#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1024729

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# 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.

OMB No. 1545-0047

Inspection

Department of the Treasury

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

JUL 1. 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CORONADO SCHOOLS FOUNDATION Name change 94-2745484 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 619-437-8059 201 6TH STREET termin-ated 4,545,182. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended CORONADO, CA 92118 H(a) Is this a group return Applica-F Name and address of principal officer: ASHLEE DEGREE Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes └── No Tax-exempt status: X = 501(c)(3) 501(c) ( 4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.CSFKIDS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1981 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THROUGH COMMUNITY INVOLVEMENT Activities & Governance AND SUPPORT, CORONADO SCHOOLS FOUNDATION RAISES AND MANAGES FUNDS TO oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 125 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 773,837. 2,295,221. Contributions and grants (Part VIII, line 1h) Revenue 53,960. 69,646. Program service revenue (Part VIII, line 2g) 32,379. 508,460. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 33,290. 51,638. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,924,965. 893,466. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 846,989. 945,215. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 295,272. 296,132. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 152,058. 173,159. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,294,319. 1,414,506. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -400,853 1,510,459. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 9,078,590. 11,376,695. Total assets (Part X, line 16) 335,966. 311,670. 21 Total liabilities (Part X, line 26) 065,025. 8,742,624. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign ASHLEE DEGREE, CEO & PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed LUKAS DAVIS 11/06/24 P00668234 Paid Firm's EIN 95-2694444 CONSIDINE & CONSIDINE Preparer Firm's name

Form **990** (2023)

X Yes

Phone no.619.231.1977

Use Only

Firm's address

8989 RIO SAN DIEGO DRIVE, SUITE 250

SAN DIEGO, CA 92108-1604

Chock if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  THROUGH COMMUNITY INVOLVEMENT AND SUPPORT, CORONADO SCHOOLS FOUNDATION RAISES AND MANAGES FUNDS TO PROVIDE EXCEPTIONAL LEARNING EXPERIENCES  FOR ALL CORONADO UNIFIED SCHOOL DISTRICT STUDENTS.  Did the organization undertake any significant program services during the year which were not listed on the prior form 590 or 990 EZ?  If 'Yes,' describe these new services on Schedule O.  School	Pai	t III Statement of Program Service Accomplishments
THROUGH COMMUNITY INVOLVEMENT AND SUPPORT, CORONADO SCHOOLS FOUNDATION RAISES AND MANAGES FUNDS TO PROVIDE EXCEPTIONAL LEARNING EXPERIENCES FOR ALL CORONADO UNIFIED SCHOOL DISTRICT STUDENTS.  2 Did the organization undertake any significant program services during the year which were not isled on the proform \$90.0 \$98.0 £27		Check if Schedule O contains a response or note to any line in this Part III
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Until the organization cases conducting, or make significant changes in how it conducts, any program services?		
th "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SCI(IQS) and SOI(IQS) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Community organization of the Part of the Amount of Grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Community organization orga		
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	46	1 100 041

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	١		
•	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ •
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	27	
19		19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
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	Х	
				_

#### 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		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	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? If "Yes," complete	"		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>                                    </del>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1 10	1 A	1

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 20									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	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		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
	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								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g								
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	00								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90								
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			77						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			37						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

332005 12-21-23

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	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	4Ch		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only	) availe	ahlo
18	for public inspection. Indicate how you made these available. Check all that apply.	s or ily	, avalla	aDIE
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
19	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	CORONADO SCHOOLS FOUNDATION - 619-437-8059			
	201 6TH STREET, CORONADO, CA 92118			

# 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.

Check this box if neither the organization	ation nor any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(A) (B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	l a		1	1	1	from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or (	stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tution	er	Key employee	est co loyee	Jer.	·		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) MICHELLE GILMORE	40.00								_	_
CEO & PRESIDENT				Х				139,598.	0.	0.
(2) DEBBIE MCBRIDE	3.00									
CHAIR		Х		Х				0.	0.	0.
(3) KATY BENNETT LITTLE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) KATIE HART	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PAIGE SHUMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) SEAN CLANCY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) PILIALOHA ESTALL	0.00									
BOARD MEMBER		Х						0.	0.	0.
(8) HEIDI IVERSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) NICK KATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANA BERNAL ESPONDA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BROOKE FALAAR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LIZ MERRILL	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) BRETT MOLENAAR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CONDRA MULLINS	0.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CARLOS ROJO	0.00	]								
BOARD MEMBER		Х						0.	0.	0.
(16) DAVE WERTH	0.00									
BOARD MEMBER		Х						0.	0.	0.
		]								
	1	1	ı	1	i	1	1	Ī	i	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio	ion amou				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS	organizations compens (W-2/1099-MISC/ 1099-NEC) from the organizations and relations				
1b Subtotal c Total from continuation sheets to Part V	II, Section A							139,598.		0.			0.	
d Total (add lines 1b and 1c)								139,598. eceived more than \$100	,000 of reportab	0 <b>.</b> le			0.	
3 Did the organization list any <b>former</b> officer,												Yes	No	
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$15</li> </ul>	um of reportab	le co	mpe	ensa	atior	n and	d otl	her compensation from	the organization		4		X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue comper	nsati	on f	rom	any	/ unr	elat		idual for services		5		Х	
Section B. Independent Contractors     Complete this table for your five highest contractors the organization. Report compensation for	-	-								npens	ation 1	from		
(A) Name and business			NE					(B) Description of s		С	(Compe	<b>)</b> nsatio	n	
							_							
Total number of independent contractors (     \$100,000 of compensation from the organi	_	ot lir	nite	d to		se lis	stec	d above) who received n	nore than		Form	990 <i>u</i>	2022/	

