

			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		OMB No. 1545-0047
For	9 (90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ons) 2022
Dep	artment of	the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Inter	nal Revenu	ue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
_				ng JUN 30, 2023	
Βά	Check if applicable:	C Name of	organization	D Employer identit	fication number
	Address change	SAN	LUIS COASTAL EDUCATION FOUNDATION		
Ļ	change		usiness as	82-41960	
	return _Final		and street (or P.O. box if mail is not delivered to street address) Room LIZZIE STREET	/suite E Telephone numb 805-549-	
	return/ termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,132,842.
	Amende		LUIS OBISPO, CA 93401	H(a) Is this a group	
	Applica		nd address of principal officer: DAVID MITCHELL	for subordinate	
-	pending		AS C ABOVE	H(b) Are all subordinates	= =
1.	Tax-exe	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. See instructions
	Vebsite		F.ORG	H(c) Group exempti	on number
			X Corporation Trust Association Other L	Year of formation: 2017	M State of legal domicile: CA
Pa		Summary			
đ	1 E	Briefly describ	e the organization's mission or most significant activities: STRENGT	HEN COMMUNITY	
Activities & Governance	<u>I</u>	PARTNER	SHIPS AND INVESTMENT FOR THE BENEFIT	OF SAN LUIS CO	DASTAL
erne	2 0	Check this bo	if the organization discontinued its operations or disposed of		1 10
Ň	3 1				
ن م	4 1		ependent voting members of the governing body (Part VI, line 1b)		
ies	5 T		of individuals employed in calendar year 2022 (Part V, line 2a)		
ivit	6 T		of volunteers (estimate if necessary)		
Act	7a		d business revenue from Part VIII, column (C), line 12		
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		Contributions	and grants (Dart) (III, line 1h)	200 551	
ne			and grants (Part VIII, line 1h)	0	
Revenue	9 F 10 ⊮	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		-
Re	11 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,512.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	777,197	
			nilar amounts paid (Part IX, column (A), lines 1-3)	201 710	
			o or for members (Part IX, column (A), line 4)	0	-
	45 0		compensation, employee benefits (Part IX, column (A), lines 5-10)	67,318.	
Expenses	16a F		undraising fees (Part IX, column (A), line 11e)	0.	0.
per	b T		ng expenses (Part IX, column (D), line 25)156 , 822 .		
ŭ	17 0		es (Part IX, column (A), lines 11a-11d, 11f-24e)	79,736.	135,005.
	18 T	otal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19 F	Revenue less	expenses. Subtract line 18 from line 12	348,433.	-68,389.
OL	2			Beginning of Current Year	
t Assets or	20 T	Total assets (F	Part X, line 16)	10,473,859.	
tAs	21 ⊺	otal liabilities	(Part X, line 26)	23,992.	
Rei	22 1		und balances. Subtract line 21 from line 20	10,449,867.	11,181,926.
Pá	art II	Signature			
Und	er penalt	ties of perjury,	declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of m	ny 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.

Т

Sign	Signature of officer			Date						
-	STACEY WHITE, TREASURER									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date							
Paid	MICAL W. BOVEE, CPA			self-employed P01023187						
Preparer	Firm's name GLENN BURDETTE, II	NC.		Firm's EIN 95-2772601						
Use Only	Firm's address 1150 PALM STREET									
	SAN LUIS OBISPO, O	CA 93401		Phone no. (805) 544-1441						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PARTNER WITH PUBLIC AND PRIVATE SECTORS TO SUPPORT CREATIVE AND
	INNOVATIVE PROGRAMS FOR THE BENEFIT OF STUDENTS OF THE SAN LUIS
	COASTAL UNIFIED SCHOOL DISTRICT IN THE AREAS OF ACADEMICS, ARTS,
	CAREER TECHNICAL EDUCATION, EXTRA-CURRICULAR ACTIVITIES AND PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$174,573 • including grants of \$174,573 •) (Revenue \$]
та	THE IINNOVATE PROGRAM IS A MULTI-YEAR INITIATIVE TO MEANINGFULLY AND
	EQUITABLY INTEGRATE 21ST CENTURY HANDS-ON LEARNING ACROSS THE SCHOOL
	REIMAGINE THE TRADITIONAL FRAMEWORK OF INSTRUCTION IN ORDER TO PREPARE
	STUDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY TO SUCCEED IN A
	CHANGING GLOBAL ECONOMY.
4b	(Code:) (Expenses \$235,780 • including grants of \$235,755 •) (Revenue \$
10	THE OPPORTUNITY PROGRAM IS A MULTI-FACETED AND HIGH IMPACT INITIATIVE
	TO FLEVATE STUDENTS PERSONALLY ACADEMICALLY AND SOCIALLY
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	EXPERIENCES THAT STUDENTS HAVE IN ELEMENTARY AND MIDDLE SCHOOL CAN LAY
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Form 990 (2				EDUCATION	FOUNDATION
Part IV	Checklist of Requir	ed Scheo	dules		

