### COPY FOR PUBLIC INSPECTION

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2022 calendar y	year, or tax year begin	ning 7/01	, 2022,	and ending	6/3	0	, 2	<b>20</b> 2023	
В	Check if	applicable: C						D Employe	er identifi	cation number	
	Add	dress change RAI	NCHO SANTA FE I	EDUCATION FOU	NDATTON			33-0	7875	66	
	$\vdash$		BOX 809	22001111011 100	11211111011		<u> </u>	E Telephoi			
	$\vdash$	PAN	NCHO SANTA FE,	CA 92067				O E O	756	1111	
	$\vdash$	iai retairi	,				-	838-	756-	1141	
	Fina	I return/terminated									
	Am	ended return						<b>G</b> Gross re		1,279,	
	App	plication pending <b>F</b> N	Name and address of principal	officer: KATE BUT	LER			group return			X No
		SAN	ME AS C ABOVE			H	(b) Are all s	ubordinates attach a list.	included?	uctions Yes	No
ī	Tax-e	exempt status: X 5	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527	11 110, 6	attacii a iist.	000 11150	actions.	
J	Web		RSFEF.ORG	<del></del>		H	(c) Group ex	xemption nu	mber		
K			Corporation Trust	Association Other	LY	ear of formation	· · · · · ·			gal domicile: CA	
	art I	Summary	Jorporation Trast	7 ISSOCIATION CTRICE		car or rormation	. 2007	0	ate or reg	gar dorniene. C/1	
1 6			ne organization's missi	on or most significar	nt activities.TUC	DDTMAD	V EVEM	ווום ייםו	DOCE		
			TA FE EDUCATION								
9			OVIDED TO STUDE							ATTONAL _	
ш		PROGRAM PRO	MIDED 10 210DE	FNI2 IN THE K	ANCHO SANTA	A FE SCH	100г р	TOTKIC			
Governance					,						
્ર્ટ્ર	2 (	Check this box		n discontinued its op						ets.	1.0
প্র	3 [		members of the gover						3		<u> 19</u>
S.	4 [		endent voting members						4		15
Activities &	5		ndividuals employed in	•					5		0
듷	6		olunteers (estimate if i						6		73
ď			usiness revenue from F						7a		0.
	b	Net unrelated bus	siness taxable income f	from Form 990-1, Pa	art I, line 11				7b		0.
								ior Year		Current Ye	
ø			I grants (Part VIII, line					990,5			565.
Revenue	9	Program service r	revenue (Part VIII, line	2g)				17,5	77.	37,	298.
ķ	10	Investment incom	ne (Part VIII, column (A	A), lines 3, 4, and 7d	)			614,3	37.	166,	209.
ď	11 (	Other revenue (Pa	art VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10d	c, and 11e)			156,5	88.	141,	409.
	12	Total revenue – a	add lines 8 through 11	(must equal Part VII	I, column (A), lir	ne 12)	1,	,779,0	65.	1,188,	481.
-	13 (	Grants and simila	r amounts paid (Part I	X, column (A), lines	1-3)			800,0	00.		883.
	14	Benefits paid to o	or for members (Part IX	(, column (A), line 4	)			,		•	
		·	mpensation, employee								
es	10-										
Expenses	16a		raising fees (Part IX, c								
ă,	b	Total fundraising	expenses (Part IX, coli	umn (D), line 25)							
ш	17 (	Other expenses (F	Part IX, column (A), lin	nes 11a-11d, 11f-24e	:)			131,4	30.	161,	035.
	18	Total expenses. A	Add lines 13-17 (must e	egual Part IX, colum	n (A), line 25)			931,4			918.
	19 F	Revenue less exp	enses. Subtract line 18	8 from line 12				847,6			563.
- S							Reginging	of Current		End of Ye	
Assets o	20	Total assets (Part	t X, line 16)					, 489, 6		7,961,	
Bal	21	•	art X, line 26)					34,0			536.
Net /		•	•					•			
_			d balances. Subtract lir	ne 21 from line 20			Ι,	,455,6	05.	7,952,	4/0.
Pa	art II	Signature B	IOCK								
Und	er penalti	ies of perjury, I declare	that I have examined this return ther than officer) is based on a	rn, including accompanying	schedules and statem	nents, and to the	e best of my	knowledge a	and belief	, it is true, correct,	and
-	piete. De	T T T T T T T T T T T T T T T T T T T	- Incir triair officery is based on t	an information of which prop	Saler has any knowled						
		0: 1 ("									
Sig	gn	Signature of officer	ſ				Date				
He	re	KATE BUTI	LER			CH	AIRMAN	V			
		Type or print name	e and title								
		Print/Type prepare	er's name	Preparer's signature		Date	(	Check	if P	TIN	
Pa	iА	AUBREY W	. MANN	AUBREY W. MA	NN	05/13/2	2024	ــــ self-employe	d P	00691156	
	iu epare		WILKINSON HAD			1, -			11	20001100	
	epare se Onl	l			о. ппс			Firm's EIN	EQ.	2254566	
US	J. Jill	Firm's address	218 W. DOUGLA				Firm's EIN 52-2354566				
			·	92020						447-6700	
Ma	y the IF	≺S discuss this re	eturn with the preparer	shown above? See	instructions					X Yes	No

