

			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2021
		of the Treasury	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Depa Inter	Inspection				
Α	For th	e 2021 calend	ar year, or tax year beginning $JUL \ 1$, $\ 2021$ and ending	<u>JUN 30, 2022</u>	
В	Check if applicab	C Name of	organization	D Employer identification	ion number
	Addre				
		ge SAN	LUIS COASTAL EDUCATION FOUNDATION		
Ļ	chang	ge Doing b	usiness as	82-4196024	
Ļ	returr Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
			LIZZIE STREET	805-549-13	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,579,689.
Ļ	returr Appli	SAN	LUIS OBISPO, CA 93401	H(a) Is this a group retur	
	tion pend		nd address of principal officer: DAVID MITCHELL	for subordinates?	
		empt status:		H(b) Are all subordinates includ	
		ite: SLCE		527 If "No," attach a list	
		f organization:		H(c) Group exemption n ear of formation: 2017 M S	
	art I				ale of legal domicile. CA
	1		e the organization's mission or most significant activities: STRENGTH		
e	'		SHIPS AND INVESTMENT FOR THE BENEFIT O		אדעדע.
าลท	2		x ► if the organization discontinued its operations or disposed of mo		
Governance	3	Number of vot		. 20	
ģ	4		20		
			ependent voting members of the governing body (Part VI, line 1b)		1
itie	6		of volunteers (estimate if necessary)		50
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
Ā	Ь		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
0	8	Contributions	and grants (Part VIII, line 1h)	279,424.	308,551.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	318,157.	468,646.
Ξ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	597,581.	777,197.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	920,287.	281,710.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
se	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	67,318.
sus	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b			40.00	70 726
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	48,606.	79,736.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	968,893.	<u>428,764.</u> 348,433.
	19	Revenue less	expenses. Subtract line 18 from line 12	-371,312.	· · · ·
Net Assets or		Total accests /	Part V, line 16)	Beginning of Current Year 11,827,856.	End of Year 10,473,859.
Isse	20	Total assets (F		26,850.	23,992.
let ∕	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	11,801,006.	10,449,867.
	art II	Signature		±±,00±,000•	10,111,007.
		-	declare that I have examined this return, including accompanying schedules and state	ements and to the best of my know	owledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which prepa		standago una bolloi, it is
	,				

Sign Here	Signature of officer STACEY WHITE, TREASURED Type or print name and title	R		Date					
Paid	Print/Type preparer's name MICAL W. BOVEE, CPA	Preparer's signature	Date	Check PTIN if self-employed P01023187					
Preparer	Firm's name 🕒 GLENN BURDETTE,	INC.		Firm's EIN 🕨 95-2772601					
Use Only	Firm's address 1150 PALM STREET								
	SAN LUIS OBISPO,	CA 93401		Phone no. (805) 544-1441					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SAN LUIS COASTAL EDUCATION FOUNDATION 82-4196024 Page 2 t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$233,085. including grants of \$328.) (Revenue \$)
	THE IINNOVATE PROGRAM IS A MULTI-YEAR INITIATIVE TO MEANINGFULLY AND
	EQUITABLY INTEGRATE PROJECT-BASED LEARNING ACROSS THE DISTRICT'S TEN
	ELEMENTARY SCHOOLS. THE IINNOVATE INITIATIVE SEEKS TO RE-IMAGINE THE
	TRADITIONAL FRAMEWORK OF INSTRUCTION IN ORDER TO PREPARE STUDENTS WITH THE 21ST CENTURY SKILLS NECESSARY TO SUCCEED IN A CHANGING GLOBAL
	ECONOMY.
4b	(Code:) (Expenses \$ 39,254. including grants of \$ 39,254.) (Revenue \$)
	THE FOUNDATION SEEKS TO INSPIRE OUR PARTNERS IN EDUCATION THROUGHOUT
	THE SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT TO DREAM BIG, BE CREATIVE, AND ACCOMPLISH PROJECTS THEY NEVER BEFORE THOUGHT POSSIBLE. THE
	LEARNING GRANTS PROGRAM PROVIDES FOUNDATION GRANTS THAT ARE DESIGNED TO
	ENCOURAGE, FACILITATE, RECOGNIZE, AND REWARD INNOVATIVE AND IMPACTFUL
	EDUCATIONAL ACTIVITIES THAT ACCOMPLISH THE PROGRAM PRIORITIES SHARED BY
	THE FOUNDATION AND SCHOOL DISTRICT.
	(Code:) (Expenses \$11,128. including grants of \$11,128.) (Revenue \$)
4c	(Code:) (Expenses \$1,128 • including grants of \$1,128 •) (Revenue \$) THE FOUNDATION HAS ESTABLISHED OPPORTUNITY FUNDS TO PROVIDE
	SCHOLARSHIPS AND RESOURCES TO HELP STUDENTS ACCESS TO OPPORTUNITY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 283,467.
	Form 990 (2021)
132002	12-09-21
	2