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			<u> </u>
8		8		х
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	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			37
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		2022)
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Form	990	(2022)
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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
54		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D D		35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	000		
30		36		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	11	L
	Check if Schedule O contains a reasonance or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		V	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form	990 (2022) SAN LUIS COASTAL EDUCATION FOUNDATION	82-41960)24	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		-		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	1			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b	X	L
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	····· -	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or	ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR).			
		····· -	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000	tion solicit			
	any contributions that were not tax deductible as charitable contributions?	Г	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	s			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	led to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	F	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е			7e		X
f			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	Г	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f	Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	····· -	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	·····	9a		<u> </u>
b		····· -	9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	F	12a		
b	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.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a	_	<u> </u>
	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				
с	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	·····	15		X
	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 income?		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 activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	·····	17		
	If "Yes," complete Form 6069.			0000	
232005	i 12-13-22		Form	990	(2022)

Form	990	(2022)
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SAN LUIS COASTAL EDUCATION FOUNDATION

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

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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. X

		1 1				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		19					
	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 0.			1.0					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		x		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisio	า					
	of officers, directors, trustees, or key employees to a management company or other person?				3	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	point o	ne or		7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
~	persons other than the governing body?				7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				1.0				
a	The governing body?		0		8a	х			
	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00				
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				5				
		<u>venue (</u>	<i>JOUE.)</i>			Yes	No		
102	Did the organization have local chapters, branches, or affiliates?				10a	163	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				10a		- 23		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b				
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		ining the i	Units	11a	- 23			
					12a	х			
	e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>								
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				12b	X			
	on Schedule O how this was done				12c	Х			
13	Did the organization have a written whistleblower policy?				13		X		
14	Did the organization have a written document retention and destruction policy?				14		X		
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a		X		
b	Other officers or key employees of the organization				15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha						
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	S						
_	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	Γ (section 5	501(c)(3)s	only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Sch	nedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	financ	cial			
	statements available to the public during the tax year.			2.					
20	State the name, address, and telephone number of the person who possesses the organization's boo STACEY WHITE $-650-384-5721$	oks and	records						
	1500 LIZZIE STREET, SAN LUIS OBISPO, CA 93406								

Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	ompensated
	Em	ployees, and	d Independe	ent 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Positio (do not check mor			tion		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	ompei		1099-NEC)		and related
	below	vidual	In stit utio nal tru stee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highemp	Former			
(1) DAVID MITCHELL	5.00									
PRESIDENT		Х		X				0.	0.	0.
(2) BETH MARINO	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) STACEY WHITE	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) DIANE FROST	3.00									
VP PROGRAMS		Х		Х				0.	0.	0.
(5) BEN MCADAMS	4.00									
VP DEVELOPMENT		Х		Х				0.	0.	0.
(6) MATTHEW WOODS	1.00									
VP MARKETING		Х		X				0.	0.	0.
(7) DAVE BERNHARDT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SAM BLAKESLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KELLI COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ERICA FLORES BALTODANO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LINDSEY HARING	1.00									
DIRECTOR		Х						0.	0.	0.
(12) RON HOLCOMBE	2.00	_								
DIRECTOR		Х						0.	0.	0.
(13) MELISSA JAMES	1.00	_								
DIRECTOR		Х						0.	0.	0.
(14) STEVE JOBST	4.00	_								
DIRECTOR		Х						0.	0.	0.
(15) RICK MAYFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RYAN PINKERTON	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JIM QUESENBERRY	1.00							_	_	
DIRECTOR		Х						0.	0.	0. Form 990 (2022)

232007 12-13-22

Form 990 (2022)