Pa	rt V	Ш	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, ( Am			Fundraising events				477,731.				
Giff		d	Related organizations		1d						
ns, Sim			Government grants (conti								
utio er S	1		All other contributions, gifts,	-							
oth			similar amounts not included			_	1,817,490.				
hou			Noncash contributions included in	lines	1a-1f <b>1g</b>	\$	18,414.	2 205 221			
0 8		<u>n</u>	Total. Add lines 1a-1f				Business Code	2,295,221.			
o o	2	_	ENRICHMENT TUITION				611110	69,646.	69,646.		
Program Service Revenue	2 :	a b	ENRICHMENT TOTTION				011110	05,040.	03,040.		
Ser		C									
am		d									
ogra R		e									
Pr	1	f	All other program service	reve	nue						
			Total. Add lines 2a-2f					69,646.			
	3		Investment income (include	ding	dividends	intere	est, and				
		other similar amounts)						193,378.			193,378.
	4 Income from investment of tax-exempt bond pr				roceeds						
	5		Royalties								
					(i) Re	al	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss Gross amount from sales of	i)	(i) Secui		(ii) Other				
	,		assets other than inventory	7a	1,603		(ii) Otrici				
			Less: cost or other basis	14	2,000	, , , , ,					
e			and sales expenses	7b	1,288	833.					
Revenue			Gain or (loss)	_	315						
Re			Net gain or (loss)					315,082.			315,082.
her	8	а	Gross income from fundraisi	ng ev	ents (not						
g			including \$	477	731. of						
			contributions reported on	line	1c). See						
			Part IV, line 18				383,022.				
			Less: direct expenses				331,384.				
			Net income or (loss) from					51,638.			51,638.
	9		Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from Gross sales of inventory,			es					
	10		and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from				·				
<u> </u>			()			<i>j</i>	Business Code				
Miscellaneous Revenue	11 :	а									
lane	ı	b									
Sev.		С									
Mis			All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue See instruction	nne				2 924 965.	69 646.	0.	560 098.

# Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	204 615	004 617		
	and domestic governments. See Part IV, line 21	884,617.	884,617.		
2	Grants and other assistance to domestic	60 500	60 500		
	individuals. See Part IV, line 22	60,598.	60,598.		
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,	120 500	EE 020	27 020	FF 020
	trustees, and key employees	139,598.	55,839.	27,920.	55,839
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	122 400	CE 402	22 747	25 160
7	Other salaries and wages	133,400.	65,493.	32,747.	35,160
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,134.	9,254.	4 626	0.254
10	Payroll taxes	43,134.	9,434.	4,626.	9,254
11	Fees for services (nonemployees):				
	Management				
	Accounting				
	Lobbying				
е	š , ,	27 204		27 204	
f	Investment management fees	27,304.		27,304.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20 720	20 720		
	column (A), amount, list line 11g expenses on Sch 0.)	20,720.	20,720.		
12	Advertising and promotion	10,251.		10,251.	
13	Office expenses	10,231.		10,231.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	3,178.		3,178.	
22	Depreciation, depletion, and amortization	44,252.	14,751.	14,750.	14,751
23	Other expanses Itemize expanses not severed	44,434.	14,/31.	14,750.	14,/31
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)  DISTRICT PROGRAM FUNDIN	49,817.	49,817.		
a	BANK SERVICE CHARGE	7,511.	±3,01/•	7,511.	
b	DONOR RECOGNITION	5,174.		1,311.	5,174
C	ENDOWMENT MANAGEMENT EX	3,000.	3,000.		J,1/4
d		1,952.	1,952.		
e oe	All other expenses	1,414,506.	1,166,041.	128,287.	120,178
25 26	Total functional expenses. Add lines 1 through 24e	ı, =1=, JUU•	1,100,041.	120,201•	140,110
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 here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (202