Гаг	Check if Schedule O contains a resp.	onse or note to any line in this Part III	Г
1	Briefly describe the organization's mission:	onse of flote to any line in this f art in	
٠	-	OF THE DANCHO CANTA FE EDIC	ATTOM COMBATTOM TO TO CHARACTE
			ATION FOUNDATION IS TO SUPPORT
		PROGRAM PROVIDED TO STUDENT	S IN THE RANCHO SANTA FE SCHOOL
	DISTRICT.		
2	Did the examination undertake any significant s	are grown convices, during the year which were no	at listed on the prior
2	Did the organization undertake any significant p		
			Yes X No
_	If "Yes," describe these new services on Sched		
3	Did the organization cease conducting, or m	-	any program services? Yes X No
	If "Yes," describe these changes on Schedule (		
4	Describe the organization's program service	e accomplishments for each of its three large	est program services, as measured by expenses.
	and revenue, if any, for each program servi	ce reported.	nts and allocations to others, the total expenses,
	, , , , , , , , , , , , , , , , , , ,		
<i>1</i> 2	a (Code: ) (Expenses \$ 8	883,780. including grants of \$	827,883.)(Revenue \$
<del>-1</del> u			RANCHO SANTA FE SCHOOL DISTRICT
	AN ANNUAL GRANT TO ASSIST W	TIH BROAIDING SWAFF CF822 2	IZES, FOCUSED ACADEMICS AND
	ROBUST ENRICHMENT PROGRAMS.		
4b	<b>b</b> (Code: ) (Expenses \$	including grants of \$	) (Revenue \$
			. — — — — — — — — — — — — — — — — — — —
4c	c (Code:) (Expenses \$	including grants of \$	) (Revenue \$)
			·
4d	d Other program services (Describe on Sched	lule O.)	
		cluding grants of \$	) (Revenue \$
4e	e Total program service expenses	883,780.	•
		,	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Χ	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
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.	17		Х
18		18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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	Χ	

# Form 990 (2022) RANCHO SANTA FE EDUCATION FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Χ
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? <i>If "Yes," complete Schedule M.</i>	30	Х	
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Χ
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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	Х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 (	0000

Form 990 (2022) RANCHO SANTA FE EDUCATION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			162	NO			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х			
8	<b>3.3</b> . <b>3. 3. 3. 3. 3. 3. 3.</b>						
	organization have excess business holdings at any time during the year?						
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	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						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х			
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		Λ			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would						
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	·						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?.... SEE .SCHEDULE .Q..... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. ALLISON OPPELTZ 5927 LA GRANADA RANCHO SANTA FE CA 92067 858-756-1141

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)				_				
(A) Name and title	(B) Average hours per	thar	one both	box, an o	unles	eck mor ss perso and a ee)	re on	(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) TODD BENNETT	2									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(2) KATE BUTLER	2									_
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(3) ASHLEY HAASE	2									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(4) MONICA MORELAND	2									
SECRETARY	0	Χ		Χ				0.	0.	0.
(5) MIKE MOORE	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(6) KATIE CRECION	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(7) COURTNEY SVAJIAN	11									
DIRECTOR	0	Х						0.	0.	0.
(8) KAMERON COMSTOCK	11									
DIRECTOR	0	Х						0.	0.	0.
(9) HILLARY BARBER	1									
DIRECTOR	0	X						0.	0.	0.
(10) EDNA MUNOZ-LASH	1									
DIRECTOR	0	X						0.	0.	0.
(11) JESSICA SWANN	1									
DIRECTOR	0	X						0.	0.	0.
(12) KATHERINE WORMMEESTER	1									
DIRECTOR	0	X						0.	0.	0.
(13) MIKE HELMS	1									
DIRECTOR	0	Χ						0.	0.	0.
(14) EVAN FAULKNER	1									
DIRECTOR	0	Χ						0.	0.	0.

Par	t VII   Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	oyees	<b>S</b> (conti	nued)
		(B)			(0	•							
	(A) Name and title	Average hours per week (list any hours for related organiza	box	, unle cer ar	ess pe	erson	than Highest compensated	h an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the c	(F) ated amo of other ensation organization d related anization	from tion
		- tions below dotted line)	rustee	trustee		/ee	npensated						
(15)	KERRY VINCI DIRECTOR	1	X						0.	0.			0.
(16)	CHRIS BLATT DIRECTOR	1	Х						0.	0.			0.
(17)	JULIE GUILLARY DIRECTOR	1	Х						0.	0.			0.
(18)	DIANE SOLOMON DIRECTOR	$0$ $X$ $0$ $0$						0.					
(19)	FATIMA GRISMER DIRECTOR	$-\frac{1}{0}$	X						0.	0.			0.
(20)									0.	0.			<u> </u>
(21)													
(22)													
(23)			-										
(24)													
(25)													
1b	Subtotal			<u></u>					0.	0.			0.
c	Total from continuation sheets to Part VII, Section	on A							0.	0.			0.
	Total (add lines 1b and 1c)								0.	0.			0.
2	Total number of individuals (including but not limited from the organization $\rho$	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	0											Yes	No
3	3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes,"complete Schedule J for such individual</i>								. 3		Х		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4		Х				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual										X			
	tion B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation	sated indessation for	epen the c	dent alen	t cor dar <u>y</u>	ntra year	ctors endii	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
(A) (B)								Compe	<b>C)</b> ensatio	n			
					—								
					_								
	Total number of independent contractors (including b	ut not lim	ited to	o thr	ose I	ister	d aho	ve)	who received more	than			
	\$100,000 of compensation from the organization	0			. 55 1	.5.00		,					