16551116 756668 020849

2022.05000 SAN LUIS COASTAL EDUCATIO 020849_1

7

	COASTAL	Ē	DU	CA	TI	ON	F	OUNDATION	82-41	L960	24	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cł , unles cer an	neck r ss per	ition more f rson is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related		Estin amou	F) nated unt of her
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	compe fron organ and r	nsation n the ization elated zations
(18) RICK ROBINETT	1.00	x						0.				0
DIRECTOR (19) BILL THOMA	4.00	Λ						0.		0.		0.
DIRECTOR		х						0.		0.		0.
(20) CHRISTINE ROBERTSON	40.00									<u> </u>		
EXECUTIVE DIRECTOR				x				0.		0.		0.
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 								-	000 of reportable			0.
compensation from the organization		000	noto	u us	.010,	,	0.10					0
3 Did the organization list any former office	r director truste	oo k		mnl	ove	≏ or	hia	hest compensated emp	lovee on	ſ	Y	es No
line 1a? If "Yes," complete Schedule J for			•	•			Ŭ	• •			3	x
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$15											4	<u> </u>
5 Did any person listed on line 1a receive or					-			•			_	x
rendered to the organization? <i>If</i> "Yes." co. Section B. Independent Contractors	<u>mplete Schedule</u>	e J fe	or su	<u>ch p</u>	berso	on .					5	<u> </u>
1 Complete this table for your five highest c the organization. Report compensation for	•	•							•	ensat	ion from	
(A)				<u>y</u> w				(B)			(C)	
Name and busines	s address	NC	ONE]				Description of s	ervices	C	ompensa	ation
	(m. a) a)											
2 Total number of independent contractors \$100,000 of compensation from the organ	•	ot lin	nitec	to t	thos 0		ted	above) who received mo	ore than			
											Form 99	0 (2022)

232008 12-13-22

Check if Schedule O contains a response or note to any line in the Pert III (A) (A) (Batted or exempt building of the term of the method building of the term of				COAS	TAL EDUCA	ATION FOUNI	DATION	82-4196	024 Page 9	
arr of the second of	Pa	rt VII	I Statement of Revenue							
Total revenue Pelated or exempt function revenue Dimetered function revenue Revenue acchange function revenue Revenue acchange function function function function function function revenue Revenue acchange function revenue Revenue acchang			Check if Schedule O contains a	response	or note to any lin		(D)	(0)		
Botombership dues Ib c Fundating events Id d d d d d							Related or exempt	Unrelated	Revenue excluded	
Botombership dues Ib c Fundating events Id d d d d d	s s	1 a	Federated campaigns	1a						
Business Code Business Code Image: Code set of the se	ran [:]	b		1b						
Business Code Business Code Image: Code set of the se	, M G U	с		1c						
Business Code Business Code Image: Code set of the se	ar /	d	Related organizations	1d						
Business Code Business Code Image: Code set of the se	s, s	е	Government grants (contributions)	1e						
Business Code Business Code Image: Code set of the se	r Si	f	All other contributions, gifts, grants, and							
Business Code Business Code Image: Code set of the se	ibut		similar amounts not included above \dots	1f	411,625.					
Business Code Business Code Image: Code set of the se	d O	g	Noncash contributions included in lines 1a-1f	1g \$						
generation 2 a b	ы С	h	Total. Add lines 1a-1f			411,625.				
So the second					Business Code					
In the set of the set	e	2 a								
In the set of the set	ervi Je	b								
In the set of the set	n S ienu	С								
In the set of the set	jrar Re∖	d								
In the set of the set	, ro	e								
3 investment income (including dividends, interest, and other similar amounts) 380,661. 380,661. 4 income from investment of tax-exempt bond proceeds 0 0 5 Royalties 0 0 6 a Gross rents 6a 0 0 6 a Gross rents 6a 0 0 7 a Gross mount from sales of assets other than inventory assets other than inventory b Less: cost or other basis and sales expenses 7b 3,533,345. 0 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 195,301. -195,301. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a 8a 0 9 Costs income from gaming activities. See Part IV, line 18 8a 0 0 0 9 a Gross sales of inventory, less returns and allowances 10a 0 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 0 0 10 a Gross sales of inventory, less returns and allowances										