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			77,716.	1	45,380.
	2	Savings and temporary cash investments			314,256.	2	980,548
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			51,833.	4	276,502
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	sons		5	
	6	Loans and other receivables from other disqua	lified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			50,588.	9	52,270
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		18,316.			
	b	Less: accumulated depreciation		11,496.	9,997.	10c	6,820
	11	Investments - publicly traded securities		0.554.000	11	10 015 155	
	12	Investments - other securities. See Part IV, line	8,574,200.	12	10,015,175		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0 070 500	15	11 276 605
	16	Total assets. Add lines 1 through 15 (must eq			9,078,590.	16	11,376,695
	17	Accounts payable and accrued expenses		36,246. 274,720.	17	38,292 273,378	
	18	Grants payable	25,000.	18	2/3,3/6		
	19	Deferred revenue		23,000.	19	0	
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
i≣		trustee, key employee, creator or founder, sub				22	
E:	23	controlled entity or family member of any of the Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			335,966.	26	311,670.
		Organizations that follow FASB ASC 958, ch	eck he	re X	·		·
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			5,729,639.	27	6,341,629.
Ва	28				3,012,985.	28	4,723,396.
ဋ		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S:	29	Capital stock or trust principal, or current fund	s			29	
sset	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i	ncome,	or other funds		31	
Š	32	Total net assets or fund balances			8,742,624.	32	11,065,025.
	33	Total liabilities and net assets/fund balances			9,078,590.	33	11,376,695.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
					4 0	<b>-</b> -			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,92					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,41					
3	Revenue less expenses. Subtract line 2 from line 1	3		1,51 8,74					
4									
5	Net unrealized gains (losses) on investments	5		81	<u>1,9</u>	42.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1	1,06	5,0	25.			
Pa	rt XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line in this Part XII					Ш			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basi	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		х				
review, or compilation of its financial statements and selection of an independent accountant?									
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		CORO	NADO	SCHOO	LS FOUNDATIO	N			9	4-2745484			
Par	t I	Reason for Public	Charity	Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ıs.				
The c	rgan	ization is not a private found A church, convention of ch	dation bec	ause it is: (	For lines 1 through 12, o	check only	one box.)						
2	Ħ	·					// 170(D)(	·/(~)(·)·					
_ [	Ħ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
3 L									Viii) Entor	the beenitel's name			
<b>4</b> l		A medical research organiz	ation oper	rated in co	njunction with a nospital	described	a in Sectio	n 170(b)(1)(A)	λ(III). ⊏Hrei	the nospital's name,			
_ [		city, and state:		-64 -6	llana automioranaito accoma	d au au au au a			بالسمام الأحي	1 i			
5 L		An organization operated for			liege or university owner	or opera	ted by a g	overnmentai t	ınıt descrit	pea in			
_ [		section 170(b)(1)(A)(iv). (Complete Part II.)  A fodoral state or least government or governmental unit described in section 170(b)(1)(A)(v)											
6 L	+	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
<b>7</b> l		An organization that norma	•		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
г	_	section 170(b)(1)(A)(vi). (C											
<b>8</b> [	_	A community trust describe	ed in <b>secti</b>	ion 170(b)(	(1)(A)(vi). (Complete Par	t II.)							
9 L		An agricultural research org	ganization	described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a	land-grant	college			
		or university or a non-land-o	grant colle	ge of agric	ulture (see instructions).	Enter the	name, city	y, and state of	f the colleg	e or			
		university:											
10	X	An organization that norma	ılly receive	es (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	hip fees, a	nd gross receipts from			
		activities related to its exen	npt functio	ons, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment			
		income and unrelated busin	ness taxal	ble income	(less section 511 tax) from	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Pa	rt III.)									
11 [		An organization organized	and opera	ted exclus	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized	and opera	ted exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	purposes of one or			
		more publicly supported or	ganization	ns describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 5	509(a)(3). (	Check the box on			
		lines 12a through 12d that											
а		Type I. A supporting orga								aivina ,			
		the supported organization				•	-	-					
		organization. You must o				<b>,</b> ,							
b		Type II. A supporting org	-			tion with it	ts support	ed organizatio	n(s) by ha	ivina			
-		control or management of		•				-		-			
		organization(s). You mus				arrio poroc	אוס נוועני טע	orthor or mana	igo ino our	portod			
С	Г	Type III functionally inte	-			in connec	tion with	and functional	lly integrate	ed with			
C			_						ny miegran	ea with,			
ام		its supported organizatio			•				rtad araani	ization(a)			
d		☐ Type III non-functionally	-						_				
		that is not functionally int	•	•	•	•		•	an attent	iveness			
		requirement (see instruct	•		-				U T UI				
е		□ Check this box if the orga     □ Check this box if the						a Type I, Type	II, Type III				
		functionally integrated, o			nally integrated support	ing organi	zation.						
		er the number of supported of	•										
9		vide the following information  i) Name of supported		EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	,	organization	(",		(described on lines 1-10	in your governi	ing document?	support (see in	•	support (see instructions)			
					above (see instructions))	Yes	No	· · · ·	,	,			

# 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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
804	organization, check this box and stop						<u></u>
	etion C. Computation of Publ			(6)			
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						<u>%</u>
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
174	and if the organization meets the fact						
	meets the facts-and-circumstances te		·	•		•	
h	10% -facts-and-circumstances tes	~				17a and line 15 is	
J	more, and if the organization meets the						.570 01
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
	The state of the s	<u></u>			,		

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# 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.)