16591109 756668 020849

Form 990 (2				EDUCATION	FOUNDATION
Part IV					

1 Its the organization described in section SD1(SQ) or 447(a)[1] (buter than a private bundation? 1 X 2 Its the organization required to complete Schedule A Combutors? See instructions 2 X 2 Its the organization required to complete Schedule A Combutors? 3 X 3 Section SD1(G) organizations. 3 X 4 X 5 Section SD1(G) organizations. 4 X 5 Section SD1(G) organizations. 5 X 4 X 6 Better Space Schedule C, Part I 4 X 5 X 6 Better organization means and other organization means than of the compared Schedule C, Part II 5 X 7 Die the organization means and other organization means on investment of a dance and schedule C, Part II 7 X 8 Die the organization means and other organization mean				Yes	No
2 the organization engage in direct or indirect pairtical campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 In the organization as colored 501(c)(4). 501(c)(5), or 501(c)(6) or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect patitical campaign activities on behalf of or in opposition to candidates for public official "# "tes," complete Schedule C, Part II 4 Sociols 051(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) detection in effect of the organization materia and yound advised to a server in a vision of the organization engage in dot bying activities, or have a section 501(b) detection in effect of the organization materia and yound advised that or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution arises activities to the organization materian collections of works of art, historical tracsures, or other similar assets? (* "yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escow or custodial account liability, serve as a custodian for amounts on the distribution and the directions of the organization. Includ or through a related organization. Includ or through a related organization. Includ or through a related organization. Includ assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - orber scientic line 21, bit is 5% or more of its total assets reported in Part X, line 17, wise, 'complete Schedule D, Part VI 10 Did the organization report an amount for investments. Program rel					
public office? # 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(k) origination. Did the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 is the organization a section 501(k)(k), 501(k)(k) or 501(k) election in the reading account for which does nave the right to gradie activities and defined in Rev. Proc. 98-109 11 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization matrian any doner advised funds or any similar funds or accounts for which does nave the right to gradie account link or accounts for which does are passes. 5 X 7 Did the organization readies of hords or accounts for which doe account link part. (Pres, 'complete Schedule D, Part II 7 X 8 Did the organization method in account link part. (Inte 21, for socrow or custodial account link part. (Pres, 'complete Schedule D, Part II 8 X 9 Did the organization method account link part. (Inte 21, for socrow or custodial account link part. (Inte 21, Part II) 8 X 10 Did the organization method account link part. (Inte 21, Part II) 10 X 11 H the organization method account link part. (Inte 21, Part II) 10 X 11 H the organization method account link part. (Inte 21, Part II) 10 X	-		2	<u> </u>	
4 Section 501(c)(3) or apartations. Did the organization nigage in lobbying activities, or have a section 501(c)(i) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(i), 501(c)(i), or 501(c)(i),	3				v
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section 501(d)(6) 01(d)(6) 01(_		3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 391:97. If "Yes," complete Schedule C, Part II. 5 X Did the organization markina may down advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 6 X Did the organization nearbow in funding easement in cluding easement in clud	4				v
emina amounts as defined in Rev. Proc. 98-192, <i>H''ss</i> , "complete Schedule 0, <i>Part II</i> 5 X Did the organization maintain discover any other divides or any similar funds or accounts? <i>H''Yss</i> , "complete Schedule D, <i>Part II</i> 6 X Did the organization receive or hold a conservation easements to preserve open space, the environment, historical treasures, or other similar assets? <i>H'Yss</i> , "complete Schedule D, <i>Part II</i> 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H'Yss</i> , "complete Schedule D, <i>Part II</i> 8 X Did the organization maintain collections of works of art, historical treasures, or other assituation services? 9 X Did the organization, directly or through a related organization, hold assets in donce-restricted endowments or in quasi endowments? 10 X 11 If the organization assever to any of the following questions is "Yse," than complete Schedule D, Part V 10 X 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H'Yse," complete Schedule D, Part V</i> 11a X 13 If the organization report an amount for hirvestments - program related in Part X, line 10? <i>H'Yse," complete Schedule D, Part V</i> 11a X 14 If the organization report an amount for hirvestmenes - program related in Part X, line 10? <i>H'Yse," c</i>	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II I 7 Did the organization meetine not hold a conservation assement, involving assements in the preserva open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization means the rat X, line 21, for secrow or custodial account liability, serve as a custodian for on quasi endowments? If 'Yes,' complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - order securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11a X 11a Did the organization report an amount for other assets in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11a X 11a Did the organization seport an amoun	5		5		v
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X 13 Did the organization report an amount for investments - porgram 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 VI 11b X 14 Did the organization report an amount for investments for the tax yea? If "Yes," complete Schedule D, Part X 11e X 111 <	0		6		x
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crudit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 10 X 11 Did the organization report an amount for investments - other assets 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 VI. 11a X 11 Did the organization report an amount for other liabilities in Part X, line 27? If 'Yes,' complete Schedule D, Part XI. 114 X 12 Did the organization sparate or consolidated financial statements for the tax year? 114 X 13 X Did the organization asperate. 114 X 14<	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization for any of the following questions is "Yes," then complete Schedule D, Part V 9 X 11 If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable. 10 X 10 X 12 Did the organization report an amount for line, buildings, and equipment in Part X, line 12, Itra 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI 114 X 13 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 X 116 X 14 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, ine 16? If 'Yes, "complete Schedule D, Part X 114 X 14 Did the organization subarts in Part X, line 14 (IN 24 (IN	'		7		x
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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, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is bapt to consolidated, independent audited financial statements for the tax year? 11f X 13 X 11a X 11a X 14a Did the organization islability to unceriant tax positions under FIN 48 (ASC Today) I* rys, "complete Schedule D, Part X 11e X 14a Did the organization anihal an office, engense so this of the Unit	10				
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, KJ, or X, as applicable. 11 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 2 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 11 2 Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 4 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 VII 11 4 Did the organization report an amount for other labilities 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 X 11 4 Did the organization separate, independent audited financial statements for the tax year? 11 X 12 Did the organization obtain separate, independent audited financial statements for the tax year? 11 X 13 X Did the organization nake aggregate revenues or expenses of more than \$5,000 of grants x and xII is optional 13 X 14 Did the organization repo			10	Х	
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 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 18 X 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
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," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		<u>X</u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18		<u>X</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	• •				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			206		<u> </u>
	21		24	x	
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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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 01	Charly if Schoolule 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	<u></u>		
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		
13200/	(ganoing) withings to prize withers:		990	ı (2021)
			-	(·)