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4 Income from investment of tax-exempt bond proceeds		U				380,661.			380,661.	
5 Royatties (i) Real (ii) Personal 6 a Gross rents 6a (ii) Personal b Less: rental expenses 6b (iii) Personal (iii) Personal 6 a Gross rents 6a (iii) Personal (iii) Personal c Rental income or (loss) (iii) Securities (iii) Other (iii) Personal (iii) Personal 7 a Gross amount from sales of assets other than inventory Za 3,339,044. (iii) Personal (iii) Personal a dise expenses To 3,533,345. (iii) Other (iii) Personal (iii) Personal a dise expenses To 3,533,345. (iiii) Protos (iiii) Personal (iii) Personal (iiii) Personal 8 B Coss income from fundraising events (not including \$ (iiii) Personal (iiii) Personal (iiii) Personal 9 Goss income from fundraising events B (iiii) Personal (iiii) Personal (iiiii) Personal 9 Goss income from gaming activities. See Part IV, line 19 (4	,			<i>,</i>			,	
G a Gross rents G a Gross										
b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c 7 Gross amount from sales of assets other than inventory 7a 3, 338, 044. b Less: cost or other basis 7a 3, 338, 044. b Less: cost or other basis 7b 3, 533, 345. c Gain or (loss) 7c -195, 301. d Net gain or (loss) 7c -195, 301. a Gross income from fundralising events (not including \$			(1)) Real						
b Less: rental expenses 6b		6 a	Gross rents 6a							
d Net rental income or (loss)		b								
7 a Gross amount from sales of assets other than inventory 1/2 0/2 <td></td> <td>с</td> <td>Rental income or (loss) 6c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		с	Rental income or (loss) 6c							
99 3338,044. 74 3,338,044. 75 3,533,345. assets other than inventory 76 -195,301. -195,301. -195,301. d Net gain or (loss) 76 -195,301. -195,301. -195,301. d Net gain or (loss) of of of -195,301. -195,301. a Gross income from fundraising events (not including \$ of of of of of o Antipue to the thermal state of		d								
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and sales expenses Tb 3,533,345.			assets other than inventory 7a ³ , ³	338,044.						
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contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses g Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses g Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses g Gross sales of inventory, less returns and allowances b Less: cost of goods sold d It a SPECIAL EVENTS REVENUE 900099 g 900099 c Net income or (loss) from sales of inventory d All other revenue e Total Add lines 11a-11d 2,512. 0. 12 Total revenue. See instructions	the	8 a								
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b Less: cost of goods sold 10b Image: cost of goods sold Image: cost		10 a	Gross sales of inventory, less returns	s						
Business Code Business Code 11 a SPECIAL EVENTS REVENUE 900099 2,512. 2,512. b			and allowances	<u>10a</u>						
Business Code Image: Code <th code<="" image:="" td="" th<=""><td></td><td>b</td><td>Less: cost of goods sold</td><td>10b</td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td>b</td> <td>Less: cost of goods sold</td> <td>10b</td> <td></td> <td></td> <td></td> <td></td> <td></td>		b	Less: cost of goods sold	10b					
Special EVENTS REVENUE 900099 2,512. 2,512.	-+	С	Net income or (loss) from sales of inv	entory						
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e Total. Add lines 11a-11d 2,512. 12 Total revenue. See instructions 599,497. 2,512. 0. 185,360	eou	11 a			900099	2,512.	2,512.			
e Total. Add lines 11a-11d 2,512. 12 Total revenue. See instructions 599,497. 2,512. 0. 185,360	llan (ent	b								
e Total. Add lines 11a-11d 2,512. 12 Total revenue. See instructions 599,497. 2,512. 0. 185,360	Sce	C.								
12 Total revenue. See instructions 599,497. 2,512. 0. 185,360	Ξ					2 512				
						,	2 512	0	185 360	
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9