50/	qualify under the tests listed beat ction A. Public Support	elow, please comp	olete Part II.)				
		(=) 0010	(h) 0000	(-) 0001	(-1) 0000	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	414,417.	464,053.	1,149,535.	773,837.	2,295,221.	5,097,063.
_		414,417 <b>•</b>	404,055.	1,140,555.	773,037.	2,255,221.	3,037,003.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,015.	73,550.	58,405.	53,960.	69,646.	260,576.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	419,432.	537,603.	1,207,940.	827,797.	2,364,867.	5,357,639.
	Total. Add lines 1 through 5	419,432.	337,003.	1,207,940.	021,131.	2,304,807.	5,357,639.
78	Amounts included on lines 1, 2, and	53,660.	20,307.	51,255.	36,637.	32,181.	194,040.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	33,000.	20,307.	31,233.	30,037.	32,101.	171,010.
•	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b	53,660.	20,307.	51,255.	36,637.	32,181.	194,040.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,	,	5,163,599.
Sec	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019 419, 432.	(b) 2020 537,603.	1,207,940.	(d) 2022 827,797.	2,364,867.	5,357,639.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	157,238.	175,004.	177,816.	168,589.	193,378.	872,025.
b	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	157,238.	175,004.	177,816.	168,589.	193,378.	872,025.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	576,670.	712,607.	1,385,756.	996,386.	2,558,245.	6,229,664.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	82.89 %
	Public support percentage from 2022					16	82.12 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	14.00 %
18	Investment income percentage from 2					18	14.34 %
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>X b 33 1/3% support tests - 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a
2 3a 3b 3c
2 3a 3b 3c
3a 3b
3a 3b
3b 3c
3b 3c
3c
3c
4a
4b
4c
5a
5b
5c
6
7
8
9a
9b
9c
10a
10b   10b   2023

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Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	detions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	., (	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

CORONADO SCHOOLS FOUNDATION 94-2745484 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 

1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check have if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see	

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

Part VI	Outside as a stall information and the stall
1 art 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.)
	(See instructions.)

# Schedule B

#### Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CORONADO SCHOOLS FOUNDATION

Employer identification number

94-2745484

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,280,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>150,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and ZiF + 4	\$ 52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, address, and ZiF + 4	\$ 31,276.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$11,111.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,155.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 16	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,300.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,181.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,155.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	- Humo, dudi coo, and Emilia	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and ZIF + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll

Name of organization

Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$10,155 <b>.</b>	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$8,259.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CORONADO SCHOOLS FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40	STOCK		
		\$10,155 <b>.</b>	_11/08/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	STOCK		
		\$8,259.	12/14/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
202452 10.00		· -	Caladula B (Farm 000) (0000)

Name of organization Employer identification number

#### CORONADO SCHOOLS FOUNDATION

Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line	e entry For or	O1(c)(7), (8), or (10) that total more than \$1,000 for the year granizations		
	Use duplicate copies of Part III if additional	naritable, etc., contributions of \$1,000 space is needed.	O or less for th	e year. (Enter this into. once.) $\Psi$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a			elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer o	sfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
}		(e) Transfer o	f gift			
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CORONADO SCHOOLS FOUNDATION

**Employer identification number** 94-2745484

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items.			_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_				
2	If the organization received or held works of art, historical tre			gaın, provide
	the following amounts required to be reported under FASB A			<b>*</b>
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

