	45,000.		
b	ORGANIZATIONAL CONSULTA	41,100.	12,330.	12,330.	16,440
с	STUDENT/SCHOOL ENRICHME	20,284.	20,284.		
d	SCHOLARSHIP RECOGNITION	1,818.	1,818.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	179,396.	137,875.	24,267.	17,254
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)				

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17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND

Form **990** (2022)

Check if Schedule O contain	s a response or	note to any line i	n this Part X

Form 990 (2022)

Part X Balance Sheet

SAN DIEGO EDUCATION FUND

		Check in Schedule O contains a response of hote to any in		(A) Beginning of	year		(B) End of ye	
	1	Cash - non-interest-bearing		253,	134.	1	254	,807.
	2				664.	2		,217.
	3	Pledges and grants receivable, net			3		<u> </u>	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or former off						
	-	trustee, key employee, creator or founder, substantial cont						
		controlled entity or family member of any of these persons				5		
	6	Loans and other receivables from other disqualified persor						
	-	under section 4958(f)(1)), and persons described in section				6		
Ś	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9					9		
		Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 10a						
	ь	Less: accumulated depreciation 10b				10c		
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 11				12		
	13	Investments - program-related. See Part IV, line 11		926,	610.	13	991	,207.
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,316,	408.	16	1,383	,231.
	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. Complete Part IV of S			21			
es	22	Loans and other payables to any current or former officer,	director,					
Liabilities		trustee, key employee, creator or founder, substantial cont	ributor, or 35%					
iab		controlled entity or family member of any of these persons				22		
	23	Secured mortgages and notes payable to unrelated third p	arties			23		
	24	Unsecured notes and loans payable to unrelated third part	ies			24		
	25	Other liabilities (including federal income tax, payables to re	elated third					
		parties, and other liabilities not included on lines 17-24). Co	omplete Part X					
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			0.	26		0.
ş		Organizations that follow FASB ASC 958, check here	X					
nce		and complete lines 27, 28, 32, and 33.		200	122	_	220	624
ala	27	Net assets without donor restrictions		1,006,	433.	27	1,062	,634.
Б	28	Net assets with donor restrictions		1,000,	975.	28	1,002	, , , , , , , , , , , , , , , , , , , ,
5		Organizations that do not follow FASB ASC 958, check	here					
or		and complete lines 29 through 33.						
ets	29	Capital stock or trust principal, or current funds				29		
SSI	30	Paid-in or capital surplus, or land, building, or equipment fu				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o		1,316,	108	31	1,383	221
Ž	32	Total net assets or fund balances		1,316,		32	1,383	
	33	Total liabilities and net assets/fund balances		<u> </u>	±00.	33		, <u>231</u>

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Form **990** (2022)

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ND S.

SAND0811

Form	1990 (2022) SAN DIEGO EDUCATION FUND	95-	6095413	Pag	ge 12
	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			13.
2	Total expenses (must equal Part IX, column (A), line 25)	2	179	Э,З	96.
3	Revenue less expenses. Subtract line 2 from line 1	3			17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,310		
5	Net unrealized gains (losses) on investments	5	6!	5,1	06.
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	1,383	<u>3,2</u>	31.
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 Schedul	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		X
	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				
	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 Scl	nedule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization	
--------------------------	--

Employer identification number

		SAN	DIEGO EDUC	ATION FUND				9	5-6095413		
Part I		Reason for Public (
The 1 2 3 4	organ	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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: 									
5 6 7 8 9		 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 									
10	X	university: An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subjec ness taxable income	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment		
11 12		An organization organized a An organization organized a more publicly supported or lines 12a through 12d that	and operated exclusi ganizations describe	ively for the benefit of, to ed in section 509(a)(1) o	perform t r section t	the functio 509(a)(2) .	ons of, or to c See section	509(a)(3). C			
a b		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.									
с		organization(s). You mus Type III functionally inte	grated. A supporting	g organization operated				Illy integrate	ed with,		
d		its supported organization Type III non-functionally that is not functionally int requirement (see instruct	/ integrated. A supp egrated. The organiz	oorting organization oper zation generally must sa	ated in co tisfy a dist	nnection v ribution re	with its suppo quirement an	-			
e		Check this box if the orgation functionally integrated, or					а Туре I, Туре	e II, Type III			
f	Ente	er the number of supported o	organizations								
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga		(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	-	support (see instructions)		
Tota	al										

Schedule A	(Form	aan	202
Schedule A		990	1202

Part II

SAN DIEGO EDUCATION FUND

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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.						
_	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (•			14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		(Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