SAN LUIS COASTAL EDUCATION FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	150 011	450.044		
	and domestic governments. See Part IV, line 21	450,911.	450,911.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	79,211.			79,211
7	Other salaries and wages	75,211.			//,211
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	2,759.			2,759
11	Fees for services (nonemployees):	277351			27735
	Management				
	Legal				
	Accounting	19,275.		19,275.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,205.		35,205.	
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	23,885.			23,885
13	Office expenses				-
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	2,516.		1,929.	587
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	ANNUAL EVENT COSTS	44,214.			44,214
b	SOFTWARE SUBSCRIPTIONS	4,135.			4,135
С	MEALS	2,867.	25.	1,845.	997
d	OTHER EXPENSE	1,874.		1,874.	
е	All other expenses	1,034.	450.000	<u> </u>	1,034
25	Total functional expenses. Add lines 1 through 24e	667,886.	450,936.	60,128.	156,822
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)				Form 990 (202

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2022.05000 SAN LUIS COASTAL EDUCATIO 020849_1

SAN LUIS COASTAL EDUCATION FOUNDATION

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		327,560.	1	570,156.
	2	Savings and temporary cash investments		9,146,299.	2	1,082,154.
	3	Pledges and grants receivable, net		1,000,000.	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			0.	9	22,528.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11	9,525,724.	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		10,473,859.	16	11,200,562.
	17	Accounts payable and accrued expenses		23,992.	17	18,636.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
iliti		trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	, .		05	
	26	of Schedule D Total liabilities. Add lines 17 through 25		23,992.	25 26	18,636.
	20	Organizations that follow FASB ASC 958, chee	ck here X	23,352.	20	10,050.
S		and complete lines 27, 28, 32, and 33.				
ŭ	27			10,021,268.	27	10,789,079.
3ala	28	Net assets with donor restrictions		428,599.	28	392,847.
β		Organizations that do not follow FASB ASC 95				, , ,
Ъ		and complete lines 29 through 33.	.,			
, C	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ast	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		10,449,867.	32	11,181,926.
~	33	Total liabilities and net assets/fund balances		10,473,859.	33	11,200,562.
						Form 990 (2022)

Part X Balance Sheet

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 G67, 886. 3 -68, 389. 4 10, 449, 867. 5 Bottom less expenses. Subtract line 2 from line 1 3 6 0 1 nvestment expenses 6 7 1 10, 449, 867. 8 Bottome earrises on investments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 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 11,181,926. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes< No 1 Accounting method used to prepare the Form 990: Cash	Form	990 (2022) SAN LUIS COASTAL EDUCATION FOUNDATION	82-4	4196024	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 599,497. 2 Total expenses (must equal Part IX, column (A), line 25) 2 667,886. 3 Revenue less expenses. Subtract line 2 from line 1 3 -68,389. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,449,867. 5 800,448. 6 6 6 7 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior yea	Pa	rt XI Reconciliation of Net Assets				
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3 -68,389. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,449,867. 5 Net unrealized gains (losses) on investments 5 800,448. 6 6 7 7 8 9 9 0. 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 11,181,926. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the form 990: Cash X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
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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 11,181,926. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Donsolidated basis Doth consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis. 2b X If "Yes,	6	Donated services and use of facilities	6			
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the prepare to the prepar		Check if Schedule O contains a response or note to any line in this Part XII				
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 required audit or audits, exp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHED (Form 990 Department of Internal Revenue)) the Treasury	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047					
Name of the	ne organizatio		LUITS COAST	AL EDUCATION	FOIINI	אַסדיידבר	J		identification number $2-4196024$
Part I	Reason			(All organizations must c					
The organiz				For lines 1 through 12, c					
				on of churches described			I)(A)(i).		
2	A school desc	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5				llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
. —			Complete Part II.)						
		· ·	-	nental unit described in					
	-		-	ntial part of its support f	rom a gove	ernmental	unit or from t	ne general	public described in
	-		omplete Part II.)	(1)(A)(vi) (Complete Par	+ 11 \				
	-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(-	ed in conii	inction with a	land-grant	college
	-			ulture (see instructions).				-	-
	university:		frank conogo or agrio			name, enj	, and clate of	the conege	
		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, an	d gross receipts from
	activities relat	ed to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
	See section &	509(a)(2). (Co	mplete Part III.)						
11 🔛	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
	-	-	-	ively for the benefit of, to	-			•	
			-	ed in section 509(a)(1) o					Check the box on
		-	• •	f supporting organization		-		-	
a 🔄			-	upervised, or controlled	•	-		•••••	
		-	complete Part IV, Se	gularly appoint or elect a	стпајонту с				apporting
b	, C		•	l or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hay	vina
			-	anization vested in the s			-		-
		-	t complete Part IV,		•			5	
c 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organization	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppo/	rted organiz	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	veness
				nplete Part IV, Sections					
e		-		written determination fro			Туре I, Туре	II, Type III	
f Finter		0		nally integrated supporti	0 0				
		of supported o	n about the supporte	d organization(s)					
	Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

Schedule A (Form 990) 2022 SAN LUIS COASTAL EDUCATION FOUNDATION 82-4196024 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.")	77,628.	11426148.	279,424.	308,551.	411,625.	12503376.
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		1	176 242	100 700	221 076	020 701
	the organization without charge				186,792.		
	Total. Add lines 1 through 3	155,523.	11595934.	455,/00.	495,343.	633,601.	13336167.
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,						025 060
•	column (f)						<u>935,069.</u> 12401098.
	Public support. Subtract line 5 from line 4.						µZ401090.
		(a) 2018	(b) 2010	(-) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018	(b)2019 11595934.	(c) 2020 455,766.	(d) 2021 495,343.	(e) 2022	(f) Total 13336167.
	Gross income from interest,	155,525.	11000011	433,700.	<u>+</u>)),)+).	055,001.	133301071
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1.	77,831.	273,353.	428,527.	380,661.	1160373.
٩	Net income from unrelated business	_ .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27373331	120,52,1	300,0010	11003731
3	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						14496540.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th		,			01(c)(3)	
	organization, check this box and stor	0					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	85.55 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

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Part III Support Schedule fo	r Orga	nizatior	ns Described	I 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.)