Pai	t III   Organizations Maintaining C	Collections of A	t, Historical Tr	easures, or Oth	er Simila	r Asse	<b>ts</b> (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant u	se of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's constitution of the organization of the or	ollections and explain	n how they further th	ne organization's ex	empt purpos	se in Par	XIII.	
5	During the year, did the organization solicit of						_	
	to be sold to raise funds rather than to be m					L	Yes	No_
Pai	t IV Escrow and Custodial Arran		te if the organization	answered "Yes" on	Form 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	•	•				7	
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				A	
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance						T.,	
	Did the organization include an amount on F		•				Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if							
ı aı	Endowment i dias complete ii	(a) Current year	(b) Prior year		(d) Three year	ars hack	(a) Four	ears back
10	Paginning of year balance	2,937,382.	2,793,200.	3,323,965.		3,063.	• •	491,690.
	Beginning of year balance	1,434,105.	1,655.			9,397.	-,	101,000.
	Contributions	444,386.	333,550.	-503,974.		8,691.		80,564.
	Grants or scholarships	111,000.		000,272		, , , , ,		
	Other expenditures for facilities							
·	and programs	177,280.	191,023.	76,841.	13	7,186.		139,191.
f	Administrative expenses			, , , , , , , , , ,		, _ , _ ,		,
g g	End of year balance	4,638,593.	2,937,382.	2,793,200.	3,32	3,965.	1.	433,063.
2	Provide the estimated percentage of the cur				,	,	,	
	Board designated or quasi-endowment	68.4400	%	,,,				
	Permanent endowment 31.5600	%						
	Term endowment • 0000	<u></u> * %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	· ·	ation that are held a	nd administered for	the			
	organization by:	_					Γ	Yes No
	(i) Unrelated organizations?						3a(i)	X
	(m) 5						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or of basis (investr	. , ,		Accumulated epreciation		(d) Book	value
1a	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other			8,316.	11,49	6.		,820.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, column	(B))			6	,820.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CORONADO SC	HOOLS FOUNDAT	ION	94-2745484 Page 3
Part VII Investments - Other Securities			T I I I I I I I I I I I I I I I I I I I
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CERTIFICATE OF DEPOSIT	26,180.	END-OF-YEAR M	MARKET VALUE
(B) FIDELITY INVESTMENTS	64,706.	END-OF-YEAR M	
(C) VARIOUS INVESTMENTS	9,924,289.	END-OF-YEAR M	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	10,015,175.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, Iir	ne 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)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1. (a) Description of liability			(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturi	า
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	3,982,656.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	811,942.		
b	Donate	ed services and use of facilities	2b	37,800.		
С	Recov	eries of prior year grants	2c			
d		(Describe in Part XIII.)		331,384.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	1,181,126.
3	Subtra	ct line 2e from line 1			3	2,801,530.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	27,304.		
b	Other	(Describe in Part XIII.)	4b	96,131.		
С		nes <b>4a</b> and <b>4b</b>			4c	123,435.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,924,965.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stat	tements Witl	h Expenses per	Retu	ırn
		Complete if the organization answered "Yes" on Form 990, Part IV, line $$	12a.			
1	Total e	expenses and losses per audited financial statements			1	1,660,255.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	37,800.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	331,384.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	369,184.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	1,291,071.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b		27,304.		
b	Other	(Describe in Part XIII.)	4b	96,131.		
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	123,435.
_	Total	expanses Add lines 3 and 4c. (This must equal Form 990 Part I line 18)	)		5	1 414 506.

#### 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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE POLICY MANUAL OF THE FOUNDATION PRESCRIBES THAT AN ENDOWMENT FUND SHALL BE MAINTAINED FOR THE PURPOSE OF ENSURING THE FOUNDATION'S CONTINUED FINANCIAL VIABILITY. THE PRIMARY GOAL FOR THE MANAGEMENT OF THE ENDOWMENT FUND IS TO PRESERVE THE REAL (I.E., INFLATION-ADJUSTED) PURCHASING POWER OF PRINCIPAL AND INCOME AFTER ACCOUNTING FOR ENDOWMENT SPENDING, INFLATION AND COSTS OF INVESTMENT MANAGEMENT. THE FINANCE COMMITTEE SHALL OVERSEE THE ENDOWMENT FUND IN SUCH A MANNER AS TO, FIRST, MINIMIZE RISK OF LOSS OF THE ENDOWMENT FUND'S PRINCIPAL, AND SECOND, ACHIEVE THE MAXIMUM RETURN AVAILABLE CONSISTENT WITH PRUDENT INVESTMENT STANDARDS. THE PORTFOLIO MANAGER SHALL BE AUTHORIZED TO INVEST THE ENDOWMENT FUND'S ASSETS AS SET FORTH BY THE FOUNDATION'S APPROVED INVESTMENT POLICY. THE FOUNDATION HAS

Part XIII Supplemental Information (continued)

COMMITTED TO A RETURN RANGE OF 4-6% WITH A TARGET RATE OF 5% OF ITS VALUE

ANNUALLY FIRST TO BENEFIT ITS ADMINISTRATIVE AND OVERHEAD COSTS AND SECOND

TO THE CORONADO UNIFIED SCHOOL DISTRICT, PER ITS INVESTMENT POLICY.

#### PART X, LINE 2:

THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS AND
PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
FINANCIAL STATEMENTS AND RECOGNITION AND MEASUREMENT OF A TAX POSITION
TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURN. IT ALSO PROVIDES GUIDANCE
ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR TO BE TAKEN IN
A TAX RETURN. AS OF JUNE 30, 2024, THE FOUNDATION HAS NOT ACCRUED INTEREST
OF PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	331,384.
------------------------	----------

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL	EVENT	DIRECT	BENEFIT	COSTS	то	DONOR	96,131.
---------	-------	--------	---------	-------	----	-------	---------

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 331,3	T EXPENSE 33	1.	38	, /	4	Ŀ
-----------------------------	--------------	----	----	-----	---	---

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT	BENEFIT COSTS	TO DONOR	96.131 <b>.</b>
SPECIAL EVENT DIRECT	DENELTI COSIS	IO DONOR	90,131.