SAN DIEGO EDUCATION FUND

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	176,222.	172,181.	190,895.	125,119.	163,172.	827,589.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	176,222.	172,181.	190,895.	125,119.	163,172.	827,589.
	Amounts included on lines 1, 2, and		-				
	3 received from disqualified persons	14,686.	2,916.	8,975.	21,000.	7,350.	54,927.
	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	14,686.	2,916.	8,975.	21,000.	7,350.	54,927.
	Public support. (Subtract line 7c from line 6.)		_ / 2 _ 0 1		,	.,	772,662.
	tion B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	176,222.	(b) 2019 172,181.	190,895.	125,119.	163,172.	827,589.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110,612.	37,223.	36,727.	62,373.	41,301.	288,236.
b	Unrelated business taxable income		•	-			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	110,612.	37,223.	36,727.	62,373.	41,301.	288,236.
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	286,834.	209,404.	227,622.	187,492.	204,473.	1,115,825.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here	-				-	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	69.25 %
	Public support percentage from 2021					16	67.89 %
	tion D. Computation of Investion						
17	Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	25.83 %
	Investment income percentage from					18	27.16 %
19a	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2021. If the						and
• -	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
23202	3 12-09-22			16		Schedule A	(Form 990) 2022

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SAN DIEGO EDUCATION FUND

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | | Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	SAN	DIEGO	EDUCATION	FUND
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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
c	A 359	% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	more direc effec orgar	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
-		nization(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.

Section C.	Type II	Supporting	Organiza	tions

 Yes
 No

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

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
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3b | Schedule A (Form 990) 2022

2a

2b

За

Yes No

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) SAND0811

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
СС	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 O	ther expenses (see instructions)	7		
8 A	djusted 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 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1 a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other factors			
(e	xplain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 Er	nter 0.85 of line 1.	2		
3 M	linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	mergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022			EDUCATION					95413 _{Page}
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. Prov lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3; I 6, and 8; and Part V,	4c, 5a Part IV	a, 6, 9a, 9b, 9c, 11a ', Section E, lines 1	a, 11b, and c, 2a, 2b, 3	l 11c; Pa 3a, and 3	rt IV, Section B, line 3b; Part V, line 1; Par	or 17b; Part III s 1 and 2; Part t V, Section B,	, line 12; IV, Section C, line 1e; Part V,
	(See Instructions.)								
232028 12-09-2	22				21			Schedule	A (Form 990) 20
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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

95-6095413

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

SAN DIEGO EDUCATION FUND

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

SAND0811

Employer identification number

SAN DIEGO EDUCATION FUND

95-6095413

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$37,500.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$27,500.	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
3		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$6,200.	Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for
	 (b)	\$6,200. (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	 (b)	\$6,200. (c) Total contributions	Person X Payroll
(a) 5 (a)	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	\$ <u>6,200.</u> (c) Total contributions \$ <u>5,000.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

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Name of organization

Employer identification number

95-6095413

SAN DIEGO EDUCATION FUND

	Contributors (see instructions). Use duplicate copies of Part I if ac		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll 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	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
		(c) Total contributions	Noncash
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Noncash

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Schedule B (Fo	rm 990) (2022)
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Name of organization

Employer identification number

95-6095413

SAN DIEGO EDUCATION FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND

Name of organization Employer identification SAN DIEGO EDUCATION FUND 95-6095413 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 transfer or bar your contributions of \$1,000 or less for the year. (Enter this into.org.) \$	Schedule B (Form				Page
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(27), (8), or (10) that total more than \$1,000 to many one contributor. Completing part III, enter the total of occlaviety, prorganizations completing part III, enter the total of occlaviety, etc., contributions of \$1,000 or less for the year. (Enter this info. once) \$	Name of organiza	ation			Employer identification number
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(27), (8), or (10) that total more than \$1,000 to many one contributor. Completing part III, enter the total of occlaviety, prorganizations completing part III, enter the total of occlaviety, etc., contributions of \$1,000 or less for the year. (Enter this info. once) \$	SAN DIEGC	D EDUCATION FUND			95-6095413
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	Part III Exclu from a complete	usively religious, charitable, etc., contribut any one contributor. Complete columns (a) eting Part III, enter the total of exclusively religious, c	through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ry. For organizations) that total more than \$1,000 for the yea
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (c) Transfer of gift (c) Use of gift (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Image: Construction of transferee's name, address, and ZIP + 4 Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address and ZIP + 4 Relationship of transferee Image: Construction					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is hele (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 hele (e) Transfer of gift (f) Transferee is name, address, and ZIP + 4 (f) Transferee is name, address, ad			(e) Transfer of gif	t	
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held		Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
Part I Part Part I Part Part Part Part Part Part Part Part	(a) No.		[
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		(b) Purpose of gift	(c) Use of gift	(d) Des	scription 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 (d) Description (d) Description of how gift is held (d) Description (d) Description of how gift is held (d) Description (d) Descripti			(e) Transfer of gif	 t	
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held		Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held					
(e) Transfer of gift	from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
			(a) Transfer of gif		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a			ansferor to transferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I	from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
(e) Transfer of gift		Transformal a service a debra			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		iransteree's name, address, a	na ZIP + 4	Helationship of tra	ansieror to transferee
223454 11-15-22 Schedule B (Form	223454 11-15-22				Schedule B (Form 990) (2022

26 17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND

SCHEDULE D

(Form 990)

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.