Se	ction A. Public Support	<u>, piedee cemp</u>					
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	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) ction 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			(0) = 0 = 0	(1) = 0 = 1	(0) = = = =	(1) + 0 tui
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organiz	ation,
C -							
	ction C. Computation of Publi					г	
	Public support percentage for 2022 (I		•			15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	· · · · · · · · · · · · · · · · · · ·			no 12 oclumn (f))		17	%
	Investment income percentage for 20 Investment income percentage from a					18	<u>%</u>
	a 33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization						
2320	23 12-09-22					Schedul	e A (Form 990) 2022
			15				

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Schedule A (Form 990) 2022

SAN LUIS COASTAL EDUCATION FOUNDATION

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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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				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. Type II Supporting Organizations	_

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)

Section D	. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- 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.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

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- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

2

1

Yes No

Yes No

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Sche	dule A (Form 990) 2022 SAN LUIS COASTAL EDUCAT			82-4196024 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the set of the set	ng trust on	Nov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting of	organization (see

instructions).

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SAN LUIS COASTAL EDUCATION FOUNDATION

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	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 (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	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				
c	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
~					

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Schedule A (Form 990) 2022

Part VI						FOUNDATION	82-4196024 Page 8
	line 1; Part IV, Section A, lines	1, 2, 3b, 3c, , lines 2 and	4b, 4c, 5 3; Part I	oa, 6, 9a, 9b, 90 V, Section E, lir	c, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V te this part for any additio	And 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(,						
	22						Schedule A (Form 990) 202

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

SAN LUIS COASTAL EDUCATION FOUNDATION 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

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

X 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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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.

Schedule B (Form 990) (2022)



Employer identification number

82-4196024

SAN LUIS COASTAL EDUCATION FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 31,050. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 19,912. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 19,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Page 2

Employer identification number

82-4196024

223452 11-15-22

Schedule B (Form 990) (2022) Name of organization

SAN LUIS COASTAL EDUCATION FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>15,000.</u>	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		\$ <u>12,500.</u>	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		\$ <u>11,000.</u>	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
10		\$ <u>10,000.</u>	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
11_		\$ <u> </u>	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
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

16551116 756668 020849

223452 11-15-22

Page 2 Employer identification number

82-4196024

SAN LUIS COASTAL EDUCATION FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 8,574. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

16551116 756668 020849

Schedule B (Form 990) (2022)

Name of organization

82-4196024

Employer identification number

Page 2

from Part I	Description of noncash property given	(See instructions.)	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
<u> </u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		<u> </u>	
223453 11-15-22		\$	Schedule B (Form 990) (2022)

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Name of organization

Part II

(a)

No.

Schedule B (Form 990) (2022)

Employer identification number

(d)

82-4196024

(c)

FMV (or estimate)

Schedule B (Form 990) (2022)

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2022.05000 SAN LUIS COASTAL EDUCATIO 020849_1

SAN LUIS COASTAL EDUCATION FOUNDATION

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

(b)

Schedule	B (Form 990) (2022)				Page 4			
Name of c	organization				Employer identification number			
SAN L	UIS COASTAL EDUCATION FO	OUNDATION			82-4196024			
Part III		ons to organizations describe	ed in section 501	l(c)(7), (8), or (10) t				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1 ,	,000 or less for the	e year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held			
Part I								
		(e) Transfe	r of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee			
				•				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held			
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held			
Part I	(*) 5	(-, 3-	-	(-)				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			alationship of tr	ansferor to transferee			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held			
		(e) Transfer of gift						
			, ei gitt					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee			
223454 11-1	5-22				Schedule B (Form 990) (2022)			

e B (Form 99

16551116 756668 020849

SCHE	DU	LE D
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Department of the Treasury

(Form	990)
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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.