#### 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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CORONADO SCHOOLS FOUNDATION

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

rodanoa to complete tino par	•									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations e Solicitation of non-government grants										
b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d In-person solicitations										
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
<b>b</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.										
compensated at least 40,000 by the	organization:									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
										1110115:
									Yes	No
「otal										
3 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.										

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

Schedule G (Form 990) 2023

332082 09-13-23

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

		of fundraising event contributions and gro	oss income on Form 990		events with gross receip	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			DINNER			(add col. (a) through
				TELETHON	2	col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	
Revenue			455 565	154 000	000 000	060 750
Re	1	Gross receipts	477,565.	154,298.	228,890.	860,753.
	_		277 727	07 272	100 701	177 721
	2	Less: Contributions	277,737.	97,273.	102,721.	477,731.
	2	Gross income (line 1 minus line 2)	199,828.	57,025.	126,169.	383,022.
		Gloss income (line 1 milius line 2)	13370201	3770231	120/1030	303,0221
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Ä			05.444	•	•	05 444
rect	7	Food and beverages	85,444.	0.	0.	85,444.
⊡	_		76 500	16 021	66 000	160 400
		Entertainment	76,599. 25,416.	16,921. 41,552.	66,888. 18,564.	160,408. 85,532.
		Other direct expenses	· · · · · · · · · · · · · · · · · · ·	,	•	331,384.
		Net income summary. Subtract line 10 from li				51,638.
	rt I					0=7000
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
	_					
ses	2	Cash prizes				
Sens	2	Noncash prizes				
Ä	3	Noncasti prizes				
Direct Expenses	4	Rent/facility costs				
⊡		,				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net consiss in some suppose. Culaturat line 7	fuene line 4 eelumen (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	· · -	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2023

Schedule G (Form 990) CORONADO SCHOOLS FOUNDATION	94-2/45484 Page 4
Part IV   Supplemental Information (continued)   Schools Foundation   Schools Foundation	
<u>'</u>	

## SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Open

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization CORONADO	General Information on Grants and Assistance  Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selectriteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant on noncash assistance of noncash assi		Employer identification number $94-2745484$				
Part I General Information on Grants a	and Assistance						
criteria used to award the grants or ass	istance?						
	_				anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN			noncash	valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORONADO UNIFIED SCHOOL DISTRICT 201 6TH STREET							TO PROVIDE FUNDING FOR STEM (SCIENCE, TECHNOLOGY, ENGINEERING,
CORONADO, CA 92118	95-6000915	501(C)(3)	884,617.	0.			MATH) AND ARTS (VISUAL,
2 Enter total number of section 501(c)(3) a  5 Enter total number of other organization			the line 1 table	<u> </u>	<u> </u>		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance									
VARIOUS SCHOLARSHIPS	35	60,598.	0.											
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.										
PART I, LINE 2:														
THE ORGANIZATION MAINTAINS RECORDS	S TO SUBS	TANTIATE T	HE AMOUNT	OF GRANTS OR										
ASSISTANCE PAID.														
PART II, LINE 1, COLUMN (H):														
NAME OF ORGANIZATION OR GOVERNMENT	r: CORONA	DO UNIFIED	SCHOOL DI	STRICT										
(H) PURPOSE OF GRANT OR ASSISTANCE	E: TO PRO	VIDE FUNDI	NG FOR STE	M										
(SCIENCE, TECHNOLOGY, ENGINEERING,	, MATH) A	ND ARTS (V	'ISUAL, PER	FORMING,										
DIGITAL) PATHWAYS.														

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

CORONADO SCHOOLS FOUNDATION

Employer identification number 94-2745484

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

PROVIDE EXCEPTIONAL LEARNING EXPERIENCES FOR ALL CORONADO UNIFIED

SCHOOL DISTRICT STUDENTS.