SAND0811

Department of the Treasury Internal Revenue Service Name of the organization

17150104 757767 SAND08111453

SAN DIEGO EDUCATION FUND

Employer identification number
95-6095413

Par			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
-	Total number at and of year		
1 2	Total number at end of year Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
3 4	Aggregate value of grants norm (during year)		
4 5	Did the organization inform all donors and donor advisors in v	writing that the apparts hold in depart adv	inod fundo
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor o		
Par		anization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form	a of a conservation assement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
U	year	cased, extinguished, or terminated by th	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		······································
•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
Der	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		Sther Similar Assets.
	Complete if the organization answered "Yes" on Form		
Ia	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		
b	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, of research in fur	inerance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
~		an una ar athar aimilar agasta far finana	
2	If the organization received or held works of art, historical treating the following amounts required to be repeated under FASP A		ai 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 For Paperwork Reduction Act Notice, see the Instructions		ی ۶ Schedule D (Form 990) 2022
		5 IGT 1 0111 330.	
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2022.05010 SAN DIEGO EDUCATION FUND

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Par	t III Organizations Maintaining C	collections of Art	t, Historical Tr	easures, or Oth	er Simi	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	following that make	significant	t use of its			
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		e if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	is or other assets no	t included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	II]
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	orm 990, Part IV, line	10.		_		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	676,886.	811,324.	688,899.		742,238.		747,	,870.
	Contributions								
	Net investment earnings, gains, and losses	62,987.	-87,723.	168,634.		-7,101.			705.
d	Grants or scholarships	0.	40,000.	40,005.		40,000.			
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	5,794.	6,715.	6,204.		6,238.		6,	,337.
g	End of year balance	734,079.	676,886.	811,324.		588,899.		742,	,238.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment 100.0000	%	-						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held a	nd administered for	the				
	organization by:	0						Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c) A	Accumulat	ed	(d) Boo	k valu	e
		basis (investm		. ,	epreciatior	n	.,		
1a	Land								
	Buildings								
	Leasehold improvements					<u> </u>			
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must e		, column (B). line 1	0c.)		<u> </u>			0.
			, , , , , , , , , , , , , , , , , , , ,	,		Schedule	D (Forr	n 990)	
							,	1	

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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) wethod 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)			
otal. (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		: Cost or end-of-year market valu
(1) SCHWAB INVESTMENTS	728,175.		MARKET VALUE
(2) UNION BANK INVESTMENTS	263,032.	END-OF-YEAR	MARKET VALUE
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	991,207.		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	991,207.		
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X,	
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (c) Paceviation of lightithe	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 SAN DIEGO EDUCATION FUND	95-	6095413	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe			
	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	269	,135.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 65,10	6.		
b	Donated services and use of facilities 2b 32,40	0.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		,506.
3	Subtract line 2e from line 1	3	171	,629.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 9, 48	4.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		,484.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	181	,113.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	202	,312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 32,40	0.		
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		,400.
3	Subtract line 2e from line 1	3	169	,912.
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 9, 48	4.		
b	Other (Describe in Part XIII.) 4b			
	Add lines 4a and 4b	4c		,484.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	179	,396.
Pa	rt XIII Supplemental Information.			
Provi	ide 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, I	ine 4 [.] Par	t X line 2. Part Y	XI

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:

TO FUND EDUCATIONAL SCHOLARSHIPS.

232054 09-01-22

Schedule D (Form 990) 2022

17150104 757767 SAND08111453 2022.05010 SAN DIEGO EDUCATION FUND SAND0811

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	Is in the Un " on Form 990, Pa	ited States		OMB No. 1545 202 Open to Pu	2
Department of the Treasury Internal Revenue Service			Go to www.irs	attach to Forn .gov/Form990 for		ation.		Inspectio	
Name of the organizat								Employer identification	
Part I General Ir	SAN DIEGO		N FUND					95-6095	9413
	zation maintain records		amount of the grants	or assistance. the	e arantees' eliaibili	v for the grants or ass	istance, and the selec	ction	
-	award the grants or assis	-	-					TT	No
	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	ed States.				
	d Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
	hat received more than s	i	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		(f) Method of		(1) (1) (1)	<u> </u>
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TEM SCHOLARSHIPS FOR VARIOUS COLLEGE STUDENTS	15	41,000.	0.		
FUTURE TEACHER SCHOLARSHIPS FOR VARIOUS COLLEGE	8	15,000.	0.		

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

PART I, LINE 2:

THE STUDENTS MUST FILL OUT AN APPLICATION TO RECEIVE THE STIPENDS FOR

ASSISTANCE. THE MENTOR COUNSELOR KEEPS RECORDS OF THE AWARDEES AS LONG AS

THEY ARE IN THE PROGRAM WITH GRADES, GPA, NUMBER OF UNITS TAKEN EACH

SEMESTER, AND COLLEGE OF ATTENDANCE.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



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:

1. I HAVE RECEIVED A COPY OF THE SAN DIEGO EDUCATION FUND'S CONFLICT

OF INTEREST POLICY;

2. I HAVE READ AND UNDERSTAND THE POLICY;

3. I AGREE TO COMPLY WITH THE POLICY;

4. I UNDERSTAND THAT THE SAN DIEGO EDUCATION FUND IS CHARITABLE AND

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) 2022

232211 10-28-22