# Form 990 (2022) RANCHO SANTA FE EDUCATION FOUNDATION 33-0787566 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue Gifts, Grants, lar Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b **c** Fundraising events..... 1c 789,340. d Related organizations..... 1d

s, G inili	е	Government grants (contributions)	1e					
Contributions, G and Other Simil	f	All other contributions, gifts, grants, and similar amounts not included above	1f	E4 22E				
ribu Oth	q	Noncash contributions included in		54,225.				
ont		lines 1a-1f	1g	42,140.				
	h	Total. Add lines 1a-1f		Business Code	843,565.			
Program Service Revenue	2a	CTUDENT DDOCDAM INCOM	/IT	Busiliess Code	26 117	26 447		
eve	b	STUDENT PROGRAM INCOM SPIRIT SHOP			36,447. 851.	36,447. 851.		
ce F	c	<u> </u>			031.	031.		
ervi	d							
υŠ	е							
gra	f	All other program service revenue	e					
Pro	g	Total. Add lines 2a-2f			37,298.			
	3	Investment income (including divide	nds, i	nterest, and	,			
		other similar amounts)			166,209.			166,209.
	4	Income from investment of tax-ex						
	5	Royalties		-				
	62	Gross rents 6a	aı	(ii) Personal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Secur		(ii) Other				
		sales of assets						
	b	other than inventory Less: cost or other basis						
		and sales expenses <b>7b</b>						
		Gain or (loss)						
	d	Net gain or (loss)						
ne	8a	Gross income from fundraising events						
/en		(not including $\$$ 789,340 of contributions reported on line 1c).	<u>•</u>					
Other Revenue		See Part IV, line 18	88	232,731.				
er	b	Less: direct expenses	81	2027701				
품		Net income or (loss) from fundrai		71,000.	141,409.			
•		Gross income from gaming activities.			212, 103			
		See Part IV, line 19	98					
		Less: direct expenses	91					
	С	Net income or (loss) from gaming	activ	/ities				
	10a	Gross sales of inventory, less returns and allowances	10	_				
	h	Less: cost of goods sold	1 0: 1 0					
		Net income or (loss) from sales of						
'n		The meeting of (1888) from Sales of		Business Code				
9	11a							
scellaneo Revenue	b							
	С							
Miscellaneous Revenue	d	All other revenue	[					
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		l	1,188,481.	37,298.	0.	166,209.
BAA				TEEA	.0109L 09/01/22			Form <b>990</b> (2022)

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 re	sponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	827,883.	827,883.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5=1,0000	02.70001		
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	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	<b>0.</b>	0.	0.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	9,227.		9,227.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,187.		29,187.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	8,538.		8,538.	
12	(A), amount, list line 11g expenses on Schedule 0.)	4,018.		4,018.	
13	Office expenses	1,579.		1,579.	
14	Information technology	5,123.		5,123.	
15	Royalties	3,123.		3,123.	
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				
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	STUDENT PROGRAM EXPENSES	54,862.	54,862.		
b	IN-KIND EXPENSES	42,140.		42,140.	
С		5,326.		5,326.	
d		1,035.	1,035.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	988,918.	883,780.	105,138.	0.
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).				

		Check if Schedule O contains a response or note to a	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		547,119.	1	331,176.
	2	Savings and temporary cash investments		371,071.	2	353,475.
	3	Pledges and grants receivable, net		757,492.	3	1,177,591.
	4	Accounts receivable, net		329.	4	
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person	officer, director, ontributor, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 49	sons (as defined under		6	
	7	Notes and loans receivable, net			7	
S	8	Inventories for sale or use	<u> </u>		8	
set	9	Prepaid expenses and deferred charges	<u>-</u>		9	
Assets	-	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	i -		9	
		Less: accumulated depreciation.			10c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11	<del> </del>		12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets.	F		14	
	15	Other assets. See Part IV, line 11	_	5,813,623.	15	6,098,764.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33		7,489,634.	16	7,961,006.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 100, 001		.,502,0000
	17	Accounts payable and accrued expenses		20,993.	17	
	18	Grants payable		18		
	19	Deferred revenue	_	13,036.	19	8,536.
	20	Tax-exempt bond liabilities			20	
ë	21	Escrow or custodial account liability. Complete Part IV	_		21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contribute controlled entity or family member of any of these person	or. or 35%		22	
!	23	Secured mortgages and notes payable to unrelated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Complete			25	
	26	Total liabilities. Add lines 17 through 25		34,029.	26	8,536.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
盲	27	Net assets without donor restrictions		884,490.	27	676,115.
m	28	Net assets with donor restrictions		6,571,115.	28	7,276,355.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	c here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	nt fund		30	
(88	31	Retained earnings, endowment, accumulated income, o	or other funds		31	
14 4	32	Total net assets or fund balances		7,455,605.	32	7,952,470.
ž	33	Total liabilities and net assets/fund balances	<u></u>	7,489,634.	33	7,961,006.
BA	Δ	TE	EA0111L 09/01/22			Form <b>990</b> (2022)

BAA Form **990** (2022)

on Schedule O.

Guidance, 2 C.F.R Part 200, Subpart F?.....

Χ

За

3b

If the organization changed either its oversight process or selection process during the tax year, explain

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ......

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

	of the organization					Employer identific	ation number			
	<u>CHO SANTA FE EDUCATIO</u>					33-078756				
	Reason for Public Cha					' '	ctions.			
The c	organization is not a private found				•	•				
1	A church, convention of church	,			b)(1)(A)(	i).				
2	A school described in <b>sectio</b>									
3	A hospital or a cooperative h	•								
4	A medical research organiza	tion operated in con	junction with a hospital	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	Inter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a coll emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in			
6										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)						
9	An agricultural research organi	zation described in se	ection 170(b)(1)(A)(ix) oper	ated in c	onjunction	on with a land-grant colle	ege			
	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section 9	lated business taxab	le income (less section	oort from ons; and 511 tax)	n contrib (2) no r ) from b	utions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after			
11	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>									
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а										
b										
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza	ation operated in connection	n with, a <b>A, D, an</b>	nd functio	onally integrated with, its	supported			
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor www.ganization operated in cor www.ganization.ganization.ganization	nnection tion rea	with its s	supported organization(s t and an attentiveness	) that is not requirement (see			
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally			
f	Enter the number of supported	organizations								
g	Provide the following information		ed organization(s).							
(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(-)										
(D)										
• /										
(E)										
· •										
Total										

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	901,410.	602,861.	762,673.	984,423.	810,483.	4,061,850.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3  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)	901,410.	602,861.	762,673.	984,423.	810,483.	4,061,850.
6	Public support. Subtract line 5 from line 4						4,061,850.
Sec	tion B. Total Support						1700170001
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
7	Amounts from line 4	901,410.	602,861.	762,673.	984,423.	810,483.	4,061,850.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	239,346.	197,931.	340,200.	499,406.	434,324.	1,711,207.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	===,====	201,0020	227,200	300, 3000	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,307.					1,307.
	Total support. Add lines 7 through 10						5,774,364.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	<b>First 5 years.</b> If the Form 990 is organization, check this box and			third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			1 1	
	Public support percentage for 20 Public support percentage from 2						70.34 % 68.60 %
	33-1/3% support test—2022. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar -circumstances to	nd-circumstances est. The organizati	test, check this bon qualifies as a	oox and <b>stop here</b> publicly supporte	LExplain in Part of organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions

Schedule A (Form 990) 2022

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

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

_	ians to quanty under the te	sata fiated below,	picase complete i	art m.)				
Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	2 T	(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 performed, or facilities furnished in any activity that is							
3	related to the organization's tax-exempt purpose							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022		(f) Total
	Amounts from line 6	(4) 20:0	(2) 2010	(0) 2020	(4) 2021	(0) 2022		(1) 10101
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	<b>First 5 years.</b> If the Form 990 is a organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(	c)(3)	
	tion C. Computation of Pul							
15	Public support percentage for 20	22 (line 8, colum	n (f), divided by li	ne 13, column (f)	))		15	%
	Public support percentage from 2	•			•	L	16	%
	tion D. Computation of Inv						11	
	Investment income percentage for				umn (f))		17	%
	Investment income percentage for	•		-		L	18	%
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check	the organization of	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3	%, and I	ine 17
h			•	•		_		
~	<b>33-1/3% support tests—2021.</b> If t line 18 is not more than 33-1/3%	ne organization of the check this box	iid not cneck a bo and <b>stop here</b> . Th	x on line 14 or lir e organization di	ne 19a, and line I Jalifies as a nublic	6 is more that Iv supported	an 33-1/. organiz	3%, and

33-0787566

### RANCHO SANTA FE EDUCATION FOUNDATION

Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
		1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
9а	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 <b>Part VI.</b>	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 <b>Part VI</b> .	9с		
0a	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.	10a		
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.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)			
-11	l laa i	the averagination accorded a gift or contribution from any of the following payment?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
ı	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sec	ction	B. Type I Supporting Organizations		1	
	D: 1 4			Yes	No
ı	or mo office organ than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one core supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers by the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
		<u> </u>		Yes	No
1	Did ti orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilzation's governing documents in effect on the date of notification, to the extent not previously provided:	•		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	듬	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
				4:	-\
	с 📙 і	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	ııısırı	action:	S).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> Did tl each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

temporary reduction (see instructions).

Sch	edule A (Form 990) 2022 RANCHO SANTA FE EDUCATION FOUND			87566	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Y (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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Y (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):				
ā	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
•	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			
Sec	tion C — Distributable Amount			Current Yea	ar
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				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7 BAA Schedule A (Form 990) 2022

6

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(cont</i>	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide 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 organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

33-0787566

Page 8

Part VI

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

## **PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE		2022		 2021	 2020	 2019	 2018
							\$ 1,307.
	TOTAL	\$	0.	\$ 0.	\$ 0.	\$ 0.	\$ 1,307.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

RAN	NCHO SANTA FE EDUCATION FOUNDATION	33-0787566
Pai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp impermissible private benefit?	an be used only pose conferring Yes No
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of last day of the tax year.	a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
á	a Total number of conservation easements	2a
ı	Total acreage restricted by conservation easements	2 b
	c Number of conservation easements on a certified historic structure included in (a)	2c
,	d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a	
•	historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or tax year	ganization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handlin	g of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expinclude, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	ibes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue staten historical treasures, or other similar assets held for public exhibition, education, or research in fur Part XIII the text of the footnote to its financial statements that describes these items.	nent and balance sheet works of art, rtherance of public service, provide in
ŀ	o If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc following amounts relating to these items:	e of public service, provide the
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1.</li><li>(ii) Assets included in Form 990, Part X.</li></ul>	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	
á	a Revenue included on Form 990, Part VIII, line 1	\$
ŀ	Assets included in Form 990, Part X	\$

Part III   Organizations Main	taining Co	llection	S Of Art, HIS	toricai i	reasures, o	r Otner Similar A	ssets	(contil	าuea)
<ul> <li>Using the organization's acquisition items (check all that apply):</li> <li>Public exhibition</li> </ul>	ı, accession, a	nd other re			llowing that mal	ke significant use of its	collection	on	
. H			Н	or excitation	je program				
b Scholarly research c Preservation for future gener	rations		e Other						
4 Provide a description of the organize Part XIII.		ions and e	xplain how they	further the	organization's	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather to							Yes		No
Part IV Escrow and Custod reported an amount on Fo	l <b>ial Arrang</b> orm 990, Part	ements. X, line 21	Complete if the	e organiza	tion answered '	'Yes" on Form 990, Pai	t IV, lin	e 9, or	
1 a Is the organization an agent, true on Form 990, Part X?					utions or other	assets not included	Yes	; [	No
<b>b</b> If "Yes," explain the arrangement in	n Part XIII and	complete	the following tal	ble:					
							Amoun	ıt	
c Beginning balance									
<b>d</b> Additions during the year									
e Distributions during the year									
f Ending balance							Vac		- No
2 a Did the organization include an a b If "Yes," explain the arrangemen						•	Yes	· L	No
Part V Endowment Funds.	Complete if t	he organiz	zation answered	d "Yes" on	Form 990, Part	IV, line 10.			
•	(a) Current	: year	(b) Prior year	(c)	) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs							<u> </u>		
f Administrative expenses							+		
<ul><li>g End of year balance</li></ul>	o of the ourse	nt woor o	nd bolonge (lin	0.10.001	mn (a)) hald a		<u> </u>		
· -		ent year e	Nu balance (IIII)	e rg, colu	mm (a)) neiu a	5.			
<ul><li>a Board designated or quasi-endown</li><li>b Permanent endowment</li></ul>	willelit								
c Term endowment	°								
The percentages on lines 2a, 2b, a		100% Island	<u>'</u>						
		•							
<b>3 a</b> Are there endowment funds not in to organization by:	the possession	of the org	ganization that a	re held and	d administered f	or the	1	Yes	No
(i) Unrelated organizations							. 3a(i)	103	110
(ii) Related organizations							3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the rel							3b		
4 Describe in Part XIII the intended	-		•						<u> </u>
Part VI Land, Buildings, an									
Complete if the organizat		"Yes" on F	1			1			
Description of property		(a) Cost (inve	or other basis estment)	(b) Cos basis	t or other (other)	(c) Accumulated depreciation	(d)	Book va	alue
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
e Other		aual Farra	000 Part V -	oluma /D	lino 10c \				
Total. Add lines 1a through 1e. (Colum	iii (u) iiiust e	чиаі гогт	i 930, Mari X, C	Joiuriii (B)	, IIII <del>e</del> 100.)		ule D /E	orm 990	0. n 2022
						Julieu	410 D (F	21111 236	,,

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	N/A le 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B) 			
<u>(C)</u>			
(D) 			
(E)	_		
( <u>F</u> )	_		
(G) (H)			
(1) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	_		
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	ie 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	• [		
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1) RANCHO SANTA FE FOUNDATION			6,098,764
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (	(P) line 15 )		6 000 764
Part X Other Liabilities.	(B) IIIIe 15.)		6,098,764
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	ie 11e or 11f. See Form 990. Part X. line 2	25.
			(b) Book value
(1) Federal income taxes	ription of liability		
	ription of liability		
(2)	ription of liability		
(3)	ription of liability		
(3) (4)	ription of liability		
(3) (4) (5)	ription of liability		
(3) (4) (5) (6)	ription of liability		
(3) (4) (5) (6) (7)	ription of liability		
(3) (4) (5) (6)	ription of liability		
(3) (4) (5) (6) (7) (8) (9) (10)	ription of liability		
(3) (4) (5) (6) (7) (8) (9)	ription of liability		
(3) (4) (5) (6) (7) (8) (9) (10)			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,450,699.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	347,302.
3 Subtract line 2e from line 1	3	1,103,397.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.) SEE PART XIII 4b 55,897.		
c Add lines 4a and 4b	4 c	85,084.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,188,481.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	rn.
	Retui	953,834.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 50,000.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.  5 Donated Services and Use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	953,834.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1 2e	953,834. 50,000.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 e 3	953,834. 50,000.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2e 3	953,834. 50,000.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2 e 3	953,834. 50,000.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT'S PURPOSE IS TO PROVIDE FOR LONG-TERM FINANCIAL SECURITY FOR THE RANCHO SANTA FE SCHOOL DISTRICT.

#### **PART X - FASB ASC 740 FOOTNOTE**

THE FOUNDATION FOLLOWS PROVISIONS OF UNCERTAIN TAX POSITIONS AS ADDRESSED IN ASC 958. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE.

BAA Schedule D (Form 990) 2022

-	Form 990) 2022 Supplementa			EDUCATION	FOUNDATION	33-0	0787566	Page	_
	• •		•	•	T INCLUDED IN F/S				_
SPIRI	T SHOP DIRE	ECT EXPE	NSES				\$	1,035. 54,862.	
DIODI	IVI INCOMI	DIRECT	LIII LINOLO			TOTAL	\$	55,897.	

DIRECT STUDENT PROGRAM EXPENSES SPIRIT SHOP DIRECT EXPENSES	\$ 54,862. 1,035.
TOTAL	\$ 55,897.

BAA TEEA3305L 07/06/22 Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2002

Open to Public Inspection

Name of the organization Employer identification number 33-0787566 RANCHO SANTA FE EDUCATION FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

7566 Page **2** 

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

ne			(a) Event #1  SCHOLARS CIRCL (event type)	(b) Event #2  ART AUCTION (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	782,000.	178,602.	61,469.	1,022,071.
<u>~</u>	2	Less: Contributions	782,000.	7,340.		789,340.
	3	Gross income (line 1 minus line 2)		171,262.	61,469.	232,731.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages		18,916.		18,916.
Direct Expenses	8	Entertainment				
Δ	9	Other direct expenses	15,545.	32,806.	8,763.	57,114.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro			L	76,030. 156,701.
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye	s" on Form 990, Pa	rt IV, line 19, or re	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
α.	1	Gross revenue				
ses	2	Cash prizes				
≅xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses			0	
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
а	Is th		g activities in each of th			
		e any of the organization's gaming license 'es," explain:	es revoked, suspended,	or terminated during th	e tax year?	Yes No

Schedule G (Form 990) 2022 RANCHO SANTA FE EDUCATION FOUNDATION	33-07875	66 Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity administer charitable gaming?		Yes No
13 Indicate the percentage of gaming activity conducted in:  a The organization's facility	13a	90
<b>b</b> An outside facility.		00
14 Enter the name and address of the person who prepares the organization's gaming/special events books		0
Name		
Address		
15 a Does the organization have a contract with a third party from whom the organization receives gar b If "Yes," enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:  Name	and the amount	
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□vaa □Na
state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year \$		Yes No
Part IV Supplemental Information. Provide the explanations required by Part I, lin and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also printed information. See instructions	ne 2b, columns (iii rovide any addition	i) and (v); nal

information. See instructions.

 BAA
 TEEA3703L
 0705/22
 Schedule G (Form 990) 2022

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
		nce					<u> </u>				
the selection criteria used to award the	e grants or assistance	e?		eligibility for the grants	or assistance, and		X Yes No				
				ernments. Comple	te if the organization	on answered "	Yes" on				
Form 990, Part IV, line 21,	for any recipient	that received r	more than \$5,000. F	Part II can be dupli	cated if additional s	space is neede	ed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) RANCHO SANTA FE SCHOOL DIST PO BOX 809 RNACHO SANTA FE, CA 92067	95-3652699		827,883.	0.			TO SUPPORT AND ENRICH THE EDUCATION				
(2)	93 3032033		021,003.	0.			BOCKITON				
(3)											
<u>(4)</u>											
<u>(5)</u>											
<u>(6)</u>											
<u>(7)</u>											
<u>(8)</u>											
2 Enter total number of section 501(c)(3 3 Enter total number of other organization							1				

Part III Grants and Other Assistance to can be duplicated if additional s	Domestic Individual pace is needed.	luals. Complete if the	he organization an	swered "Yes" on Form	990, Part IV, line 22. Part III
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

### **SCHEDULE M** (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RANCHO SANTA FE EDUCATION FOUNDATION

Employer identification number

33-0787566

Types of Property (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g FMV Χ 7,340. Art — Historical treasures..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... Χ 16 29,000. FMV 17 Real estate – Other..... 18 X 19 Food inventory..... 2,800. FMV 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other (DECORATIONS 3,000 FMV 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part V, Donee Acknowledgement..... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a Χ **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

**b** If "Yes." describe in Part II.

describe in Part II.

Schedule M (Form 990) 2022

32 a

contributions?

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RANCHO SANTA FE EDUCATION FOUNDATION

Employer identification number

33-0787566

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

ANYBODY WHO MADE CONTRIBUTION TO THE RANCHO SANTA FE EDUCATION FOUNDATION ARE MEMBER OF THE FOUNDATION.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS EMAILED TO THE CHAIR AND FINANCE CHAIR FOR FEEDBACK.

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

TRUSTEES ARE REQUIRED TO FILL OUT A DISCLOSURE QUESTIONNAIRE AT THE BEGINNING OF THE TERM.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON REQUEST

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

33-0787566

Department of the Treasury Internal Revenue Service

RANCHO SANTA FE EDUCATION FOUNDATION

do to www.mo.gov// o//mood for mondotions and the facest information.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state or foreign country) (a) Name, address, and EIN (if applicable) of disregarded entity (d) Total income **(e)** End-of-year assets **(f)** Direct controlling Primary activity entity (3) **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (c) Legal domicile (state (d) Exempt Code **(e)** Public charity status **(f)** Direct controlling (g) Sec 512(b)(13) controlled entity? (a)
Name, address, and EIN of related organization Primary activity or foreign country) section (if section 501(c)(3)) entity Yes No (1) RANCHO SANTA FE SCHOOL DISTRICT PO BOX 809 RANCHO SANTA FE, CA 92067 95-3652699 **EDUCATION** CA 170 C1 N/A N/A Χ

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
ı artın	34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tionate allocations		Dispropor- tionate allocations?		Dispropor-		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or	<b>(k)</b> Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No					
(1)																
(2)																
(3)																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								
	1			I		1			

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 a

Yes No

Χ

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	b Gift, grant, or capital contribution to related organization(s)	. [_1	b	X
	c Gift, grant, or capital contribution from related organization(s).	. 1	С	X
	d Loans or loan guarantees to or for related organization(s)	. 1	d	X
	e Loans or loan guarantees by related organization(s)	. 1	le	Χ
1	f Dividends from related organization(s)	. 1	f	Х
	g Sale of assets to related organization(s)	. 1	g	X
	h Purchase of assets from related organization(s)	. 1	h	X
i	Exchange of assets with related organization(s)	. 1	l i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	. 1	ij	Х
	k Lease of facilities, equipment, or other assets from related organization(s)		1 k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)		11	Х
	m Performance of services or membership or fundraising solicitations by related organization(s)		1 m	Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1 n	X
	o Sharing of paid employees with related organization(s)		1 o	X
	p Reimbursement paid to related organization(s) for expenses		1 p	Х
	q Reimbursement paid by related organization(s) for expenses.		l q	X
	1		7	
	r Other transfer of cash or property to related organization(s)		1 r	Х
	s Other transfer of cash or property from related organization(s)		1 s	X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	<u></u> '		Λ
-			(d)	
	(a) Name of related organization  (b) Transaction Amount involved Me	ethod	(d) of determ	mining
	type (a-s)	amo	unt invol	vea
(1)				
(2)				
(3)				
(4)				
. 7				
(5)				
J	<del>-</del>			
·~				
(6)		- B "		N 0000
3AA	TEEA5003L 07/21/22 Schedule	≥ <b>R</b> (⊦	orm 990	1) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all	partners ction (c)(3) zations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	(1 01111 1 0 0 0 )	Yes	No	+
(1)													
	_												
	_												
(2)													
	]												
	_												
(2)													
(3)	-												
	1												
<u>(4)</u>	-												
	+												
	-												
(5)													
	_												
	+												
(6)													
	]												
	_												
(7)													
32	†												
	]												
	-												
	-												

**BAA** TEEA5004L 07/21/22 Schedule **R** (Form 990) 2022

Schedule R (Form 990) 2022 RANCHO SANTA FE EDUCATION FOUNDATION 33-078756

Part VII Provide additional information for responses to questions on Schedule R. See instructions.