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

CORONADO SCHOOL'S FOUNDATION FINANCE COMMITTEE REVIEWS THE TAX RETURNS, AS PREPARED BY THE CPA AND FILED ON THE ORGANIZATION'S BEHALF, BEFORE IT IS FILED WITH THE TAXING AUTHORITIES ON NOVEMBER 15TH ANNUALLY. THE TAX RETURNS WILL BE SENT TO THE ENTIRE BOARD AS WELL AS THE FINANCE COMMITTEE. BOARD RESOLUTION IS NOT REQUIRED IN ORDER FOR THE TAX RETURNS TO BE FILED. THE MEANS OF DELIVERY TO EACH BOARD MEMBER AND FINANCE COMMITTEE MEMBER SHALL BE VIA E-MAIL. THE CEO FOR THE YEAR IN WHICH THE TAXES ARE APPLICABLE WILL THEN AFFIRM THE FINANCE COMMITTEE'S APPROVAL APPLICABLE) BY SIGNING THE DOCUMENTS. THE FINANCE CHAIR WILL THEN APPRISE THE FULL BOARD OF DIRECTORS THAT THE TAXES HAVE BEEN FILED OR ANY OTHER NECESSARY INFORMATION.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND STAFF MEMBER OF A COMMITTEE WITH
BOARD OF DIRECTORS DELEGATED POWERS SIGN A STATEMENT AFFIRMING THEY HAVE
RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; HAS READ AND
UNDERSTANDS THE POLICY; HAS AGREED TO COMPLY WITH THE POLICY; AND
UNDERSTANDS THE FOUNDATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** CORONADO SCHOOLS FOUNDATION 94-2745484 FORM 990, PART VI, SECTION B, LINE 15: CORONADO SCHOOLS FOUNDATION SECURES AN ANNUAL SURVEY TO DETERMINE COMPARABLE SALARIES OF NONPROFIT ORGANIZATIONS OF SIMILAR SIZE (BUDGET, NUMBER OF EMPLOYEES). THIS IS REVIEWED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE; PRESIDENT AND/OR EX OFFICIO CONDUCT EMPLOYEE REVIEW FOR CHIEF EXECUTIVE OFFICER AND OTHER KEY EMPLOYEES AND DETERMINE IF AN INCREASE IN COMPENSATION IS WARRANTED. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	PRINTER	11/13/09	SL	5.00	1	16	363.				363.	363.		0.	363.
10	PRINTER	01/31/11	SL	5.00	1	16	1,137.				1,137.	1,137.		0.	1,137.
13	TRADE SHOW BOOTH TENT	08/26/16	SL	5.00		16	1,078.				1,078.	1,078.		0.	1,078.
16	FIVE DELL COMPUTERS	08/25/21	SL	5.00	1	16	15,738.				15,738.	5,770.		3,148.	8,918.
	* 990 PAGE 10 TOTAL -						18,316.				18,316.	8,348.		3,148.	11,496.
8	(D)2 COMPUTERS	06/07/10	SL	5.00	1	16	1,824.				1,824.	1,824.		0.	1,824.
9	(D)APPLE COMPUTER	09/01/10	SL	5.00	1	16	1,656.				1,656.	1,656.		0.	1,656.
11	(D)COMPUTER FOR OFFICE REMOTE WORKSTATION	09/04/12	SL	5.00	1	16	1,064.				1,064.	1,064.		0.	1,064.
12	(D)WEBSITE DESIGN	10/24/13	SL	5.00		16	8,871.				8,871.	8,871.		0.	8,871.
14	(D)2 COMPUTERS	05/08/17	SL	5.00	1	16	1,709.				1,709.	1,709.		0.	1,709.
15	(D)DELL OPTIPLEX DESKTOP COMPUTER	08/01/18	SL	5.00		16	1,766.				1,766.	1,736.		30.	1,766.
	* 990 PAGE 10 TOTAL -						16,890.				16,890.	16,860.		30.	16,890.
	* GRAND TOTAL 990 PAGE 10 DEPR				П		35,206.				35,206.	25,208.		3,178.	28,386.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						35,206.			0.	35,206.	25,208.			28,386.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						16,890.			0.	16,890.	16,860.			16,890.
	ENDING BALANCE						18,316.			0.	18,316.				11,496.

328111 04-01-23

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											11,496.			
	ENDING BOOK VALUE											6,820.			

**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

<u>CC</u>	RONADO SCHOOLS FOUN			RM 990 P			94-2745484
Pa	art I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any	listed property,	complete Part	V before y	
1	Maximum amount (see instructions)					1	1,160,000.
2	Total cost of section 179 property place	ced in service (see	instructions)			2	
	Threshold cost of section 179 propert						2,890,000.
	Reduction in limitation. Subtract line 3						
5	Dollar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter					
6	(a) Description of p			siness use only)	(c) Elected		
7	Listed property. Enter the amount from	n line 20		7			
	Total elected cost of section 179 prop					8	
	Tentative deduction. Enter the <b>smalle</b>						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the						
	Section 179 expense deduction. Add					12	
	Carryover of disallowed deduction to 2 e: Don't use Part II or Part III below for			13			
			·	ala liakaal musaas	4		
					* :		
14	Special depreciation allowance for qua				_		
	Property subject to section 168(f)(1) e						2 170
				<u></u>		16	3,178.
P	art III MACRS Depreciation (Don'	t include listed pro	<u> </u>				
			Section A				
	MACRS deductions for assets placed	•	• •			17	
<u>18</u>	If you are electing to group any assets placed in se						
	Section B - Asset	(b) Month and	e During 2023 Tax Year	r Using the Ger	neral Deprecia	ation Syste	em
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	05			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	ММ	S/L	
i	Nonresidential real property	/		1	ММ	S/L	
	Section C - Assets	Placed in Service	During 2023 Tax Year	Using the Alter	native Depre	iation Sys	stem
20a	Class life					S/L	
k				12 yrs.		S/L	
		/		30 yrs.	MM	S/L	
_		/		40 yrs.	MM	S/L	
_	art IV Summary (See instructions.)			1 ,			
	Listed property. Enter amount from lin					21	
	<b>Total.</b> Add amounts from line 12, lines					····   <u>~ '</u>	
	Enter here and on the appropriate line	s of your return. Pa	artnerships and S corpor		r	22	3,178.
23	For assets shown above and placed in portion of the basis attributable to sec		e current year, enter the	23			