Internal Revenue Service I

Nam	e of the organization SAN LUITS COASTAL E	DUCATION FOUNDATION		Employer identification number $82 - 4196024$
Pa			or Ac	
T a	organization answered "Yes" on Form 990, Part IV, lir			Complete il the
		(a) Donor advised funds	()) Funds and other accounts
	-		, (r	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
_	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor of			ľ – –
Pa	impermissible private benefit?			Yes No
			Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea	,		rically important land area
	Protection of natural habitat	Preservation o	of a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a con	
	day of the tax year.		ł	Held at the End of the Tax Year
а			·····	2a
b			Г	2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a		
				2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organiz	ation during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatior	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	ements during the year
_				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that	t describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or O	thor Si	milar Assats
T a	Complete if the organization answered "Yes" on Form			inital Assets.
4.0				
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul	, ,		ce of public
	service, provide in Part XIII the text of the footnote to its final			- hand a state of
a	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance	or public service,
	provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical tre		aı gaın, p	rovide
	the following amounts required to be reported under FASB A	-		*
a ,	Revenue included on Form 990, Part VIII, line 1			
D	Assets included in Form 990. Part X			\$

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		S COASTAL E				$\frac{82 - 41}{2}$			age 2
	- juii _ uii o i juii i juii i juii ju						(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant u	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	ellections and explain	how they further th	e organization's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			C				Amount	:	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f									
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	····· ·			1
Par						<u></u>			4
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	vears	back
10	Beginning of year balance	8,751,418.	7,920,516.	., ,	., ,		(-,	<i></i>	
		1,011,000.	2,250,000.			00,000.			
	Contributions	985,014.	-1,231,321.			1,671.			
	Net investment earnings, gains, and losses	505,014.	1,231,321.	1,335,152.		1,071.			
	Grants or scholarships								
е	Other expenditures for facilities	200.000	150 000	150.000					
	and programs	300,000.				10 000			
f	Administrative expenses	35,205.	37,777.			10,877.			
g	End of year balance	10,412,227.	8,751,418.		4,4	90,794.			
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
	Board designated or quasi-endowment	99.8944	_%						
b	Permanent endowment .1056	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for t	he		-		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulate	ed	(d) Bool	< value	е
_		basis (investm	ent) basis	(other) de	epreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								,
	Other								
	. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1						0.
		quai i Unn 330, Fall A		<i></i>		Schedule	D (Form	990)	
								/	

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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) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financia	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX		an Farm 000 Dart IV line :		
	Complete if the organization answered "Yes"	Description	110. See Form 990, Fart A, line 15.	(b) Book value
(4)	(a)	Description		
(1) (2)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	ump (h) must equal Form 990. Part X, col. (R) line	2 15)		
(3) (4) (5) (6) (7) (8) (9)	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	ə 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	Other Liabilities. Complete if the organization answered "Yes"			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (9) Total. (Colu Part X (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (0) Total. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability leral income taxes	on Form 990, Part IV, line '	11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (9) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line '	11e or 11f. See Form 990, Part X, line 25	(b) Book value

SAN LUIS COASTAL EDUCATION FOUNDATION

Schedule D (Form 990) 2022

82-4196024 Page 3

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Schedule D (Form 990) 2022

Sche					4196024 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	turn.			
	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	1,559,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	800,448.		
b	Donated services and use of facilities		238,967.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-44,214.		
е	Add lines 2a through 2d			2e	995,201.
3	Subtract line 2e from line 1			3	564,292.
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	35,205.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	35,205.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	599,497.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	827,434.
1 2	· · · · · · · · · · · · · · · · · · ·			1	827,434.
-	Total expenses and losses per audited financial statements		238,967.	1	827,434.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	827,434.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	827,434.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	827,434.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	238,967.	1 2e	827,434.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	238,967.		
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	238,967.	2e 3	238,967.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	238,967.	2e 3	238,967.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	238,967.	2e 3	238,967.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	238,967. 35,205. 44,214.	2e 3	238,967. 588,467. 79,419.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	238,967. 35,205. 44,214.	2e 3	238,967. 588,467.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COSTS IN FINANCIAL STATEMENT REVENUES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING COSTS

PART XI, LINE 2B & PART XIII, LINE 2A - DONATED SERVICES & F

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT PAYS THE SALARY OF THE EXECUTIVE

30

DIRECTOR AND CONTRIBUTES OFFICE SPACE TO THE FOUNDATION. THE EXECUTIVE

DIRECTOR WAS COMPENSATED \$220,339, AND THE OFFICE RENT IS VALUED AT

<u>\$1,637.</u>

232054 09-01-22

Schedule D	(Form 990) 2022 Supplemental Infor	SAN	LUIS	COASTAL	EDUCATION	FOUNDATION	82-4196024	Page 5
Part XIII	Supplemental Infor	mation	(continue	ed)				
							Schedule D (Form 9	90) 2022