# 2022 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 202	22 or fiscal y	/ear beginning (mm/d	d/yyyy) <b>7/</b>	01/202	22 , and endi	ing (mm	n/dd/yyyy) 6/30/	/202	3 .	
Corporation/Or	rganizati	ion name				<u></u>				California corporation number	er
			DUCATION FOU	NDATION						2036457	
Additional info	rmation.	. See instruction	ns.							EIN 33-0787566	
Street address	(suite o	or room)								PMB no.	
PO BOX	809	)					lou			P	
RANCHO	SAN	ITA FE					Sta C2			ip code 92067	
Foreign country								reign province/state/county		oreign postal code	
						1					
Λ First ratu	ırn			Yes	X No			have any changes to its g		es 🗆 E	_
				<del></del>	_	not reported	d to the F	TB? See instructions		●  Yes  Yes	X No
								C Section 23701d, has the	е		
<b>D</b> Final info								d in political activities?		• ∏Yes ∑	X No
• D	issolved	d S	Surrendered (Withdrawn)	Merged/F	Reorganized					100 [	
Enter date E Check acc		/dd/yyyy) ●				K Is the organ	nization e	xempt under R&TC Section	on 23701	lα? ● □Yes ∑	X No
	Cash		al <b>3</b> Other			If "Yes," ent	ter the gro	oss receipts from		, - <u>                                   </u>	
			990T <b>2</b> ● 990-1	PF <b>3</b> ● S	ch H (990)			limited liability company		` <del></del>	X No
<b>4</b> 0th	her 990 :	series	_			· ·		file Form 100 or Form 10			7 NO
<b>G</b> Is this a	group fi	iling? See instr	uctions	• Yes	X No	taxable inco	ome?			• Yes ∑	X No
11				Π.,	₩			inder audit by the IRS or I		IRS	
		on in a group of the parent's na	exemption	Yes	X No			ar?			X No
		and paront o m						3/1024 pending?		Yes	No
						Date filed w	vith IRS				
Part I	Com	plete Part I	unless not required	to file this forr	m. See Ge	neral Informa	tion B	and C.			
	1	Gross sale:	s or receipts from ot	her sources. Fr	rom Side	2, Part II, line	8		1	436,2	38.
	2	Gross dues	s and assessments f	rom members a	and affilia	tes		•	2	·	
Receipts and	3	Gross cont	ributions, gifts, gran	ts, and similar	amounts	received		SEE.SCH.B.	3	843,5	65.
Revenues	4	•	receipts for filing re	•		•					
	_		nust be completed.					Information B ●	4	1,279,8	03.
			ods solder basis, and sales								
			. Add line 5 and line						7		
			income. Subtract li						8	1,279,8	03.
Evnences			nses and disbursem						9	1,080,2	
Expenses	10	Excess of	receipts over expens	ses and disburs	sements. S	Subtract line 9	from I	ine 8 •	10	199,5	63.
	11	Total paym						• • • • • • • • • • • • • • • • • • • •	11	<u> </u>	
			ee General Informat					_	12 13		
		-	balance. If line 11 is						14		
Filing Fee			lance. If line 12 is mand interest. See Ge						15	<del> </del>	
100								_			
			Add line 12 and line 15.						16		0.
Sign	Under correct	penalties of per t, and complete	rjury, I declare that I have e . Declaration of preparer (c	examined this return, other than taxpayer)	, including ac is based on ;	companying sched all information of w	dules and which prep	statements, and to the bes parer has any knowledge.	st of my	knowledge and belief, it is	true,
Here	Signat	ture <b>&gt;</b>			Title			Date		Telephone	
	OI OIIIC				CHAIR	MAN Date		Check if		<u>858-756-1141</u> ● PTIN	
Paid	Prepai signati	rer's ► ure AUE	BREY W. MANN			05/1	13/20	self-	]  ,	P00691156	
Preparer's	Firm's		WILKINSON H	ADLEY KING	G & CO	•		_		● Firm's FEIN	
Use Only	(or you self-en	urs, if nployed)	218 W. DOUG	LAS AVE					;	52-2354566	
	and ad	ddress	EL CAJON, C	A 92020						• Telephone	
	May	the ETR di	scuss this return wit	h the proparer	shown ah	ove2 Soc inst	truction	c		619-447-6700 X Yes No	0
	iviay	uici id ul	ocuoo uno returri Wil	u me brebarer	SHOWIT AD	046: 966 IIISI	ii uctiOH	J	•	r res No	U