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t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Enter the number of employees reported on Form W.O. Transmittel of Wage and Tay Otatements	1	l		Yes	No
	20	1			
			26	x	
			20	- 23	
			30		x
			42		x
	loooun		14		
	ccount	s (FBAR)			
			5a		x
					X
			6a		x
		•	6b		
	vices p	rovided to the pavor?	7a		x
	-		7c		x
		?	7e		X
					X
			7h		
			8		
			9a		
Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
Section 501(c)(7) organizations. Enter:					
Initiation fees and capital contributions included on Part VIII, line 12	10a				
	10b				
Section 501(c)(12) organizations. Enter:		_			
Gross income from members or shareholders	11a				
Gross income from other sources. (Do not net amounts due or paid to other sources against					
	11b				
	1041?	2	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Section 501(c)(29) qualified nonprofit health insurance issuers.					
Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note: See the instructions for additional information the organization must report on Schedule O.					
Enter the amount of reserves the organization is required to maintain by the states in which the					
organization is licensed to issue qualified health plans	13b				
Enter the amount of reserves on hand	13c				
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 Schedul	le O		14b		
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration o	or			
			15		X
If "Yes," see the instructions and file Form 4720, Schedule N.					
Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		X
If "Yes," complete Form 4720, Schedule O.					
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
			47		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	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 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file. See instruction Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Xes," has it filed a Form 990-T for this year? <i>If 'We' to line 3b, provide an explanation on Schedule</i> A tray time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country <i>I</i> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction ary contributions that were not tax deductible as charitable contributions? If "Yes," idit the organization include with every solicitation an express statement that such contributi were not tax deductible? Organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282? If "Yes," idit due organization notify the donor of the value of the goal os ervices provided? Did the organization neceive any memory of contributions under section 170(c). Did the organization notify the donor of the value of the goal os ervices provided? Did the organization notify the donor of the value of the organization an express statement tax to file form 8282? If "Yes," idid the organization of excelled using the year? Did any contributions and excelled using the year? Did the organization neceive any funds, directly or indirectly, to a personal benefit contin If the organization neceive any funds, directly or indirectly, to a prosenal benefit contin If the organization neceive any the during the year? Did the organization neceives provided? Did the organiza	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return the state one is reported on line 2a, did the organization file all required federal employment tax returns?	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1 If at least one is reported on line 2a, did the organization file all required fedral employment tax returns? Note: If the sum of lines 1 and 226, upon may be required to e-file, See instructions. Dott the organization have unrelated business gross income of \$1,000 or more during the year? If 'res', 'na's file all field a Form 980 r to this year? / 'R' o's for 83,000 or more during the year? If 'res', 'na's file all field a Form 980 r to this year? / 'R' o's for 83,000 or more during the year? If 'res', 'arter the name of the forgin country be the name of the forgin country be was the organization aparty to a prohibited tax shefter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts ('REAR). Was the organization have a munal gross receipts that are normally greater than \$100,000, and did the organization solid. any contributions that were not tax deductible as charitable contributions? If 'res' did the organization file Form 8886 f1? Did any quanization self, exchange, or otherwise dispose of tangible personal property for which it was required to the gond on regulation include with every solitation an express statement that such contributions or gifts were not tax deductible? Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the organization notify the donor of the value of the goods or services provided? Did the organization neceive a gouttent in courds of S15 made pat	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the field of the calendar year ending with er within the year covered by this return that returns? 20 11 and the calendar year of the state of the second structures of the state of the second structures of the state of the second structures of the second structure of the sec	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1 If at least one is reported on ine 2a, did the organization like all required feedal employment tax returns? 2a 1 Wase if this sum of ines 1 and 2a is greater than 230 you may be required to <i>a</i> -file. See instructions. 3a 3a Did the organization have unmaked business gross income of 51.000 or more during the year? 3a 3a Haw is this if and 2a is greater than 230 you may be required to <i>a</i> -file. See instructions. 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a immania account for file greaty-immest for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Sa Was the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solid any counties for file organization file form 8886-17 So Oues the organization net was deductible as chartable contributions and partly for goods and services provided to the payor? Ta If 'Yes, 'i did the organization network way solidation an express statement that such contributions or gifts were not tax deductible? Ta Organization seele as yumin excess of \$37 finade partly as contribution and partly for goods and services provided to the payor? Ta If 'Yes, 'i did the organization netwery solidation an express statement thas uch contributions or gifts

Form 990	(2021)
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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

Section A. Governing Body and Management

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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

				(Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	The governing body?	-	-		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev			<u></u>	<u> </u>		
	This Section B requests information about policies not required by the internal Rel	<u>/enue</u>	Coae.)			Vee	No
10-	Did the exception have lead charters branches ar efflicted			ſ	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				IUa		Δ
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	re filing the f	iorm?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	lescribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13		Х
14	Did the organization have a written document retention and destruction policy?				14		Х
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		Х
b	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem						v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			<u></u>	16b		
	ion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990)-T (section &	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						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest po	olicy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo STACEY WHITE $-650-384-5721$	ks and	d records	▶			
20							
20	1500 LIZZIE STREET, SAN LUIS OBISPO, CA 93406						

Form 990 (2021)	SAN LUIS COAS	STAL EDUCATION	FOUNDATION	82-4196024	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Sch	nedule O contains a response or i	note to any line in this Part	VII						
Section A. Officers, D	irectors, Trustees, Key Employ	ees, and Highest Compen	sated 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 organ 	nization's current officers, directed	ors, trustees (whether indivi	duals or organizations), re	gardless of amount of compens	ation.				

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID MITCHELL	1.00	_		0	\geq	<u> </u>	ш			
PRESIDENT		х		x				0.	Ο.	0.
(2) BETH MARINO	1.00									
SECRETARY		х		х				0.	0.	0.
(3) STACEY WHITE	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) DIANE FROST	3.00									
VP PROGRAMS		Х		Х				0.	0.	0.
(5) BEN MCADAMS	5.00									
VP DEVELOPMENT		Х		Х				0.	0.	0.
(6) LINDSEY HARING	1.00									
VP MARKETING		Х		х				0.	0.	0.
(7) ERICA FLORES BALTODANO	1.00									
DIRECTOR		х						0.	0.	0.
(8) DAVE BERNHARDT	1.00									
DIRECTOR		х						0.	0.	0.
(9) SAM BLAKESLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KELLI COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RON HOLCOMBE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MELISSA JAMES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) STEVE JOBST	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RICK MAYFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RYAN PINKERTON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(16) JIM QUESENBERRY	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(17) RICK ROBINETT	1.00							_	•	
DIRECTOR		X						0.	0.	0 .

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Form 990 (2021)

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								OUNDATION	82-41	.960	024	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
(A)	(B)	(C) Position				,		(D)	(E)			(F)	
Name and title	Average hours per		not ch	neck	more	than o		Reportable	Reportable			imate	
	week		, unles cer an					compensation	compensation	ן ו		ount o other	DT
	(list any	tor						from the	from related organizations			pensat	tion
	hours for	direct				5		organization	(W-2/1099-MIS	I		om the	
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<i>,</i>		anizati	
	organizations	trust	al tru		yee	ompe		1099-NEC)	,		•	relate	
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	est co	1er				orga	nizatio	ons
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former						
(18) CLINT SLAUGHTER	1.00												^
DIRECTOR	1 0 0	Х						0.		0.			0.
(19) BILL THOMA DIRECTOR	1.00	х						0.		0.			0.
(20) MATTHEW WOODS	1.00	Δ						0.		<u>.</u>			0.
DIRECTOR	1.00	х						0.		0.			0.
(21) CHRISTINE ROBERTSON	40.00	Λ						0.					0.
EXECUTIVE DIRECTOR				х				0.		0.			0.
													<u> </u>
										_			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to the	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from the organization												Vee	0
										ſ		Yes	No
3 Did the organization list any former officer,			•	•	•		Ŭ		•		-		77
line 1a? If "Yes," complete Schedule J for s											3	_	<u>X</u>
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$150										·····	4	_	<u>X</u>
5 Did any person listed on line 1a receive or a	•				-			•			_		77
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ch į	oers	on .					5		Х
Section B. Independent Contractors	monoctod ind	000	ndor	+ 00	ntr	acto	in th	at reacived more than [¢]	100 000 of comp	onect	ion fro	m	
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensat		m	
(A)	ine calendar ye		nun	y w	iur c			(B)			(C	<u>`</u>	
Name and business	address	NC	ONE	:				Description of s	ervices	С	ompen		ı
							-						
2 Total number of independent contractors (in	•	ot lin	nited	to	thos r	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					Ľ	,							

Form **990** (2021)