232055 09-01-22

										:
Internal Reve	nue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection	
Name of t	he organizatio		COASTAL EI	DUCATION FOU	UNDATION				Employer identification numl 82-419602	
Part I	General Inf	formation on Grants a								
crite	eria used to av	ation maintain records t ward the grants or assis V the organization's pro	tance?							No
Part II		Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
	recipient the	at received more than §	65,000. Part II can	be duplicated if addition	onal space is need	ed.			· · ·	
1 (a) I		dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
DISTRIC		NIFIED SCHOOL ZZIE STREET - 93401	48-1295680	115	347,855.	103,056.	FM17	PURCHASE OF SUPPLIES FOR IINNOVATE AND OTHER PROGRAMS	EDUCATIONAL PROGRAM SUPPORT	
2 Ente	er total numbe	er of section 501(c)(3) a	nd government orc	anizations listed in the	e line 1 table					1.

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. SEE PART IV FOR COLUMN (G) DESCRIPTIONS Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 SAN LUIS COASTAL EDUCATION FOUNDATION

82-4196024

Page 2

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

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

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:

ALL GRANT APPLICATIONS ARE REVIEWED AND SELECTED BY A SUB-COMMITTEE OF THE

FOUNDATION BOARD OF DIRECTORS, AND ARE APPROVED THROUGH A MERIT BASED

SELECTION PROCESS WHERE THE COMMITTEE CONSIDERS THE FOLLOWING CRITERIA:

OVERALL QUALITY, SCALABILITY/SUSTAINABILITY/REPLICATION, INNOVATION,

IMPACT, AND MEASURABLE SUCCESS.

FURTHER, THE FOUNDATION MONITORS AND REVIEWS THE USE OF GRANT FUNDS, THE

PERFORMANCE OF THE PROJECT, AND COMPLIANCE WITH THE TERMS OF THE GRANT

 Schedule I (Form 990)
 SAN LUIS COASTAL EDUCATION FOUNDATION
 82-4196024 Page 2

 Part IV
 Supplemental Information

 THROUGH ONSITE VISITS, DISCUSSIONS WITH THE GRANTEE REGARDING ITS PROGRAM

 AND FINANCES, AND REVIEW OF RELEVANT FINANCIAL AND OTHER RECORDS AND

 MATERIALS. IN ADDITION, THE FOUNDATION RESERVES THE RIGHT TO CONDUCT AUDITS

 AT ANY TIME DURING THE GRANT AGREEMENT AND WITHIN FOUR YEARS AFTER THE

 GRANT FUNDS HAVE BEEN FULLY SPENT.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PURCHASE OF SUPPLIES FOR

IINNOVATE AND OTHER PROGRAMS DONATED TO DISTRICT

Schedule I (Form 990)

232291 04-01-22 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.



SAN LUIS COASTAL EDUCATION FOUNDATION 82-4196024

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

UNIFIED SCHOOL DISTRICT.

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

REACH FOR THEIR GOALS.

FORM 990, PART VI, SECTION A, LINE 3:

SAN LUIS COASTAL EDUCATION FOUNDATION ("SLCEF") HAS A MEMORANDUM OF

UNDERSTANDING WITH SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT ("SLCUSD") IN

WHICH THE SLCEF EXECUTIVE DIRECTOR WILL BE EMPLOYED AND COMPENSATED BY

SLCUSD. THE EXECUTIVE DIRECTOR IS UNDER THE DIRECT SUPERVISION AND CONTROL OF THE SLCUSD SUPERINTENDENT.

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

PER THE ARTICLES OF INCORPORATION, THE SUPERINTENDENT OF SCHOOLS OF THE SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT (USD) SHALL HOLD A PERMANENT OFFICIAL SEAT AS A DIRECTOR ON THE BOARD OF DIRECTORS WITH ONE VOTE. ONE TRUSTREE REPRESENTATIVE OF THE SAN LUIS COASTAL USD BOARD OF EDUCATION SHALL HOLD PERMANENT OFFICIAL SEAT AS A DIRECTOR WITH ONE VOTE AND SHALL BE ELECTED BY THE BOARD OF DIRECTORS OF THE CORPORATION FROM AMONG THE ELECTED MEMBERS OF THE BOARD OF TRUSTEES OF THE SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT.

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

THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE FORM 990 PRIOR TO FILING.

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

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.23221110-28-22

BOARD OF DIRECTORS AND ALL NECESSARY PARTIES. THE BOARD ADDRESSES CONFLICTS

OF INTEREST IMMEDIATELY UPON DISCLOSURE.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIALS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE EXECUTIVE COMMITTEE HAS OVERSIGHT OF THE AUDIT AND RECOMMENDS

AUDITOR SELECTION TO THE BOARD.

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