RANCHO SANTA FE EDUCATION FOUNDATION
Part II Organizations with gross receipts of more than \$50,000 and private foundations

		regar	dless of amount of gross receipts	<ul> <li>complete Pa</li> </ul>	rt II or furnish	subs	titute information				
		1	Gross sales or receipts from all business activities. See instructions								
		2	Interest							2	
		3	Dividends							3	
Rece	ipts	4	Gross rents							4	
Othe		5							_	5	
Sour	ces	_	<ul> <li>Gross royalties.</li> <li>Gross amount received from sale of assets (See instructions).</li> <li>Other income. Attach schedule.</li> </ul> SEE STATEMENT 1								
		-									436,238.
		8	Total gross sales or receipts from other							7 8	436,238.
		9	Contributions, gifts, grants, and similar							9	
		10								0	827,883.
			CER CENT OF							1	
			2 Other salaries and wages								0.
Expe	nses										
and		13								3 4	
ment	urse-	14	·								
		15								5	
		16	Depreciation and depletion (Se							6	
		17	Other expenses and disbursem							7	252 <b>,</b> 357.
		18	Total expenses and disbursements. Add					9		8	1,080,240.
Sch	edule	: L	Balance Sheet		eginning of ta	axabl			End of	taxab	
Asse				(a)			(b)	(c)			(d)
1							918,190.			•	684,651.
2			receivable				757,821.			•	1,177,591.
3 4			eivable								
5			tate government obligations							•	
6			n other bonds							•	
7			n stock							•	
8			IS							•	
9			ents. Attach scheduleST				5,813,623.			•	6,098,764.
-			ssets				5,015,025.			-	0,030,704.
			ated depreciation		_						
			ateu uepreciation							•	
12			Attach schedule.							•	
- : -							7,489,634.			-	7,961,006.
13							7,409,034.				7,961,006.
			et worth				20,993.			•	
			able				20,993.			•	
			gifts, or grants payable							•	
16										•	
17			yable				13 026				0 526
18			or principal fund				13,036. 7,455,605.			•	8,536. 7,952,470.
19 20	•		or principal lund				7,433,603.			•	7,932,470.
21			ings or income fund							•	
22			es and net worth				7,489,634.				7,961,006.
	edule				income per r						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- 5.1			Do not complete this schedu	le if the amou	nt on Schedu	ule L,	line 13, column	(d), is less t	han \$50,	000.	
1	Net inco	ome pe	er books	• 1	99,563.	7	Income recorded on	books this year i	not included		
			ne tax	•			in this return. Attac	•		•	
3	Excess	of cap	ital losses over capital gains	•		8	Deductions in this r	_	d		
4			corded on books this year.				against book incom				
			lle	pooks this year not deducted		Attach schedule				•	
5	-		orded on books this year not deducted			9					
_			Attach schedule							100 500	
6	rotal. A	ua IIn	e 1 through line 5	]	.99,563.		Subtract line 9	nom me b			199,563.

3652224 Side 2 Form 199 2022 059 CACA1112L 01/10/23

7	n	1	9
Z	u	Z	Z

# **CALIFORNIA STATEMENTS**

PAGE 1

### RANCHO SANTA FE EDUCATION FOUNDATION

33-0787566

**STATEMENT 1** FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 232,731.
OTHER INVESTMENT INCOME	166,209.
PROGRAM SERVICE REVENUE	37,298.
TOTAL	\$ 436,238.

#### **STATEMENT 2** FORM 199, PART II, LINE 9 CONTRIBÚTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND RANCHO SANTA FE SCHOOL DIST

DONEE'S STREET ADDRESS: PO BOX 809 RNACHO SANTA FE

DONEE'S CITY
DONEE'S STATE
DONEE'S ZIP CODE CA 92067

CASH AND NONCASH AMOUNT: 827,883.

> TOTAL \$ 827,883.

#### **STATEMENT 3** FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TODD BENNETT PO BOX 809 RANCHO SANTA FE, CA 92067	CHAIRMAN 2.00	\$ 0.	\$ 0.	\$ 0.
KATE BUTLER PO BOX 809 RANCHO SANTA FE, CA 92067	CHAIRMAN 2.00	0.	0.	0.
ASHLEY HAASE PO BOX 809 RANCHO SANTA FE, CA 92067	VICE PRESIDENT 2.00	0.	0.	0.
MONICA MORELAND PO BOX 809 RANCHO SANTA FE, CA 92067	SECRETARY 2.00	0.	0.	0.
MIKE MOORE PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.

33-0787566

# STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATIE CRECION PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00			
COURTNEY SVAJIAN PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
KAMERON COMSTOCK PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
HILLARY BARBER PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
EDNA MUNOZ-LASH PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
JESSICA SWANN PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
KATHERINE WORMMEESTER PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
MIKE HELMS PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
EVAN FAULKNER PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
KERRY VINCI PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
CHRIS BLATT PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
JULIE GUILLARY PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.

# **CALIFORNIA STATEMENTS**

PAGE 3

### RANCHO SANTA FE EDUCATION FOUNDATION

33-0787566

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIANE SOLOMON PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
FATIMA GRISMER PO BOX 809 RANCHO SANTA FE, CA 92067	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

### STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$	9,227.
ADVERTISING AND PROMOTION	·	4,018.
INFORMATION TECHNOLOGY		5,123.
IN-KIND EXPENSES		42,140.
INVESTMENT MANAGEMENT FEES.		29,187.
MISCELLANEOUS EXPENSES		5,326.
OFFICE EXPENSES		1,579.
OTHER FEES		8,538.
SPECIAL EVENT EXPENSES		91,322.
SPIRIT SHOP EXPENSES.		1,035.
STUDENT PROGRAM EXPENSES.		54,862.
TOTAL	, \$	$252,\overline{357}$ .

## STATEMENT 5 FORM 199, SCHEDULE L, LINE 9 OTHER INVESTMENTS

RANCHO	SANTA	FE	FOUNDATION	\$ 6,098,764.
			TOTAL	\$ 6,098,764.

### STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

DEFERRED REVENUE.	8,536.
TOTAL	\$ 8,536.