132008 12-09-21

		(2021) SAN LUIS COAST	AL EDUCA	ATION FOUND	DATION	82-4196	024 Page 9
Ра	rt VI						
		Check if Schedule O contains a response or	note to any line		(P)	(C)	
				(A) Total revenue	(D) Related or exempt		(D) Revenue excluded
						business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
Gra	b						
Αu Au	с						
lar İar	d	• • • • • • • • • • • • • • • • • • •					
js,	е						
er ei	f	All other contributions, gifts, grants, and					
ġ₿		similar amounts not included above 1f	308,551.				
Contributions, Gifts, Grants and Other Similar Amounts	g			200 554			
<u>u n</u>	h	Total. Add lines 1a-1f	····· •	308,551.			
	-		Business Code				
Program Service Revenue	2 a						
er v	b						
le S (e D	С						
grar Rev	d						
ŗ	e						
а.	t	All other program service revenue					
	3	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest other similar amounts)		428,527.			428,527.
	4	Income from investment of tax-exempt bond pro		120,027.			
	5		Г				
	5	Royalties	(ii) Personal				
	6 a						
	b						
	c						
	d						
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 7,842,611.					
	h	Less: cost or other basis					
e		and sales expenses					
evenue	c	Gain or (loss) 7c 40,119.					
Jev		Net gain or (loss)		40,119.			40,119.
Other R		Gross income from fundraising events (not	F				
Ę	_	including \$ of					
-		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	с						
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b						
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	с	Net income or (loss) from sales of inventory					
s		<u> </u>	Business Code				
∋ou	11 a						
Miscellaneous Revenue	b	·					
Sev.	с						
Mis	a	All other revenue					
		Total. Add lines 11a-11d			-		100 010
	12	Total revenue. See instructions	🕨	777,197.	0.	0.	468,646.
13200	9 12-09	J-21					Form 990 (2021)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (B) Do not include amounts reported on lines 6h (A) Т Т

	Check if Schedule O contains a response		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	281,710.	281,710.		
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)				
7	Other salaries and wages	62,776.			62,776.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,542.			4,542.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,050.		1,050.	
с	Accounting	12,000.		12,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,777.		37,777.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,955.	1,757.		4,198.
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	2,308.		2,308.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	PRINTING & PUBLICATIONS	9,614.			9,614.
b	SOFTWARE SUBSCRIPTIONS	4,408.			4,408.
с	OTHER EXPENSE	3,581.		3,581.	
d	MEALS	2,383.		2,383.	
е	All other expenses	660.			660.
25	Total functional expenses. Add lines 1 through 24e	428,764.	283,467.	59,099.	86,198.
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)				
132010) 12-09-21				Form 990 (2021)
		10			

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33

Total liabilities and net assets/fund balances

33

Form 990 (2021)

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

(A) (B) Beginning of year End of year 260,879. 327,560. 1 1 Cash - non-interest-bearing 8,315,012. 9,146,299. Savings and temporary cash investments 2 2 3,250,000. 1,000,000. 3 3 Pledges and grants receivable, net 1,965. Ο. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **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 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 11,827,856. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 26,850. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 26,850. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 11,380,583. 27 27 Net assets without donor restrictions 420,423. 28

SAN LUIS COASTAL EDUCATION FOUNDATION

10,473,859. 23,992. 23,992. Net Assets or Fund Balances 10,021,268. Net assets with donor restrictions 428,599. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 11,801,006. 10,449,867. Total net assets or fund balances 32 32 11,827,856. 10,473,859.

82-4196024 Page 11

Form 990 (2021)

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 IX, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 428, 764. 3 348, 433. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11, 801, 006. 5 Hot assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11, 801, 006. 6 Net unrealized gains (basse) on investments 5 -1, 699, 572. 7 Investment expenses 7 7 8 Pior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10, 449, 867. Part XII Financial Statements and Reporting Yee No 10 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounti		990 (2021) SAN LUIS COASTAL EDUCATION FOUNDATION	82-4	196024	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 777,197. 2 Total expenses (must equal Part IX, column (A), line 25) 2 428,764. 3 Revenue less expenses. Subtract line 2 from line 1 3 348,433. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11,801,006. 5 For turnealized gains (losses) on investments 6 7 7 7 7 8 9 0. 9 0. 9 Other changes in 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 If the organization changed its method of accounting from a prior	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 428, 764. 3 Revenue less expenses. Subtract line 2 from line 1 3 348, 433. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11, 801, 006. 5 Net unrealized gains (losses) on investments 6 -1, 699, 572. 6 0 7 - 7 - - 6 7 - - - 8 Prior period adjustments 8 - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10, 449, 867. Check if Schedule O contains a response or note to any line in this Part XII 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 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization c		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 428, 764. 3 Revenue less expenses. Subtract line 2 from line 1 3 348, 433. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11, 801, 006. 5 Net unrealized gains (losses) on investments 6 -1, 699, 572. 6 0 7 - 7 - - 6 7 - - - 8 Prior period adjustments 8 - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10, 449, 867. Check if Schedule O contains a response or note to any line in this Part XII 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 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization c						
3 Revenue less expenses. Subtract line 2 from line 1 3 348,433. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11,801,006. 5 Net unrealized gains (losses) on investments 5 -1,699,572. 6 6 7 7 8 7 8 9 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 at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10,449,867. Part XIII 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 Yes No 1 Accounting method used to prepare the Form 990:<	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11,801,006. 5 Net unrealized gains (losses) on investments 5 -1,699,572. 6 0onated services and use of facilities 6 7 8 7 8 9 0. 9 0. 9 0. 10 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)) 10,449,867. Year XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 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 Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," the che a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <td>2</td> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td></td> <td></td> <td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 9 9 10 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 1 1 Accounting method used to prepare the Form 990: 1 1 1 1 1 1 2 2 1 2 1 2 1 2 1 2 2 2 3 3 4 2 4 4 1 4 2 2 3 4 4 4 5 5 5 6 7 6 7 1 4 5 6 1 5 6 1 6 1 7 1 1 1 1 2 <	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10, 449, 867. Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting in the organization's financial statements and the pendent accountant? Yes No 1 Press, '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: Separate basis Osto below to indicate whether the financial statements accountant? Zb X 1 Mere the organization's financial statements audited by an independent accountant? Zb X Zb X 1 </th <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td></td> <td></td> <td></td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain on Schedule O. 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: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization is financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	5	Net unrealized gains (losses) on investments	5	-1,699	9,5	72.
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 10,449,867. Pert XIII 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'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 Both consolidated and separate basis 2b X b Were the organization's financial statements and ited 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, or both: 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, consolidated basis D 2b <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10,449,867. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization s financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: 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: X If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10, 449, 867. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII 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 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: 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 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	8	Prior period adjustments	8			
column (B) 10 10,449,867. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII 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 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: 2a 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 X If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on S	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 If "Yes," check a box below to indicate whether the 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 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," 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 or oan independent accountant? 2c X If the organization changed either its oversight process or selec	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 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 3a X If "Yes," did the organization undergo the		column (B))	10	10,449	9,8	<u>67.</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	t XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 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," 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.		Check if Schedule O contains a response or note to any line in this Part XII				
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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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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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X
	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				L

Form **990** (2021)

SCHEDULE A	Pul
(Form 990)	Fu

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2021
	Open to Public Inspection
ployer	identification number

intern	arrieve		► Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		inspection
Nan	ne of	the organization					_		identification number
De				AL EDUCATION					2-4196024
	rt I	Reason for Public (ee instruction	าร.	
	orgar	nization is not a private found							
1	님	A church, convention of ch				on 170(b)(1	I)(A)(i).		
2	님	A school described in sect							
3	Щ	A hospital or a cooperative							
4		A medical research organiz	ation operated in col	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a go	overnmental u	init describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from t	he general p	oublic described in
-		section 170(b)(1)(A)(vi). (C							
8	H	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	• • • •					-	•
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		See section 509(a)(2). (Con					O(-)(A)		
11 12	님	An organization organized a	-	•	•			war out the	numerous of one or
12		An organization organized a more publicly supported or	-	•	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga	• •			-		-	aivina
a		the supported organization	-	-	• • • •	-			
		organization. You must o			majonty c				pporting
b		Type II. A supporting org	-		ion with it	s sunnorte	organizatio	n(s) by hay	vina
		control or management o	-				•		-
		organization(s). You mus						ge the supp	Joned
с		Type III functionally inte	-		in connect	tion with, a	and functiona	llv integrate	ed with.
-		its supported organization	•					, <u>.</u>	,
d		Type III non-functionally						rted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga	-	-				II, Type III	
		functionally integrated, or					51 <i>/</i> 51	, ,	
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

82-4196024 Page 2 SAN LUIS COASTAL EDUCATION FOUNDATION Schedule A (Form 990) 2021 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5,495.	77,628.	11426148.	279,424.	308,551.	12097246.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge		77,895.	169,786.	176,342.	186,792.	610,815.		
4	Total. Add lines 1 through 3	5,495.	155,523.	11595934.	455,766.	495,343.	12708061.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						930,245.		
	Public support. Subtract line 5 from line 4.						11777816.		
	ction B. Total Support			1					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	5,495.	155,523.	11595934.	455,766.	495,343.	12708061.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots		1.	77,831.	273,353.	428,527.	779,712.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						13487773.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
_	organization, check this box and stop		-				► X		
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I					14	%		
	Public support percentage from 2020					15	%		
1 6a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check 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, che	ck this box and st	t op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu		•		• •		▶∐		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >		
						Schedule A	(Form 990) 2021		

(J)

132022 01-04-22

						FOUNDATION	82-4196024	Page 3
Part III S	Support Schedule for	[.] Orga	nizatior	is 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2021 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
1320	23 01-04-22					Schedule /	A (Form 990) 2021
			15				

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7

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

Schedule A (Form 990) 2021 SAN LUIS COASTAL EDUCATION FOUNDATION 82-4196024 Page 5

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Sec	stion C. Type II Supporting Organizations
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

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

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

supported organizations played in this regard.

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	e vear (see instructions).
--	----------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
-----	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

Yes No

1

З

2a

2b

3a

Yes No

16591109 756668 020849

Sche	dule A (Form 990) 2021 SAN LUIS COASTAL EDUCAT			82-4196024 Page 6			
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.				
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
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	ly integra	ted Type III supporting of	organization (see			

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

SAN LUIS COASTAL EDUCATION FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	č		8	
9	Distributable amount for 2021 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-2021	ıs	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

	(Form 990) 2021				FOUNDATION	82-4196024	Page 8
Part VI	Supplemental Inform	mation. Prov	ide the explanation	s required by Part II	, line 10; Part II, line 17a	or 17b; Part III, line 12;	
	Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, 4 lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9d art IV, Section E, lir	c, 11a, 11b, and 11c nes 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines nd 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	

PART II, SHORT YEAR EXPLANATION:

THE FISCAL YEAR ENDED JUNE 30, 2018 WAS A SHORT YEAR AS THE

ORGANIZATION WAS FORMED ON AUGUST 28, 2017.

Schedule A (Form 990) 2021

132028 01-04-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** 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

2021

Employer identification number

82-419602

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

SAN LUIS COASTAL EDUCATION 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 \dots \blacktriangleright \$

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) (2021)

Schedule B (Form 990) (2021) 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) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 100,000. 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 20,000. \$ (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 19,627. 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 18,591. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

16591109 756668 020849

Employer identification number

82-4196024

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

123452 11-11-21

16591109 756668 020849

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>18,000.</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>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
9		\$ <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
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
		\$ <u>7,500.</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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-4196024

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11-21			Schedule B (Form 990) (202

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

(b)

Description of noncash property given

(a)

No.

from

Part I

Page 3

Employer identification number

(d)

Date received

82-4196024

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Form 990) (2021)

16591109 756668 020849

2021.05000 SAN LUIS COASTAL EDUCATIO 020849_1

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Schedule I	B (Form 990) (2021)		Page 4						
Name of o	organization		Employer identification number						
SAN L	UIS COASTAL EDUCATION F	ΟΠΝΡΑΨΤΟΝ	82-4196024						
Part III		tions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gif	ť						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
			· ·						
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
		[
(2) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1 4111									
		(e) Transfer of gift							
		and 7 ID + 4	Polationship of transform to transform						
	Transferee's name, address, a		Relationship of transferor to transferee						
		[
123454 11-11	1-21		Schedule B (Form 990) (2021)						

SCHEDULE D)
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(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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	SAN LUIS COASTAL E	DUCATION FOUNDATION	82-4196024							
Par										
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds							
	are the organization's property, subject to the organization's	exclusive legal control?	YesNo							
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only							
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring							
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).								
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area							
	Protection of natural habitat	Preservation o	f a certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form								
	day of the tax year.		Held at the End of the Tax Year							
а										
b										
	Number of conservation easements on a certified historic stru									
d	Number of conservation easements included in (c) acquired a									
_	listed in the National Register									
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax							
	year									
4	Number of states where property subject to conservation eas									
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,									
Ū		handling of violations, and emotering con-	servation casements during the year							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year							
•			and second the second second second							
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	′h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservation									
	balance sheet, and include, if applicable, the text of the footr									
	organization's accounting for conservation easements.	-								
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.							
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.								
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works							
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance of public							
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.							
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of							
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,							
	provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1									
	(ii) Assets included in Form 990, Part X									
2	If the organization received or held works of art, historical tree		I gain, provide							
	the following amounts required to be reported under FASB A	-	N .							
a	Revenue included on Form 990, Part VIII, line 1									
b	Assets included in Form 990, Part X		\$							

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

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		COASTAL E				82-41			age 2		
Par	t III Organizations Maintaining Co						contir	nued)			
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that make s	significant	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 collections and explain how they further the organization's exempt purpose in Part XIII.										
5	<u> </u>										
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or				
19	Is the organization an agent, trustee, custodiar		any for contribution	s or other assets not	included						
iu	on Form 990, Part X?						Yes		No		
h	If "Yes," explain the arrangement in Part XIII ar					∟		L			
~			string table.				Amoun	t			
с	Beginning balance				1c						
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on For					·	Yes		No		
	If "Yes," explain the arrangement in Part XIII. C				• • • • • •		_		1		
Par									_		
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back		
1a	Beginning of year balance	7,920,516.	4,490,794.								
	Contributions	2,250,000.	2,250,000.	4,500,000.							
	Net investment earnings, gains, and losses	-1,231,321.	1,359,192.								
	Grants or scholarships										
	Other expenditures for facilities										
	and programs	150,000.	150,000.								
f	Administrative expenses	37,777.	29,470.	10,877.							
	End of year balance	8,751,418.	7,920,516.								
2	Provide the estimated percentage of the current										
	Board designated or quasi-endowment	· · · ·	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Permanent endowment	%	_^_								
	Term endowment %										
•	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possess		ion that are held ar	nd administered for t	he organiz	ation					
	by:	0			U]	Yes	No		
	(i) Unrelated organizations						3a(i)		Х		
	(ii) Related organizations						3a(ii)		Х		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.						
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulat epreciatior		(d) Boo	k value	e		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must equ		. column (B). line 1	0c.)					0.		
						<u> </u>		000	0004		

Schedule D (Form 990) 2021

Schedule D) (Form 990) 2021			ASTAL	EDUCATI	ON	FOUNDATION	82-4196024	Page 3
Part VII									
							See Form 990, Part X, line 12		
(a) Descrip	otion of security or catego	Ory (including	g name of security)	(b) E	Book value	<u> </u>	(c) Method of valuation: Cos	st or end-of-year market	value
.,									
(2) Closely	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990,	, Part X, col	. (B) line 12.) ►						
Part VII	Investments - F	-							
							See Form 990, Part X, line 1		
	(a) Description of i	nvestmen	t	(b) E	Book value		(c) Method of valuation: Cos	st or end-of-year market	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (Part IX	b) must equal Form 990, Other Assets.	, Part X, col	. (B) line 13.) 🕨						
Faitin		nization o	nowarad "Vaa"	on Form 0	00 Dart IV line	114	Cas Form 000 Dart V line 1	F	
		anization a		Descriptio		TTU.	See Form 990, Part X, line 1	3. (b) Book v	
			(a)	Descriptio	11				alue
(1)									
(2)									
(3)									
<u>(4)</u>									
(5)									
(6)									
(7)									
(8)									
(9) Total (Cali	ump (b) must sound For		with V and (D) line	o 15)					
Part X	umn (b) must equal For Other Liabilities	<u>m 990, Pa</u> S-	ап X, соі. (В) ІІП	e /5.)					
			nswered "Yes"	on Form 9	90. Part IV. line	11e o	or 11f. See Form 990, Part X,	line 25	
1.		scription of						(b) Book v	alue
	deral income taxes		,					(-)	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	imp (b) must a must F	m 000 D	wet V col (D) "	o 25 \					
	<i>ımn (b) must equal For</i> v for uncertain tax posi						organization's financial state	ments that reports the	
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organiz	action o nationaly 101 0110	on can i tak	Pooleono unde				the tore of the foothold has t	sson providou in r art Ar	•• ••• – – – – – – – – – – – – – – – –

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 SAN LUIS COASTAL EDUCATION				4196024 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	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	-773,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a -	<u>-1,699,572.</u>		
b	Donated services and use of facilities	. 2b	186,792.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,512,780.
3	Subtract line 2e from line 1			3	739,420.
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	37,777.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	37,777.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	777,197.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	I Expenses per F		
Pa	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	I Expenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	I Expenses per F	Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With . 2a	I Expenses per F	Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With	I Expenses per F	Retur	n.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With	I Expenses per F	Retur	n. 577,779.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	186,792.	Retur	n. 577,779. 186,792.
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	186,792.	1	n. 577,779.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	186,792.	1 2e	n. 577,779. 186,792.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	186,792.	1 2e	n. 577,779. 186,792.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	ents With 2a 2b 2c 2d 2d 4a	186,792.	1 2e	n. 577,779. 186,792. 390,987.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	186,792. 37,777.	1 2e	n. 577,779. 186,792. 390,987. 37,777.
Pa 1 2 a b c d a b c d b c 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	186,792. 37,777.	1 2e 3	n. 577,779. 186,792. 390,987.

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 2B & PART XII, LINE 2A -DONATED SERVICES AND U

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

DIRECTOR AND CONTRIBUTES OFFICE SPACE TO THE FOUNDATION. THE EXECUTIVE

DIRECTOR WAS COMPENSATED \$185,155, AND THE OFFICE RENT IS VALUED AT

\$1,637.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		•		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection	
Name of the organizatio		COASTAL EI	DUCATION FOU					Employer identification number $82-4196024$	
	formation on Grants a								
criteria used to av	ation maintain records t ward the grants or assis	tance?	-				stance, and the selecti		
Part II Grants and	V the organization's pro d Other Assistance to at received more than S	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
	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	
SAN LUIS COASTAL U DISTRICT - 1500 LI	IZZIE STREET -	48-1295680			20 505		PURCHASE OF COMPUTERS,LAB SUPPLIES FOR IINNOVATE	EDUCATIONAL PROGRAM SUPPORT	
SAN LUIS OBISPO, C	A 93401	40 1255000	113	242,203.	39,507.				
2 Enter total number	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table			•		
	er of other organizations								
LHA For Paperwork	Reduction Act Notice		ons for Form 990. LUMN (G) DE {	SCRIPTIONS	5			Schedule I (Form 990) 2021	

Schedule I (Form 990) 2021 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 COMPUTERS, LAB

SUPPLIES FOR IINNOVATE PROGRAM DONATED TO DISTRICT

Schedule I (Form 990)

132291 04-01-21 SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

SAN LUIS COASTAL EDUCATION FOUNDATION 82-4196024

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

UNIFIED SCHOOL DISTRICT.

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:

ALL ACTUAL OR POTENTIAL CONFLICTS ARE REQUIRED TO BE DISCLOSED FULLY TO THE

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

OF INTEREST IMMEDIATELY UPON DISCLOSURE.

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

Schedule O (Form 990) 2021

Name of the organization

SAN LUIS COASTAL EDUCATION FOUNDATION

Page 2 Employer identification number 82-4196024

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.

Schedule O (Form 990) 2021

132212 11-11-21