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

(a) Type of property (list vehicles first)  Type of property (list vehicles first)  Type of property (list vehicles first)  Packed in placed in placed in placed in service during the tax year and use only)  Type of property (list vehicles first)  Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.  The placed in service during the tax year and used more than 50% in a qualified business use.  The placed in service during the tax year and used more than 50% in a qualified business use.  The placed in service during the tax year and used more than 50% in a qualified business use.  The placed in service during the tax year and used more than 50% in a qualified business use.  The placed in service during the tax year and use of the period used more than 50% in a qualified business use.  The placed in service during the tax year and use of the period use of the tax year and use of the period used business use.  The placed in service during the tax year and use of the tax year and use of the period used business use.  The placed in the period used business use.  The placed in the period used business use are used in the tax year and use of the period used business use.  The placed in the period used business use are used in the tax year and use of the period used business in the period used business use.  The placed in the period used business use.  The period use of period used in the period use of the period use of the period used business use.  The period use of period used in the period use of	24b, columns		•							., .						
(a) Type of property (Bis Pasiens of Paccol in Investment (Bis Pasiens of Paccol in Pa					<u> </u>			_	1							
Special depreciation allowance for qualified issertion in spring promiting of other basis   Special depreciation allowance for qualified issertion in spring promiting   Spring promiting	24a Do you have evidence to	1		nt use cl	aimed?	<u>'\</u>			1	1		nce writ	ten? L		<u> No</u>	
used more than 50% in a qualified business use:    1	(a) Type of property (list vehicles first)	Date placed in	Business/ investment		Cost or	(h	asis for dep	reciation estment	Recovery	Met	thod/	Depre	eciation	Ele sectio	cted on 179	
27 Property used force than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 28  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Section B - Information on Use of Vehicles  29 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/inventent miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 23 Total other personal (noncommuting) miles driven during the year 24 Total other personal (noncommuting) miles driven during the year 25 Total other personal use of three deprimants by a more than 5% owner or related person 25 Section C - Questions for Employers Who Yes No	25 Special depreciation all	owance for c	ualified listed	property	y placed	in serv	rice durir	ng the	tax year ar	nd						
27 Property used force than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 28  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S/L 29  29 Section B - Information on Use of Vehicles  29 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/inventent miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 23 Total other personal (noncommuting) miles driven during the year 24 Total other personal (noncommuting) miles driven during the year 25 Total other personal use of three deprimants by a more than 5% owner or related person 25 Section C - Questions for Employers Who Yes No	used more than 50% in	a qualified b	usiness use								25					
96																
Section Sect		: :	9	6												
Property used 50% or less in a qualified business use:		: :	9	6												
96 Sult Sult Sult Sult Sult Sult Sult Sult		i i	9	6												
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (don't include commuting miles)  31 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year (don't include commuting) miles driven during the year (don't include commuting) miles driven during the year 23 Total other personal (noncommuting) miles driven during the year 24 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use of vehicle available for personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles used by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Amortization of costs that begins during your 2023 tax year:  43 Amortization of costs that begins during your 2023 tax year:	27 Property used 50% or l	ess in a qual	ified business	use:												
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owners" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 6 Ve		: :	9	6						S/L -						
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1		1 1	9	6						S/L -						
Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (den't include communing miles)  31 Total communing miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year.  Add lines 30 through 32.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles by our employees approvide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees,																
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- NEXT YEAR FEDERAL -

CORONADO SCHOOLS FOUNDATION

Asset No.	Description	Dat Acqui	te ired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
7	PRINTER	11 13	309	SL	5.00	363.		363.		0.
	PRINTER	0131 0826 0825	111	SL	5.00	1,137.		1,137.	1,137.	0.
	TRADE SHOW BOOTH TENT	08 26	5 16	SL	5.00	1,078.		1,078.	1,078. 8,918.	0.
16	FIVE DELL COMPUTERS	0825	521	SL	5.00	15,738.		15,738.	8,918.	3,148.
	* 990 PAGE 10 TOTAL -					18,316. 18,316.		18,316.	11,496.	3,148.
	* GRAND TOTAL 990 PAGE 10 DEPR					18,316.		18,316.	11,496.	3,148.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone